DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE



PATIENT ACCESS TO TREATMENT

INDICATIONS

DATROWAY® (datopotamab deruxtecan-dlnk) is a Trop-2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of:

- adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR)-mutated non-small cell lung cancer (NSCLC) who have received prior EGFR-directed therapy and platinum-based chemotherapy.

  This indication is approved under accelerated approval based on objective response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial.
- adult patients with unresectable or metastatic triple-negative breast cancer (TNBC) who are not candidates for PD-1/PD-L1 inhibitor therapy.
- adult patients with unresectable or metastatic, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who have received prior endocrine-based therapy and chemotherapy for unresectable or metastatic disease.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Interstitial Lung Disease/Pneumonitis

DATROWAY can cause severe, life-threatening, or fatal interstitial lung disease (ILD) or pneumonitis.

Locally Advanced or Metastatic NSCLC

In the pooled safety population of 484 patients with NSCLC from TROPION-Lung01, TROPION-Lung05, and TROPION-PanTumor01, ILD/pneumonitis occurred in 7% of patients treated with DATROWAY, including 0.6% of patients with Grade 3 and 0.4% with Grade 4. There were 8 (1.7%) fatal cases. The median time to first onset for ILD was 1.4 months (range: 0.2 months to 9 months). Eleven patients (2.3%) had DATROWAY withheld and 20 patients (4.1%) permanently discontinued DATROWAY due to ILD/pneumonitis. Systemic corticosteroids were required in 79% (26/33) of patients with ILD/pneumonitis. ILD/pneumonitis resolved in 45% of patients.

Unresectable or Metastatic Breast Cancer

In the pooled safety population of 841 patients with breast cancer from TROPION-Breast01, TROPION-Breast02, TROPION-PanTumor01 and TROPION-PanTumor02, ILD/pneumonitis occurred in 3.0% of patients treated with DATROWAY, including 0.4% of patients with Grade 3. There were two fatal cases (0.2%). The median time to first onset for ILD was 5.3 months (range: 1.1 months to 19.3 months) and with a median duration of 1.2 months (range: 0.3 months to 5.2 months). Eight patients (1.0%) had DATROWAY withheld and 10 patients (1.2%) permanently discontinued DATROWAY due to ILD/pneumonitis. Systemic corticosteroids were required in 64% (16/25) of patients with ILD/pneumonitis. ILD/pneumonitis resolved in 40% of patients.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY4U represents a suite of support programs to help patients afford and access DATROWAY

DATROWAY4U offers support for eligible patients who have been prescribed DATROWAY

ACCESS
Support options are available to help your patients access DATROWAY. Enroll today for help with benefit verifications and understanding prior authorizations. See pages 3-4 for more information.

AFFORDABILITY
Multiple options are available to help eligible patients afford their treatment. See pages 5-6 for programs and enrollment information.

CODING & REIMBURSEMENT
Coding, appeals, and denial support is available to help with reimbursement. See pages 7-16.

DISTRIBUTION
DATROWAY is available through specialty pharmacy providers and select specialty distributors. See page 17 to learn more about how you can order DATROWAY.

DATROWAY4U does not guarantee access or cost savings.

CONTACT

1-855-DATRO4U (1-855-328-7648)
8 AM – 6 PM ET, Monday through Friday

www.DATROWAY4U.com

WARNINGS AND PRECAUTIONS (Cont'd)

Interstitial Lung Disease/Pneumonitis (Cont'd)

Unresectable or Metastatic Breast Cancer (Cont'd)

Patients were excluded from clinical studies for a history of ILD/pneumonitis requiring treatment with steroids or for ongoing ILD/pneumonitis.

Monitor patients for new or worsening respiratory symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever) during treatment with DATROWAY. For asymptomatic (Grade 1) ILD/pneumonitis, consider corticosteroid treatment (e.g., ≥0.5 mg/kg/day prednisolone or equivalent). For symptomatic ILD/pneumonitis (Grade 2 or greater), promptly initiate systemic corticosteroid treatment (e.g., ≥1 mg/kg/day prednisolone or equivalent) and continue for at least 14 days followed by gradual taper for at least 4 weeks.

Withhold DATROWAY in patients with suspected ILD/pneumonitis and permanently discontinue DATROWAY if ≥Grade 2 ILD/pneumonitis is confirmed.

Ocular Adverse Reactions

DATROWAY can cause ocular adverse reactions including dry eye, keratitis, blepharitis, meibomian gland dysfunction, increased lacrimation, conjunctivitis, and blurred vision.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

ACCESS SUPPORT TO HELP PATIENTS ACCESS DATROWAY

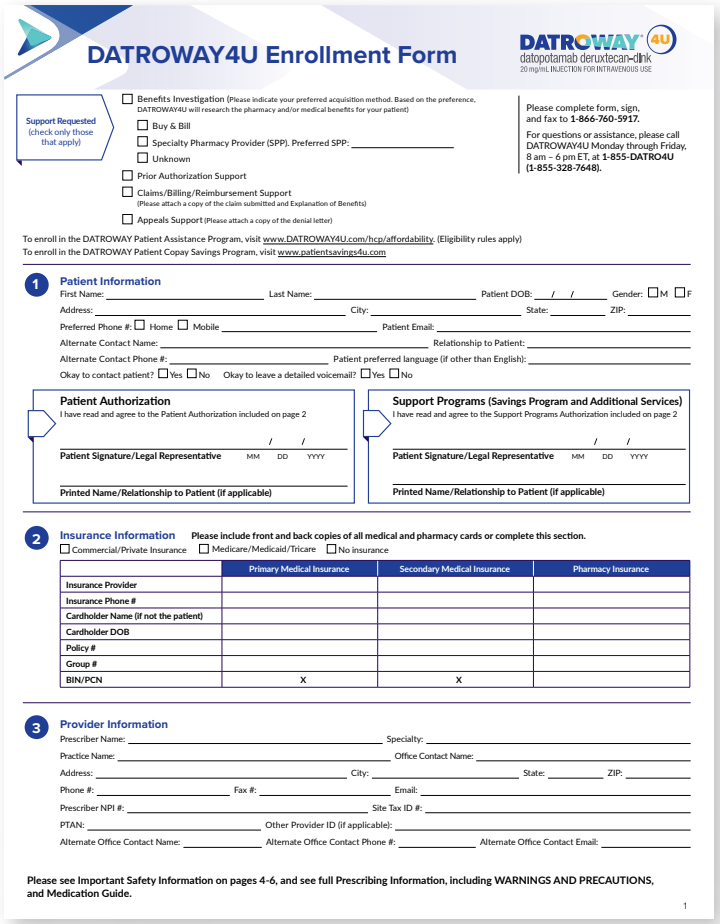
DATROWAY4U provides comprehensive access support for patients who have been prescribed DATROWAY. Our specialists can help with benefit verification, prior authorization (PA) assistance, and pharmacy research and coordination.

To request support for your patient, please complete and sign pages 1 and 3 of the patient enrollment form and fax it to 1-866-760-5917. A signature is required from both prescriber and patient. You may also call 1-855-DATRO4U (1-855-328-7648) to enroll your patient over the phone.

Upon receiving a completed enrollment form, our team will complete the benefit verification within 1 business day and provide your office with the PA requirements and required forms to help obtain insurance approval for your patient's treatment.

Once you submit the PA request, DATROWAY4U will follow up with your patient's insurance company to help ensure that you receive a coverage decision.

Patients will be assessed for a temporary free supply if they experience a coverage delay of greater than 5 business days. Please call 1-855-DATRO4U (1-855-328-7648) to learn more.



