The first and only Trop-2–directed ADC[1]

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

Elevate the Possibilities With TRODELVY®

See inside for efficacy and safety data from the ASCENT and TROPHY trials

Metastatic triple-negative breast cancer

For adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received 2 or more prior systemic therapies, at least one of them for metastatic disease.

Metastatic urothelial cancer

For adult patients with locally advanced or metastatic urothelial cancer (mUC) who have previously received a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor. This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

ADC=antibody-drug conjugate.

IMPORTANT SAFETY INFORMATION

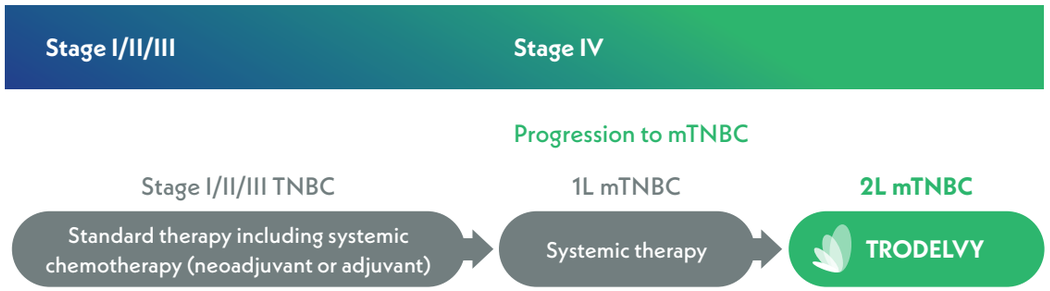
BOXED WARNING: NEUTROPENIA AND DIARRHEA

- **Severe or life-threatening neutropenia may occur. Withhold TRODELVY for absolute neutrophil count below 1500/mm³ or neutropenic fever. Monitor blood cell counts periodically during treatment. Consider G-CSF for secondary prophylaxis. Initiate anti-infective treatment in patients with febrile neutropenia without delay.**
- **Severe diarrhea may occur. Monitor patients with diarrhea and give fluid and electrolytes as needed. Administer atropine, if not contraindicated, for early diarrhea of any severity. At the onset of late diarrhea, evaluate for infectious causes and, if negative, promptly initiate loperamide. If severe diarrhea occurs, withhold TRODELVY until resolved to ≤Grade 1 and reduce subsequent doses.**

Please see full Important Safety Information throughout this brochure, and click to see full Prescribing Information, including BOXED WARNING.

For the treatment of adult patients with unresectable locally advanced or mTNBC who have received two or more prior systemic therapies, at least one of them for metastatic disease

Think TRODELVY for 2L and later mTNBC



NCCN Category 1 | Preferred for 2L and later mTNBC

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Sacituzumab govitecan-hziy (TRODELVY) is recommended as a Category 1 preferred treatment option for adult patients with unresectable locally advanced or mTNBC who have received two or more prior systemic therapies, at least one of them for metastatic disease.[1,2]

NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

1L=first line; 2L=second line; Category 1=Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate[2]; NCCN=National Comprehensive Cancer Network.

IMPORTANT SAFETY INFORMATION *(cont'd)*

CONTRAINDICATIONS

- Severe hypersensitivity reaction to TRODELVY.

WARNINGS AND PRECAUTIONS

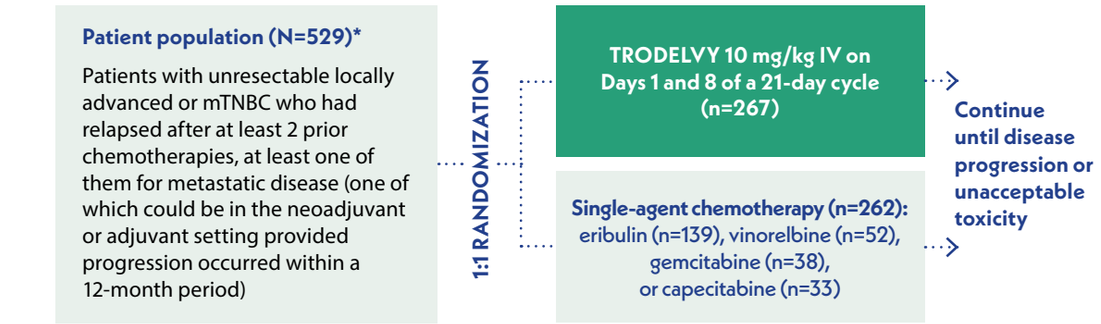
Neutropenia: Severe, life-threatening, or fatal neutropenia can occur and may require dose modification. Neutropenia occurred in 61% of patients treated with TRODELVY. Grade 3-4 neutropenia occurred in 47% of patients. Febrile neutropenia occurred in 7%. Withhold TRODELVY for absolute neutrophil count below 1500/mm^3 on Day 1 of any cycle or neutrophil count below 1000/mm^3 on Day 8 of any cycle. Withhold TRODELVY for neutropenic fever.