DATROWAY4U Enrollment Form

DATROWAY 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

Support Requested (check only those that apply)

- ☐ Benefits Investigation (Please indicate your preferred acquisition method. Based on the preference, DATROWAY4U will research the pharmacy and/or medical benefits for your patient)
  - ☐ Buy & Bill
  - ☐ Specialty Pharmacy Provider (SPP). Preferred SPP: _____
  - ☐ Unknown
- ☐ Prior Authorization Support
- ☐ Claims/Billing/Reimbursement Support (Please attach a copy of the claim submitted and Explanation of Benefits)
- ☐ Appeals Support (Please attach a copy of the denial letter)

Please complete form, sign, and fax to **1-866-760-5917.**

For questions or assistance, please call DATROWAY4U Monday through Friday, 8 am – 6 pm ET, at **1-855-DATRO4U (1-855-328-7648).**

To enroll in the DATROWAY Patient Assistance Program, visit www.DATROWAY4U.com/hcp/affordability. (Eligibility rules apply)
To enroll in the DATROWAY Patient Copay Savings Program, visit www.patientsavings4u.com

1 Patient Information

First Name: _____ Last Name: _____ Patient DOB: ___/___/___ Gender: ☐M ☐F
Address: _____ City: _____ State: _____ ZIP: _____
Preferred Phone #: ☐ Home ☐ Mobile _____ Patient Email: _____
Alternate Contact Name: _____ Relationship to Patient: _____
Alternate Contact Phone #: _____ Patient preferred language (if other than English): _____
Okay to contact patient? ☐Yes ☐No Okay to leave a detailed voicemail? ☐Yes ☐No

Patient Authorization
I have read and agree to the Patient Authorization included on page 2
_____ ___/___/___
Patient Signature/Legal Representative MM DD YYYY
_____
Printed Name/Relationship to Patient (if applicable)

Support Programs (Savings Program and Additional Services)
I have read and agree to the Support Programs Authorization included on page 2
_____ ___/___/___
Patient Signature/Legal Representative MM DD YYYY
_____
Printed Name/Relationship to Patient (if applicable)

2 Insurance Information Please include front and back copies of all medical and pharmacy cards or complete this section.
☐ Commercial/Private Insurance ☐ Medicare/Medicaid/Tricare ☐ No insurance

	Primary Medical Insurance	Secondary Medical Insurance	Pharmacy Insurance
Insurance Provider			
Insurance Phone #			
Cardholder Name (if not the patient)			
Cardholder DOB			
Policy #			
Group #			
BIN/PCN	X	X	

3 Provider Information
Prescriber Name: _____ Specialty: _____
Practice Name: _____ Office Contact Name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone #: _____ Fax #: _____ Email: _____
Prescriber NPI #: _____ Site Tax ID #: _____
PTAN: _____ Other Provider ID (if applicable): _____
Alternate Office Contact Name: _____ Alternate Office Contact Phone #: _____ Alternate Office Contact Email: _____

Please see Important Safety Information on pages 4-6, and see full Prescribing Information, including WARNINGS AND PRECAUTIONS, and Medication Guide.

1

CONTACT

1-855-DATRO4U (1-855-328-7648)
8 AM – 6 PM ET, Monday through Friday

www.DATROWAY4U.com

1-866-760-5917

WARNINGS AND PRECAUTIONS (Cont'd)

Ocular Adverse Reactions (Cont'd)

In the pooled safety population, ocular adverse reactions occurred in 38% of patients treated with DATROWAY. Forty-two patients (3.1%) experienced Grade 3 ocular adverse reactions, which included keratitis and dry eye, and four patients (0.3%) experienced a Grade 4 ocular adverse reaction of keratitis, corneal epithelium defect, corneal lesion, and conjunctival hemorrhage. The most common (≥5%) ocular adverse reactions were dry eye (18%), keratitis (16%), increased lacrimation (6%), and conjunctivitis (5%). The median time to first onset for ocular adverse reactions was 2.3 months (range: 0.03 months to 30 months) and with a median duration of 2.3 months (range: 0.03 months to 19.5 months). Of the patients who experienced ocular adverse reactions, 39% had complete resolution, and 8% had partial improvement (defined as a decrease in severity by one or more grades from the worst grade at last follow up). Ocular adverse reactions led to dosage interruption in 4.3% of patients, dosage reductions in 2.8% of patients, and permanent discontinuation of DATROWAY in 0.9% of patients.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

ACCESS SUPPORT TO HELP PATIENTS ACCESS DATROWAY

PA considerations

PA requirements vary by health plan. Please be prepared to include the following information when you submit the PA request. DATROWAY4U will provide you with a list of the PA requirements and appropriate forms after we complete the benefit investigation.

1. MOST PA FORMS WILL REQUIRE THE FOLLOWING INFORMATION:

- ☐ Patient information, including insurance policy number and date of birth
- ☐ Physician and facility information, including name, NPI number, and tax ID number
- ☐ Date of service
- ☐ Relevant procedure codes for services/products to be performed/provided
- ☐ Setting of care

2. SOME PA FORMS MAY REQUIRE A LETTER OF MEDICAL NECESSITY. PLEASE VISIT WWW.DATROWAY4U.COM FOR A SAMPLE. BE SURE TO INCLUDE THE PROVIDER ID NUMBER ON THE LETTER.

3. PA APPROVAL FOR DATROWAY MAY REQUIRE SPECIFIC INFORMATION, SUCH AS:

- ☐ DATROWAY indication statement
- ☐ DATROWAY Prescribing Information
- ☐ Documentation that the patient's tumor has spread
- ☐ Documentation of related biomarker testing
- ☐ Previous therapy(ies), including length of therapy and reason for discontinuation

WARNINGS AND PRECAUTIONS (Cont'd)

Ocular Adverse Reactions (Cont'd)

Patients with clinically significant corneal disease were excluded from clinical studies.

Advise patients to use preservative-free lubricant eye drops at least four times daily and as needed for prophylaxis. Advise patients to avoid use of contact lenses unless directed by an eye care professional.

Refer patients to an eye care professional for an ophthalmic exam including visual acuity testing, slit lamp examination (with fluorescein staining), intraocular pressure, and fundoscopy at treatment initiation, at end of treatment, and as clinically indicated. While on treatment, conduct visual acuity testing and slit lamp examination every 3 cycles.

Promptly refer patients to an eye care professional for any new or worsening ocular adverse reactions. Monitor patients for ocular adverse reactions during treatment with DATROWAY, and if diagnosis is confirmed, withhold, reduce the dose, or permanently discontinue DATROWAY based on severity.

Stomatitis

DATROWAY can cause stomatitis, including mouth ulcers and oral mucositis.

In the pooled safety population, stomatitis occurred in 63% of patients treated with DATROWAY, including 8% of patients with Grade 3 events and one patient with a Grade 4 reaction. The median time to first onset of stomatitis was 0.5 months (range: 0.03 months to 19.8 months) and with a median duration of 1.1 months (range: 0.03 months to 33.2 months). Stomatitis led to dosage interruption in 5% of patients, dosage reductions in 11% of patients, and permanent discontinuation of DATROWAY in 0.4% of patients.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

AFFORDABILITY OPTIONS ARE AVAILABLE TO HELP YOUR PATIENTS WHO ARE PRESCRIBED DATROWAY AFFORD THEIR TREATMENT

DATROWAY Patient Savings Program

The goal of the DATROWAY Patient Savings Program is to remove cost as a barrier for eligible commercially insured patients by assisting with their out-of-pocket costs for DATROWAY.

PAY AS LITTLE AS $0

Eligible commercially insured patients with a valid prescription for DATROWAY may pay as little as $0 per infusion and $0 in out-of-pocket costs for DATROWAY. The annual benefit can be used for the cost of the drug itself, and may also cover up to $100 in infusion costs per administration. An eye exam related to the use of DATROWAY may also be covered up to $250 per exam.* There are no income requirements to participate in the program. Terms and Conditions apply.

*Patients who are residents of Massachusetts or Rhode Island are not eligible for infusion administration or eye exam assistance.

PROGRAM ELIGIBILITY

- Must be a resident of the United States or Puerto Rico
- Patients must have commercial health insurance that covers medication costs for DATROWAY, but not the full cost to the patient
- Patients are ineligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, or TRICARE, or where prohibited by law. Eligibility rules apply. Additional restrictions may apply
- Offer is invalid for all claims or transactions submitted more than 180 days from the date on the Explanation of Benefits (EOB)

Full Eligibility Criteria and Terms and Conditions can be found at www.DATROWAY4U.com.

HOW TO ENROLL

Patient enrollment may be done quickly and easily at www.patientsavings4u.com/HCP.

1. If you think your patient meets the eligibility requirements, you may enroll them in the DATROWAY Patient Savings Program at www.patientsavings4u.com/HCP.
2. Submit all appropriate patient information.
3. If your patient is approved, you may utilize the Patient Savings Program to cover a patient's remaining balance.

If you need assistance enrolling a patient or have questions, please contact DATROWAY4U at 1-855-DATRO4U (1-855-328-7648).

WARNINGS AND PRECAUTIONS (Cont'd)

Stomatitis (Cont'd)

In patients who received DATROWAY in TROPION-Breast01 and TROPION-Breast02, 39% and 51% respectively used a mouthwash containing corticosteroid for management or prophylaxis of stomatitis/oral mucositis at any time during the treatment.

Advise patients to use a steroid-containing mouthwash for prophylaxis and treatment of stomatitis. Instruct the patient to hold ice chips or ice water in the mouth throughout the infusion of DATROWAY.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

AFFORDABILITY OPTIONS ARE AVAILABLE TO HELP YOUR PATIENTS WHO ARE PRESCRIBED DATROWAY AFFORD THEIR TREATMENT

DATROWAY Patient Savings Program (Cont'd)

SUBMITTING DATROWAY CLAIMS FROM BUY-AND-BILL PHYSICIAN'S OFFICES

1. Submit DATROWAY claim to patient's primary insurance plan following administration.
2. After receiving EOB, review to determine exact amount your patient owes for DATROWAY.
3. Submit a claim on behalf of the patient at www.patientsavings4u.com/HCP or by calling DATROWAY4U at 1-855-DATRO4U (1-855-328-7648) for the remaining DATROWAY out-of-pocket costs.
4. After the DATROWAY Patient Savings Program has reviewed the claim, you will be notified if the claim is approved. If approved, the patient's virtual debit card will be loaded with the approved amount. Process a debit card transaction to remove funds from the card.

SUBMITTING DATROWAY4U PATIENT CLAIMS FOR EYE EXAMS

1. Eligible enrolled patients may submit eye exam claims related to the use of DATROWAY to the DATROWAY4U Patient Savings Program. To submit claims for reimbursement the patient may call the DATROWAY4U program 1-855-DATRO4U (1-855-328-7648).
2. Patients may provide proof of payment in the form of an Explanation of Benefits (EOB), invoice, or receipt for their eye exam.
3. Once an eye exam claim is approved, patients will be reimbursed directly by check up to $250 per claim.*

*Eligible commercially insured patients enrolled in the DATROWAY4U Patient Savings Program may utilize the eye exam benefit during their enrollment period. Patients are not limited to one exam. However, patients may not exceed his or her Patient Savings Program benefit. The Patient Savings Program is subject to eligibility. Terms and conditions apply.
Patients who are residents of Massachusetts or Rhode Island are not eligible for infusion administration or eye exam assistance.

Patient Assistance Programs

These programs are designed to help qualifying uninsured, underinsured, or Medicare patients who are having financial difficulty affording their medication. Call 1-855-DATRO4U (1-855-328-7648) 8 AM – 6 PM ET, Monday through Friday to learn more.

The Patient Assistance Program (PAP) provides DATROWAY to qualifying patients at no cost. Eligibility rules apply.

To enroll your patients, please visit www.DATROWAY4U.com/hcp/affordability, complete the PAP enrollment form, and fax it to 1-833-904-1851.

Please visit www.DATROWAY4U.com to see full eligibility requirements.

General referral to independent charitable patient assistance foundations

Assistance may be available through independent foundations. Visit www.DATROWAY4U.com/hcp/affordability or call DATROWAY4U to learn more at 1-855-DATRO4U (1-855-328-7648). DATROWAY4U does not guarantee support by independent foundations. Each foundation sets their own eligibility requirements and support determinations.

CONTACT

1-855-DATRO4U (1-855-328-7648)

www.DATROWAY4U.com

WARNINGS AND PRECAUTIONS (Cont'd)

Stomatitis (Cont'd)

Monitor patients for signs and symptoms of stomatitis. If stomatitis occurs, increase the frequency of mouthwash and administer other topical treatments as clinically indicated. Based on the severity of the adverse reaction, withhold, reduce the dose, or permanently discontinue DATROWAY.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

DATROWAY4U provides support to answer your reimbursement questions

Utilizing appropriate codes on claim forms is required in order to obtain timely and appropriate reimbursement for DATROWAY.

The suggestions contained in this resource are for example only. AstraZeneca/Daiichi Sankyo makes no representation that the information is accurate or that it will comply with the requirements of any particular payer/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payer/insurer. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. No warranties or guarantees, expressed or implied, are made concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

DATROWAY4U can help with the appeals process

In some cases, payers may deny your initial claim for DATROWAY. When this happens, we are here to help. Please fax a completed Patient Enrollment Form and the explanation of benefits with reason for denial to 1-866-760-5917 for assistance.

Upon request, we will provide you with payer-specific appeals requirements. You will need to provide a formal letter appealing the denial to the payer. A peer-to-peer review may also be required by the health plan. You can find an example appeal letter and more at www.DATROWAY4U.com.

The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. No warranties or guarantees, expressed or implied, are made concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

CONTACT

1-855-DATRO4U (1-855-328-7648)
8 AM – 6 PM ET, Monday through Friday

www.DATROWAY4U.com

1-866-760-5917

WARNINGS AND PRECAUTIONS (Cont'd)

Embryo-Fetal Toxicity

Based on its mechanism of action, DATROWAY can cause embryo-fetal harm when administered to a pregnant woman because the topoisomerase inhibitor component of DATROWAY, DXd, is genotoxic and affects actively dividing cells.

Advise patients of the potential risk to a fetus. Advise female patients of reproductive potential to use effective contraception during treatment with DATROWAY and for 7 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with DATROWAY and for 4 months after the last dose.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

NATIONAL DRUG CODE (NDC)

10-digit NDC

CODE	DESCRIPTION
65597-801-01	One 100 mg single-dose vial

11-digit NDC

CODE	DESCRIPTION
65597-0801-01	One 100 mg single-dose vial

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE[1]

CODE	DESCRIPTION	VIAL SIZE	BILLING UNITS
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	100 mg	100

CURRENT PROCEDURAL TERMINOLOGY (CPT)® CODE[2]

CODE	DESCRIPTION
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

PLACE OF SERVICE CODES[3]

CODE	LOCATION	DESCRIPTION
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
19	Off Campus Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

REVENUE CODE[4]

CODE	DESCRIPTION
0636	Drugs requiring detailed coding

CMS requires revenue code 0636 to be billed on hospital outpatient claims for Medicare beneficiaries. Requirements for other payers may vary; some require 0636, others may require a pharmacy revenue code from the 025X or 026X series. Please consult with payer to determine the appropriate choice.

ADVERSE REACTIONS

The pooled safety population described in WARNINGS AND PRECAUTIONS reflects exposure to DATROWAY in 1365 patients as a single agent at 6 mg/kg administered as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity. This included 137 patients with NSCLC in TROPION-Lung05, 297 patients with NSCLC in TROPION-Lung01, 360 patients with HR-positive, HER2-negative breast cancer in TROPION-Breast01, 319 patients with TNBC in TROPION-Breast02, 50 patients with NSCLC and 83 patients with breast cancer in TROPION-PanTumor01, and 40 patients with NSCLC and 79 patients with breast cancer in TROPION-PanTumor02. Among the 1365 patients who received DATROWAY, 48% were exposed for greater than 6 months and 22% were exposed for greater than one year. In this pooled safety population, the most common (≥20%) adverse reactions were stomatitis (63%), nausea (51%), fatigue (42%), alopecia (38%), constipation (30%), vomiting (23%), decreased appetite (22%), and rash (20%). In this pooled safety population, the most common (≥2%) Grade 3 or 4 laboratory abnormalities were decreased lymphocytes (8%), decreased hemoglobin (3.7%), decreased sodium (3.0%), and decreased blood potassium (2.3%).

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

ICD-10-CM Codes

The suggestions contained throughout are for example only. AstraZeneca/Daiichi Sankyo makes no representation that the information is accurate or that it will comply with the requirements of any particular payer/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payer/insurer. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. No warranties or guarantees, expressed or implied, are made concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

Examples of primary breast cancer ICD-10-CM codes[5]

PRIMARY BREAST CANCER SITES

ICD-10-CM	DESCRIPTION
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast

ADVERSE REACTIONS (Cont'd)

Locally Advanced or Metastatic EGFR-Mutated Non-Small Cell Lung Cancer

TROPION-Lung05, *TROPION-Lung01*, *TROPION-PanTumor01*

The safety of DATROWAY was evaluated in 125 patients with EGFR-mutated NSCLC who received DATROWAY 6 mg/kg administered as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity in TROPION-Lung05 and TROPION-Lung01 as well as TROPION-PanTumor01. Among these patients, the median duration of treatment was 6.1 months (range 0.7 months to 41.7 months).

The median age was 63 years (range: 36 to 81), 56% of patients were <65 years, 62% of patients were female; 66% were Asian, 26% were White, 0.8% were Black, 6% were other races; and 2.4% were of Hispanic ethnicity.

Serious adverse reactions occurred in 26% of patients who received DATROWAY. Serious adverse reactions in >1% of patients who received DATROWAY were COVID-19 (4%), stomatitis (2.4%), and pneumonia (1.6%). Fatal adverse reactions occurred in 1.6% of patients who received DATROWAY, due to death not otherwise specified.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

Examples of primary breast cancer ICD-10-CM codes[5] (Cont'd)

PRIMARY BREAST CANCER SITES

ICD-10-CM	DESCRIPTION
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast

ADVERSE REACTIONS (Cont'd)

Locally Advanced or Metastatic EGFR-Mutated Non-Small Cell Lung Cancer (Cont'd)

Permanent discontinuation of DATROWAY due to an adverse reaction occurred in 8% of patients. Adverse reactions which resulted in permanent discontinuation of DATROWAY in >1% of patients included ILD/pneumonitis (2.4%) and abnormal hepatic function (1.6%).

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

Examples of primary breast cancer ICD-10-CM codes[5] (Cont'd)

PRIMARY BREAST CANCER SITES

ICD-10-CM	DESCRIPTION
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast

PATIENT HISTORY AND OTHER FACTORS[6]*

ICD-10-CM	DESCRIPTION
Z17.32	Human epidermal growth factor receptor 2 negative status
Z17.411	Hormone receptor positive with human epidermal growth factor receptor 2 negative status
Z17.421	Hormone receptor negative with human epidermal growth factor receptor 2 negative status
Z92.21	Personal history of antineoplastic chemotherapy
Z92.29	Personal history of other drug therapy

**Code appropriate diagnosis from the C50 series first.*

ADVERSE REACTIONS (Cont'd)

Locally Advanced or Metastatic EGFR-Mutated Non-Small Cell Lung Cancer (Cont'd)

Dosage interruptions of DATROWAY due to an adverse reaction occurred in 43% of patients. Adverse reactions which required dosage interruption in >1% of patients included COVID-19 (13%), stomatitis (7%), fatigue (6%), pneumonia (4%), anemia (2.4%), amylase increased (2.4%), keratitis (2.4%), ILD/pneumonitis (1.6%), decreased appetite (1.6%), dyspnea (1.6%), rash (1.6%), and infusion-related reaction (1.6%).

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

Examples of primary non-small cell lung cancer ICD-10-CM codes[5]

PRIMARY LUNG CANCER SITES

ICD-10-CM	DESCRIPTION
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung

PATIENT HISTORY AND OTHER FACTORS[6]*

ICD-10-CM	DESCRIPTION
Z15.09	Genetic susceptibility to other malignant neoplasm
Z92.21	Personal history of antineoplastic chemotherapy
Z92.22	Personal history of monoclonal drug therapy
Z92.29	Personal history of other drug therapy

**Code appropriate diagnosis from the C33 and C34 series first.*

ADVERSE REACTIONS (Cont'd)

Locally Advanced or Metastatic EGFR-Mutated Non-Small Cell Lung Cancer (Cont'd)

Dose reductions of DATROWAY due to an adverse reaction occurred in 26% of patients. Adverse reactions which required dose reduction in >1% of patients included stomatitis (14%), keratitis (1.6%), fatigue (1.6%), decreased weight (1.6%) and COVID-19 (1.6%).

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

Examples of metastatic cancer ICD-10-CM codes[5]

The codes listed below represent common sites to which metastatic breast cancer and metastatic non-small cell lung cancer metastasize. There may be other metastatic sites as well. These codes are for example only.

METASTASIS TO LYMPH NODES

ICD-10-CM	DESCRIPTION
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified

METASTASIS TO LIVER

ICD-10-CM	DESCRIPTION
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct

METASTASIS TO BRAIN

ICD-10-CM	DESCRIPTION
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges

METASTASIS TO BONE AND BONE MARROW

ICD-10-CM	DESCRIPTION
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow

ADVERSE REACTIONS (Cont'd)

Locally Advanced or Metastatic EGFR-Mutated Non-Small Cell Lung Cancer (Cont'd)

The most common (≥20%) adverse reactions, including laboratory abnormalities, were stomatitis (71%), nausea (50%), alopecia (49%), fatigue (42%), decreased hemoglobin (34%), decreased lymphocytes (32%), constipation (31%), increased calcium (31%), increased AST (28%), decreased white blood cell count (27%), increased lactate dehydrogenase (23%), musculoskeletal pain (22%), decreased appetite (20%), increased ALT (20%), and rash (20%). Clinically relevant adverse reactions occurring in <10% of patients who received DATROWAY included dry skin, blurred vision, abdominal pain, conjunctivitis, dry mouth, ILD/pneumonitis, skin hyperpigmentation, increased lacrimation, and visual impairment.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

Examples of metastatic cancer ICD-10-CM codes[5] (Cont'd)

METASTASIS TO ADRENAL GLANDS

ICD-10-CM	DESCRIPTION
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland

METASTASIS TO SPLEEN, PANCREAS AND OTHER DIGESTIVE ORGANS

ICD-10-CM	DESCRIPTION
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.80	Secondary malignant neoplasm of unspecified digestive organs
C78.89	Secondary malignant neoplasm of other digestive organs

METASTASIS TO LUNG AND PLEURA

ICD-10-CM	DESCRIPTION
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs

ADVERSE REACTIONS (Cont'd)

Unresectable or Metastatic Triple-Negative Breast Cancer (TNBC)

TROPION-Breast02

The safety of DATROWAY was evaluated in 319 patients with triple-negative breast cancer who received at least one dose of DATROWAY 6 mg/kg in TROPION-Breast02. DATROWAY was administered by intravenous infusion once every three weeks. The median duration of treatment was 8.5 months (range: 0.7 months to 38.0 months) for patients who received DATROWAY.

Serious adverse reactions occurred in 17% of patients who received DATROWAY. Serious adverse reactions in >1% of patients who received DATROWAY were pneumonia (2.2%), vomiting (1.9%), COVID-19 (1.6%), and anemia (1.3%). Fatal adverse reactions occurred in one patient (0.3%) who received DATROWAY and was due to ILD/pneumonitis.

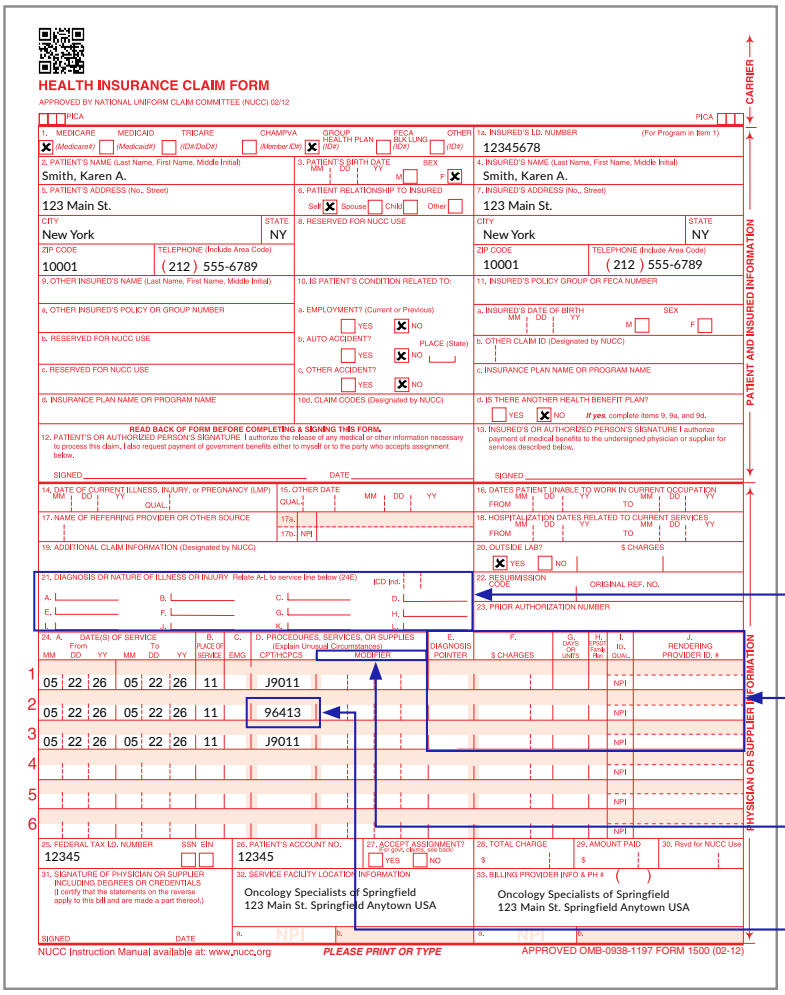
Permanent discontinuation of DATROWAY due to an adverse reaction occurred in 4.7% of patients. Adverse reactions which resulted in permanent discontinuation of DATROWAY in >0.5% of patients included ILD/pneumonitis (0.9%) and keratitis (0.9%).

CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

Example of a completed CMS-1500 claim form for a DATROWAY-treated patient

Prescribers use this form when billing insurers for medication administered in the physician's office and for their professional services.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare#)	X
1a. INSURED'S I.D. NUMBER	12345678
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	Smith, Karen A.
4. INSURED'S NAME (Last Name, First Name, Middle Initial)	Smith, Karen A.
5. PATIENT'S ADDRESS (No., Street)	123 Main St.
7. INSURED'S ADDRESS (No., Street)	123 Main St.
CITY	New York
STATE	NY
ZIP CODE	10001
TELEPHONE (Include Area Code)	(212) 555-6789
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	Input diagnosis code(s) here.
24. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS / MODIFIER	Complete sections E-J.
1	05 22 26 05 22 26 11 J9011
2	05 22 26 05 22 26 11 96413
3	05 22 26 05 22 26 11 J9011
4	
5	
6	
25. FEDERAL TAX I.D. NUMBER	12345
26. PATIENT'S ACCOUNT NO.	12345
32. SERVICE FACILITY LOCATION INFORMATION	Oncology Specialists of Springfield 123 Main St. Springfield Anytown USA
33. BILLING PROVIDER INFO & PH #	Oncology Specialists of Springfield 123 Main St. Springfield Anytown USA

NUCC Instruction Manual available at: www.nucc.org — PLEASE PRINT OR TYPE — APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER | PATIENT AND INSURED INFORMATION | PHYSICIAN OR SUPPLIER INFORMATION

The suggestions contained on this form and on the next page are for example only. AstraZeneca/Daiichi Sankyo makes no representation that the information is accurate or that it will comply with the requirements of any particular payer/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payer/insurer. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. No warranties or guarantees, expressed or implied, are made concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

Input diagnosis code(s) here.

Complete sections E-J.

Medicare and many private payers require the use of modifier JW to report wastage of single-use vial drugs. Any discarded amount greater than a single billing unit should be reported on a separate line using the product's HCPCS code followed by the modifier JW. If no wastage is experienced, the modifier JZ should be entered after the HCPCS code on a single claim line for Medicare claims. Please refer to your payer's policy for more information.

Check payer's policy to obtain appropriate administration code(s) and input here.

ADVERSE REACTIONS (Cont'd)

Unresectable or Metastatic Triple-Negative Breast Cancer (TNBC) (Cont'd)

Dosage interruptions of DATROWAY due to an adverse reaction occurred in 35% of patients. Adverse reactions which required dosage interruption in >1% of patients included stomatitis (5%), increased amylase (4.1%), keratitis (3.4%), neutropenia (3.1%), COVID-19 (2.8%), pneumonia (2.2%), dry eye (1.9%), upper respiratory tract infection (1.6%), anemia (1.3%), leukopenia (1.3%), IRR (1.3%), and ILD/pneumonitis (1.3%).

Dose reductions of DATROWAY due to an adverse reaction occurred in 28% of patients. Adverse reactions which required dose reduction in >1% of patients included stomatitis (11%), keratitis (4.1%), fatigue (3.8%), increased amylase (2.8%), and pneumonia (1.3%).

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

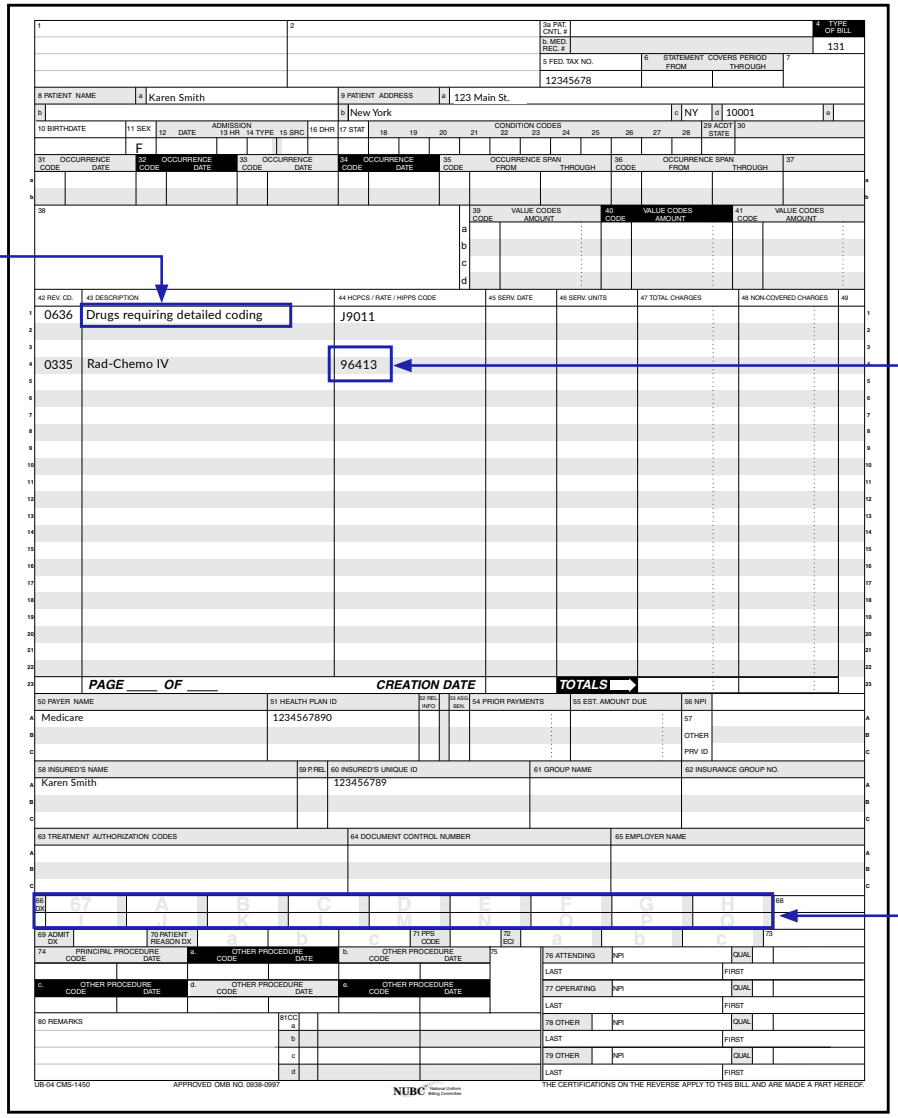
CODING & REIMBURSEMENT

CODING, APPEALS, AND DENIAL SUPPORT IS AVAILABLE TO HELP WITH REIMBURSEMENT

Example of a completed UB-04 claim form for a DATROWAY-treated patient

Hospitals use this form when billing insurers for medication administered in the inpatient or outpatient setting. Outpatient hospitals should bill with the appropriate revenue code and wastage modifier (JW or JZ). Please refer to payer-specific guidance.

Some payers require a National Drug Code, the drug's product name, or the electronic equivalent for column 43. Check payer's policy before submitting a claim.



42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE
0636	Drugs requiring detailed coding	J9011
0335	Rad-Chemo IV	96413

50 PAYER NAME	51 HEALTH PLAN ID
Medicare	1234567890

58 INSURED'S NAME	60 INSURED'S UNIQUE ID
Karen Smith	123456789

Check payer's policy to obtain appropriate administration code(s) and input here.

Input diagnosis code(s) here.

ADVERSE REACTIONS (Cont'd)

Unresectable or Metastatic Triple-Negative Breast Cancer (TNBC) (Cont'd)

The most common (≥20%) adverse reactions, including laboratory abnormalities in patients receiving DATROWAY, were stomatitis (63%), increased amylase (54%), nausea (48%), alopecia (43%), decreased hemoglobin (43%), decreased white blood cells (41%), constipation (40%), decreased calcium (39%), decreased lymphocytes (36%), fatigue (36%), decreased neutrophils (35%), increased ALT (28%), increased AST (27%), dry eye (26%), keratitis (26%), decreased albumin (25%), vomiting (23%), musculoskeletal pain (22%), decreased sodium (21%), and increased blood alkaline phosphatase (20%).

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

DISTRIBUTION CONNECT WITH SELECT SPECIALTY DISTRIBUTORS AND SPECIALTY PHARMACY PROVIDERS

Specialty Distributors

DATROWAY will primarily be distributed through Specialty Distributors via the buy-and-bill process

SPECIALTY DISTRIBUTOR	PHONE NUMBER	FAX NUMBER	WEBSITE
ASD Healthcare	1-800-746-6273	1-800-547-9413	www.asdhealthcare.com
BioCare	1-800-304-3064	1-602-850-6215	https://biocare-us.com/
Cardinal Health Specialty Distribution	1-855-855-0708	1-614-553-6301	https://specialtyonline.cardinalhealth.com/
CuraScript SD	1-877-599-7748	1-800-862-6208	www.curascriptsd.com
DMS Pharmaceutical	1-877-788-1100	1-847-518-1105	www.dmspharma.com
McKesson Plasma and Biologics	1-877-625-2566	1-888-752-7626	www.mckesson.com/Pharmaceutical-Distribution/Plasma-Biologics
McKesson Specialty Health	1-800-482-6700	1-800-289-9285	https://mckessonspecialtyhealth.com/
Morris & Dickson Specialty Distribution	1-800-388-3833	1-318-798-5237	www.morrisdickson.com/products/specialty
Oncology Supply	1-800-633-7555	1-800-248-8205	www.oncologysupply.com

DATROWAY may be dispensed through specialty pharmacy providers

DATROWAY4U specialists can identify your Specialty Pharmacy Provider options.

If you prefer, you and your staff can also work directly with the Specialty Pharmacy Providers if:

- You have already identified the Specialty Pharmacy Provider that is in your patient's network
- You currently use a Specialty Pharmacy Provider that is in your patient's network

ADVERSE REACTIONS (Cont'd)

Unresectable or Metastatic Triple-Negative Breast Cancer (TNBC) (Cont'd)

Clinically relevant adverse reactions occurring in <10% of patients who received DATROWAY included infusion-related reactions including anaphylactic reaction, diarrhea, conjunctivitis, lacrimation increased, dry mouth, dry skin, pruritus, rhinorrhea, blepharitis, meibomian gland dysfunction, blurred vision, ILD/pneumonitis, visual impairment, photophobia, and madarosis.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

IMPORTANT SAFETY INFORMATION

INDICATIONS

DATROWAY® (datopotamab deruxtecan-dlnk) is a Trop-2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of:

- adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR)-mutated non-small cell lung cancer (NSCLC) who have received prior EGFR-directed therapy and platinum-based chemotherapy.

  This indication is approved under accelerated approval based on objective response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial.
- adult patients with unresectable or metastatic triple-negative breast cancer (TNBC) who are not candidates for PD-1/PD-L1 inhibitor therapy.
- adult patients with unresectable or metastatic, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who have received prior endocrine-based therapy and chemotherapy for unresectable or metastatic disease.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Interstitial Lung Disease/Pneumonitis

DATROWAY can cause severe, life-threatening, or fatal interstitial lung disease (ILD) or pneumonitis.

Locally Advanced or Metastatic NSCLC

In the pooled safety population of 484 patients with NSCLC from TROPION-Lung01, TROPION-Lung05, and TROPION-PanTumor01, ILD/pneumonitis occurred in 7% of patients treated with DATROWAY, including 0.6% of patients with Grade 3 and 0.4% with Grade 4. There were 8 (1.7%) fatal cases. The median time to first onset for ILD was 1.4 months (range: 0.2 months to 9 months). Eleven patients (2.3%) had DATROWAY withheld and 20 patients (4.1%) permanently discontinued DATROWAY due to ILD/pneumonitis. Systemic corticosteroids were required in 79% (26/33) of patients with ILD/pneumonitis. ILD/pneumonitis resolved in 45% of patients.

Unresectable or Metastatic Breast Cancer

In the pooled safety population of 841 patients with breast cancer from TROPION-Breast01, TROPION-Breast02, TROPION-PanTumor01 and TROPION-PanTumor02, ILD/pneumonitis occurred in 3.0% of patients treated with DATROWAY, including 0.4% of patients with Grade 3. There were two fatal cases (0.2%). The median time to first onset for ILD was 5.3 months (range: 1.1 months to 19.3 months) and with a median duration of 1.2 months (range: 0.3 months to 5.2 months). Eight patients (1.0%) had DATROWAY withheld and 10 patients (1.2%) permanently discontinued DATROWAY due to ILD/pneumonitis. Systemic corticosteroids were required in 64% (16/25) of patients with ILD/pneumonitis. ILD/pneumonitis resolved in 40% of patients.

Patients were excluded from clinical studies for a history of ILD/pneumonitis requiring treatment with steroids or for ongoing ILD/pneumonitis.

Monitor patients for new or worsening respiratory symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever) during treatment with DATROWAY. For asymptomatic (Grade 1) ILD/pneumonitis, consider corticosteroid treatment (e.g., ≥0.5 mg/kg/day prednisolone or equivalent). For symptomatic ILD/pneumonitis (Grade 2 or greater), promptly initiate systemic corticosteroid treatment (e.g., ≥1 mg/kg/day prednisolone or equivalent) and continue for at least 14 days followed by gradual taper for at least 4 weeks.

Withhold DATROWAY in patients with suspected ILD/pneumonitis and permanently discontinue DATROWAY if ≥Grade 2 ILD/pneumonitis is confirmed.

Ocular Adverse Reactions

DATROWAY can cause ocular adverse reactions including dry eye, keratitis, blepharitis, meibomian gland dysfunction, increased lacrimation, conjunctivitis, and blurred vision.

In the pooled safety population, ocular adverse reactions occurred in 38% of patients treated with DATROWAY. Forty-two patients (3.1%) experienced Grade 3 ocular adverse reactions, which included keratitis and dry eye, and four patients (0.3%) experienced a Grade 4 ocular adverse reaction of keratitis, corneal epithelium defect, corneal lesion, and conjunctival hemorrhage. The most common (≥5%) ocular adverse reactions were dry eye (18%), keratitis (16%), increased lacrimation (6%), and conjunctivitis (5%). The median time to first onset for ocular adverse reactions was 2.3 months (range: 0.03 months to 30 months) and with a median duration of 2.3 months (range: 0.03 months to 19.5 months). Of the patients who experienced ocular adverse reactions, 39% had complete resolution, and 8% had partial improvement (defined as a decrease in severity by one or more grades from the worst grade at last follow up). Ocular adverse reactions led to dosage interruption in 4.3% of patients, dosage reductions in 2.8% of patients, and permanent discontinuation of DATROWAY in 0.9% of patients.

Patients with clinically significant corneal disease were excluded from clinical studies.

Advise patients to use preservative-free lubricant eye drops at least four times daily and as needed for prophylaxis. Advise patients to avoid use of contact lenses unless directed by an eye care professional.

Refer patients to an eye care professional for an ophthalmic exam including visual acuity testing, slit lamp examination (with fluorescein staining), intraocular pressure, and fundoscopy at treatment initiation, at end of treatment, and as clinically indicated. While on treatment, conduct visual acuity testing and slit lamp examination every 3 cycles.

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (Cont'd)

Ocular Adverse Reactions (Cont'd)

Promptly refer patients to an eye care professional for any new or worsening ocular adverse reactions. Monitor patients for ocular adverse reactions during treatment with DATROWAY, and if diagnosis is confirmed, withhold, reduce the dose, or permanently discontinue DATROWAY based on severity.

Stomatitis

DATROWAY can cause stomatitis, including mouth ulcers and oral mucositis.

In the pooled safety population, stomatitis occurred in 63% of patients treated with DATROWAY, including 8% of patients with Grade 3 events and one patient with a Grade 4 reaction. The median time to first onset of stomatitis was 0.5 months (range: 0.03 months to 19.8 months) and with a median duration of 1.1 months (range: 0.03 months to 33.2 months). Stomatitis led to dosage interruption in 5% of patients, dosage reductions in 11% of patients, and permanent discontinuation of DATROWAY in 0.4% of patients.

In patients who received DATROWAY in TROPION-Breast01 and TROPION-Breast02, 39% and 51% respectively used a mouthwash containing corticosteroid for management or prophylaxis of stomatitis/oral mucositis at any time during the treatment.

Advise patients to use a steroid-containing mouthwash for prophylaxis and treatment of stomatitis. Instruct the patient to hold ice chips or ice water in the mouth throughout the infusion of DATROWAY.

Monitor patients for signs and symptoms of stomatitis. If stomatitis occurs, increase the frequency of mouthwash and administer other topical treatments as clinically indicated. Based on the severity of the adverse reaction, withhold, reduce the dose, or permanently discontinue DATROWAY.

Embryo-Fetal Toxicity

Based on its mechanism of action, DATROWAY can cause embryo-fetal harm when administered to a pregnant woman because the topoisomerase inhibitor component of DATROWAY, DXd, is genotoxic and affects actively dividing cells.

Advise patients of the potential risk to a fetus. Advise female patients of reproductive potential to use effective contraception during treatment with DATROWAY and for 7 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with DATROWAY and for 4 months after the last dose.

ADVERSE REACTIONS

The pooled safety population described in WARNINGS AND PRECAUTIONS reflects exposure to DATROWAY in 1365 patients as a single agent at 6 mg/kg administered as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity. This included 137 patients with NSCLC in TROPION-Lung05, 297 patients with NSCLC in TROPION-Lung01, 360 patients with HR-positive, HER2-negative breast cancer in TROPION-Breast01, 319 patients with TNBC in TROPION-Breast02, 50 patients with NSCLC and 83 patients with breast cancer in TROPION-PanTumor01, and 40 patients with NSCLC and 79 patients with breast cancer in TROPION-PanTumor02. Among the 1365 patients who received DATROWAY, 48% were exposed for greater than 6 months and 22% were exposed for greater than one year. In this pooled safety population, the most common (≥20%) adverse reactions were stomatitis (63%), nausea (51%), fatigue (42%), alopecia (38%), constipation (30%), vomiting (23%), decreased appetite (22%), and rash (20%). In this pooled safety population, the most common (≥2%) Grade 3 or 4 laboratory abnormalities were decreased lymphocytes (8%), decreased hemoglobin (3.7%), decreased sodium (3.0%), and decreased blood potassium (2.3%).

Locally Advanced or Metastatic EGFR-Mutated Non-Small Cell Lung Cancer

TROPION-Lung05, TROPION-Lung01, TROPION-PanTumor01

The safety of DATROWAY was evaluated in 125 patients with EGFR-mutated NSCLC who received DATROWAY 6 mg/kg administered as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity in TROPION-Lung05 and TROPION-Lung01 as well as TROPION-PanTumor01. Among these patients, the median duration of treatment was 6.1 months (range 0.7 months to 41.7 months).

The median age was 63 years (range: 36 to 81), 56% of patients were <65 years, 62% of patients were female; 66% were Asian, 26% were White, 0.8% were Black, 6% were other races; and 2.4% were of Hispanic ethnicity.

Serious adverse reactions occurred in 26% of patients who received DATROWAY. Serious adverse reactions in >1% of patients who received DATROWAY were COVID-19 (4%), stomatitis (2.4%), and pneumonia (1.6%). Fatal adverse reactions occurred in 1.6% of patients who received DATROWAY, due to death not otherwise specified.

Permanent discontinuation of DATROWAY due to an adverse reaction occurred in 8% of patients. Adverse reactions which resulted in permanent discontinuation of DATROWAY in >1% of patients included ILD/pneumonitis (2.4%) and abnormal hepatic function (1.6%).

Dosage interruptions of DATROWAY due to an adverse reaction occurred in 43% of patients. Adverse reactions which required dosage interruption in >1% of patients included COVID-19 (13%), stomatitis (7%), fatigue (6%), pneumonia (4%), anemia (2.4%), amylase increased (2.4%), keratitis (2.4%), ILD/pneumonitis (1.6%), decreased appetite (1.6%), dyspnea (1.6%), rash (1.6%), and infusion-related reaction (1.6%).

Dose reductions of DATROWAY due to an adverse reaction occurred in 26% of patients. Adverse reactions which required dose reduction in >1% of patients included stomatitis (14%), keratitis (1.6%), fatigue (1.6%), decreased weight (1.6%) and COVID-19 (1.6%).

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS (Cont'd)

Locally Advanced or Metastatic EGFR-Mutated Non-Small Cell Lung Cancer (Cont'd)

The most common (≥20%) adverse reactions, including laboratory abnormalities, were stomatitis (71%), nausea (50%), alopecia (49%), fatigue (42%), decreased hemoglobin (34%), decreased lymphocytes (32%), constipation (31%), increased calcium (31%), increased AST (28%), decreased white blood cell count (27%), increased lactate dehydrogenase (23%), musculoskeletal pain (22%), decreased appetite (20%), increased ALT (20%), and rash (20%).

Clinically relevant adverse reactions occurring in <10% of patients who received DATROWAY included dry skin, blurred vision, abdominal pain, conjunctivitis, dry mouth, ILD/pneumonitis, skin hyperpigmentation, increased lacrimation, and visual impairment.

Unresectable or Metastatic Triple-Negative Breast Cancer (TNBC)

TROPION-Breast02

The safety of DATROWAY was evaluated in 319 patients with triple-negative breast cancer who received at least one dose of DATROWAY 6 mg/kg in TROPION-Breast02. DATROWAY was administered by intravenous infusion once every three weeks. The median duration of treatment was 8.5 months (range: 0.7 months to 38.0 months) for patients who received DATROWAY.

Serious adverse reactions occurred in 17% of patients who received DATROWAY. Serious adverse reactions in >1% of patients who received DATROWAY were pneumonia (2.2%), vomiting (1.9%), COVID-19 (1.6%), and anemia (1.3%). Fatal adverse reactions occurred in one patient (0.3%) who received DATROWAY and was due to ILD/pneumonitis.

Permanent discontinuation of DATROWAY due to an adverse reaction occurred in 4.7% of patients. Adverse reactions which resulted in permanent discontinuation of DATROWAY in >0.5% of patients included ILD/pneumonitis (0.9%) and keratitis (0.9%).

Dosage interruptions of DATROWAY due to an adverse reaction occurred in 35% of patients. Adverse reactions which required dosage interruption in >1% of patients included stomatitis (5%), increased amylase (4.1%), keratitis (3.4%), neutropenia (3.1%), COVID-19 (2.8%), pneumonia (2.2%), dry eye (1.9%), upper respiratory tract infection (1.6%), anemia (1.3%), leukopenia (1.3%), IRR (1.3%), and ILD/pneumonitis (1.3%).

Dose reductions of DATROWAY due to an adverse reaction occurred in 28% of patients. Adverse reactions which required dose reduction in >1% of patients included stomatitis (11%), keratitis (4.1%), fatigue (3.8%), increased amylase (2.8%), and pneumonia (1.3%).

The most common (≥20%) adverse reactions, including laboratory abnormalities in patients receiving DATROWAY, were stomatitis (63%), increased amylase (54%), nausea (48%), alopecia (43%), decreased hemoglobin (43%), decreased white blood cells (41%), constipation (40%), decreased calcium (39%), decreased lymphocytes (36%), fatigue (36%), decreased neutrophils (35%), increased ALT (28%), increased AST (27%), dry eye (26%), keratitis (26%), decreased albumin (25%), vomiting (23%), musculoskeletal pain (22%), decreased sodium (21%), and increased blood alkaline phosphatase (20%).

Clinically relevant adverse reactions occurring in <10% of patients who received DATROWAY included infusion-related reactions including anaphylactic reaction, diarrhea, conjunctivitis, lacrimation increased, dry mouth, dry skin, pruritus, rhinorrhea, blepharitis, meibomian gland dysfunction, blurred vision, ILD/pneumonitis, visual impairment, photophobia, and madarosis.

Unresectable or Metastatic, HR-Positive, HER2-Negative Breast Cancer

TROPION-Breast01

The safety of DATROWAY was evaluated in 360 patients with unresectable or metastatic HR-positive, HER2-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who received at least one dose of DATROWAY 6 mg/kg in TROPION-Breast01. DATROWAY was administered by intravenous infusion once every three weeks. The median duration of treatment was 6.7 months (range: 0.7 months to 16.1 months) for patients who received DATROWAY.

Serious adverse reactions occurred in 15% of patients who received DATROWAY. Serious adverse reactions in >0.5% of patients who received DATROWAY were urinary tract infection (1.9%), COVID-19 infection (1.7%), ILD/pneumonitis (1.1%), acute kidney injury, pulmonary embolism, vomiting, diarrhea, hemiparesis, and anemia (0.6% each). Fatal adverse reactions occurred in 0.3% of patients who received DATROWAY and were due to ILD/pneumonitis.

Permanent discontinuation of DATROWAY due to an adverse reaction occurred in 3.1% of patients. Adverse reactions which resulted in permanent discontinuation of DATROWAY in >0.5% of patients included ILD/pneumonitis (1.7%) and fatigue (0.6%).

Dosage interruptions of DATROWAY due to an adverse reaction occurred in 22% of patients. Adverse reactions which required dosage interruption in >1% of patients included COVID-19 (3.3%), infusion-related reaction (1.4%), ILD/pneumonitis (1.9%), stomatitis (1.9%), fatigue (1.7%), keratitis (1.4%), acute kidney injury (1.1%), and pneumonia (1.1%).

Dose reductions of DATROWAY due to an adverse reaction occurred in 23% of patients. Adverse reactions which required dose reduction in >1% of patients included stomatitis (13%), fatigue (3.1%), nausea (2.5%), and weight decrease (1.9%).

The most common (≥20%) adverse reactions, including laboratory abnormalities, were stomatitis (59%), nausea (56%), fatigue (44%), decreased leukocytes (41%), decreased calcium (39%), alopecia (38%), decreased lymphocytes (36%), decreased hemoglobin (35%), constipation (34%), decreased neutrophils (30%), dry eye (27%), vomiting (24%), increased ALT (24%), keratitis (24%), increased AST (23%), and increased alkaline phosphatase (23%).

Please see additional Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS (Cont'd)

Unresectable or Metastatic, HR-Positive, HER2-Negative Breast Cancer (Cont'd)

Clinically relevant adverse reactions occurring in <10% of patients who received DATROWAY included infusion-related reactions (including bronchospasm), ILD/pneumonitis, headache, pruritus, dry skin, dry mouth, conjunctivitis, blepharitis, meibomian gland dysfunction, blurred vision, increased lacrimation, photophobia, visual impairment, skin hyperpigmentation, and madarosis.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** Based on its mechanism of action, DATROWAY can cause embryo-fetal harm when administered to a pregnant woman because the topoisomerase inhibitor component of DATROWAY, DXd, is genotoxic and affects actively dividing cells. There are no available data on the use of DATROWAY in pregnant women to inform a drug-associated risk. Advise patients of the potential risks to a fetus.
- **Lactation:** There are no data regarding the presence of datopotamab deruxtecan-dlnk or its metabolites in human milk, the effects on the breastfed child, or the effects on milk production. Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with DATROWAY and for 1 month after the last dose.
- **Females and Males of Reproductive Potential:** Pregnancy Testing: Verify pregnancy status of females of reproductive potential prior to initiation of DATROWAY. Contraception: *Females:* Advise females of reproductive potential to use effective contraception during treatment with DATROWAY and for 7 months after the last dose. *Males:* Because of the potential for genotoxicity, advise male patients with female partners of reproductive potential to use effective contraception during treatment with DATROWAY and for 4 months after the last dose. Infertility: Based on findings in animal toxicity studies, DATROWAY may impair male and female reproductive function and fertility. The effects on reproductive organs in animals were irreversible.
- **Pediatric Use:** Safety and effectiveness of DATROWAY have not been established in pediatric patients.
- **Geriatric Use:** Of the 125 patients with EGFR-mutated NSCLC in TROPION-Lung05, TROPION-Lung01, TROPION-PanTumor01 treated with DATROWAY 6 mg/kg, 44% were ≥65 years of age and 10% were ≥75 years of age. No clinically meaningful differences in efficacy and safety were observed between patients ≥65 years of age versus younger patients. Of the 841 patients with breast cancer in TROPION-Breast01, TROPION-Breast02, TROPION-PanTumor01, and TROPION-PanTumor02 treated with DATROWAY 6 mg/kg, 23% were ≥65 years of age and 4.5% were ≥75 years of age. Grade ≥3 and serious adverse reactions were more common in patients ≥65 years (45% and 22%, respectively) compared to patients <65 years (38% and 16%, respectively). No other meaningful differences in efficacy and safety were observed between patients ≥65 years of age versus younger patients.
- **Renal Impairment:** Monitor patients with renal impairment for increased adverse reactions, including respiratory reactions. A higher incidence of ILD/pneumonitis has been observed in patients with creatinine clearance (CLcr) 30 to <90 mL/min (estimated by Cockcroft Gault). No dosage adjustment is recommended in patients with CLcr 30 to <90 mL/min. The pharmacokinetics of datopotamab deruxtecan-dlnk or DXd in patients with CLcr <30 mL/min is unknown.
- **Hepatic Impairment:** Monitor patients with moderate hepatic impairment (total bilirubin >1.5 to 3 times ULN and any AST) for increased adverse reactions. Limited data are available in patients with moderate hepatic impairment. No dosage adjustment is recommended in patients with mild hepatic impairment (total bilirubin ≤ULN and any AST >ULN or total bilirubin >1 to 1.5 times ULN and any AST). The recommended dosage of DATROWAY has not been established for patients with severe hepatic impairment (total bilirubin >3 times ULN and any AST).

To report SUSPECTED ADVERSE REACTIONS, contact Daiichi Sankyo, Inc. at 1-877-437-7763 or FDA at 1-800-FDA-1088 or fda.gov/medwatch.

Please see Prescribing Information and Medication Guide for additional Important Safety Information.

DATROWAY® 4U
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE



IF YOU HAVE ANY QUESTIONS, CONTACT US:

1-855-DATRO4U (1-855-328-7648)

www.DATROWAY4U.com

To report SUSPECTED ADVERSE REACTIONS, contact Daiichi Sankyo, Inc. at 1-877-437-7763 or FDA at 1-800-FDA-1088 or fda.gov/medwatch.

Please see Important Safety Information throughout as well as on pages 18-21, and accompanying full Prescribing Information and Medication Guide.

References: 1. Centers for Medicare & Medicaid Services. HCPCS quarterly update. Accessed March 10, 2026. https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update **2.** EncoderPro for Payers. Copyright © 2024. All Rights Reserved. **3.** Centers for Medicare & Medicaid Services. Place of service code set. Updated February 17, 2026. Accessed March 10, 2026. https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set **4.** Centers for Medicare & Medicaid Services. Billing and coding: hospital outpatient drugs and biologicals under the Outpatient Prospective Payment System (OPPS). Accessed March 10, 2026. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55913 **5.** Centers for Medicare & Medicaid Services. ICD code lists. Accessed March 10, 2026. https://www.cms.gov/medicare/coordination-benefits-recovery/overview/icd-code-lists **6.** American Academy of Professional Coders. Codify (various codes). Accessed March 10, 2026. https://www.aapc.com/codes/

DATROWAY4U provides patients and their providers access and reimbursement support for DATROWAY. Reimbursement is not guaranteed.

DATROWAY® is a registered trademark of Daiichi Sankyo Company, Limited.
CPT is a registered trademark of the American Medical Association.
©2026 Daiichi Sankyo, Inc. and AstraZeneca. All rights reserved. PP-US-DT-0174-2 US-109833 04/26

Daiichi-Sankyo | AstraZeneca