Diarrhea: Diarrhea occurred in 65% of all patients treated with TRODELVY. Grade 3-4 diarrhea occurred in 12% of patients. One patient had intestinal perforation following diarrhea. Neutropenic colitis occurred in 0.5% of patients. Withhold TRODELVY for Grade 3-4 diarrhea and resume when resolved to ≤Grade 1. At onset, evaluate for infectious causes and if negative, promptly initiate loperamide, 4 mg initially followed by 2 mg with every episode of diarrhea for a maximum of 16 mg daily. Discontinue loperamide 12 hours after diarrhea resolves. Additional supportive measures (e.g., fluid and electrolyte substitution) may also be employed as clinically indicated. Patients who exhibit an excessive cholinergic response to treatment can receive appropriate premedication (e.g., atropine) for subsequent treatments.

Please see full Important Safety Information throughout this brochure, and click to see full Prescribing Information, including BOXED WARNING.

ASCENT: a landmark phase 3 trial assessing survival in more than 500 patients with pretreated mTNBC

TRODELVY was studied in a randomized, open-label, active-controlled trial vs single-agent chemotherapy[1]



Patients with brain mets were allowed to enroll up to a predefined maximum of 15% of patients in the ASCENT trial; MRI was required prior to enrollment for patients with known or suspected brain mets. Patients with known Gilbert's disease or bone-only disease were excluded.[1]

*All patients received previous taxane treatment in either the adjuvant, neoadjuvant, or advanced stage unless there was a contraindication or intolerance to taxanes during or at the end of the first taxane cycle.[1]

Not an actual patient.

Demographics and baseline characteristics in the full population[1]

- Median age of 54 years (range: 27-82 years); 81% <65 years
- 99.6% female
- 79% White; 12% Black/African American
- 29% of patients had received prior PD-1/PD-L1 therapy
- ECOG performance status of 0 (43%) or 1 (57%)
- Patients included 42% with hepatic metastases (visceral disease), 12% with brain metastases, and 9% who were BRCA1/BRCA2 mutational status positive

In the full population, 88% of patients were brain-met negative. The 12% of patients with brain mets were previously treated and stable (n=61; 32 on TRODELVY arm and 29 on single-agent chemotherapy arm)

Brain met=brain metastases; ECOG=Eastern Cooperative Oncology Group; IV=intravenous; MRI=magnetic resonance imaging.

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

For adult patients with unresectable locally advanced or mTNBC who have received 2 or more prior systemic therapies, at least one of them for metastatic disease

TRODELVY delivered significant survival benefit in 2L and later mTNBC[1,3]

Across the full population of the ASCENT trial, TRODELVY demonstrated

Nearly 3x LONGER
median PFS vs single-agent chemotherapy[1]

4.8 months with TRODELVY (95% CI: 4.1-5.8) (n=267) vs **1.7 months** with single-agent chemotherapy (95% CI: 1.5-2.5) (n=262); HR: 0.43 (95% CI: 0.35-0.54) *P*<.0001[1]

~1 YEAR median OS[1]

11.8 months for TRODELVY (95% CI: 10.5-13.8) (n=267) vs **6.9 months** with single-agent chemotherapy (95% CI: 5.9-7.6) (n=262); HR: 0.51 (95% CI: 0.41-0.62) *P*<.0001

- The **primary endpoint** was Progression-Free Survival (PFS) in brain-met negative patients (88% of the full population). Median PFS in those patients was **5.6 months** for TRODELVY (95% CI: 4.3-6.3) (n=235) vs **1.7 months** with single-agent chemotherapy (95% CI: 1.5-2.6) (n=233); HR 0.41 (95% CI: 0.32-0.52; *P*<.001)[1,3]
- Secondary endpoints included PFS in the full population and Overall Survival (OS) in both the brain-met negative and full populations
- 13% of patients in the TRODELVY group in the full population received only 1 prior line of systemic therapy in the metastatic setting (in addition to having disease recurrence or progression within 12 months of neoadjuvant/adjuvant systemic therapy).[1] Efficacy results in this subgroup were consistent with those who received at least 2 prior lines in the metastatic setting

CI=confidence interval; HR=hazard ratio; OS=Overall Survival; PFS=Progression-Free Survival.

Watch this video to learn more about ASCENT from one of the investigators, Hope Rugo, MD

IMPORTANT SAFETY INFORMATION *(cont'd)*

WARNINGS AND PRECAUTIONS

Hypersensitivity and Infusion-Related Reactions: Serious hypersensitivity reactions including life-threatening anaphylactic reactions have occurred with TRODELVY. Severe signs and symptoms included cardiac arrest, hypotension, wheezing, angioedema, swelling, pneumonitis, and skin reactions. Hypersensitivity reactions within 24 hours of dosing occurred in 37% of patients. Grade 3-4 hypersensitivity occurred in 2% of patients. The incidence of hypersensitivity reactions leading to permanent discontinuation of TRODELVY was 0.3%. The incidence of anaphylactic reactions was 0.3%. Pre-infusion medication is recommended. Observe patients closely for hypersensitivity and infusion-related reactions during each infusion and for at least 30 minutes after completion of each infusion. Medication to treat such reactions, as well as emergency equipment, should be available for immediate use. Permanently discontinue TRODELVY for Grade 4 infusion-related reactions.

Nausea and Vomiting: Nausea occurred in 66% of all patients treated with TRODELVY and Grade 3 nausea occurred in 4% of these patients. Vomiting occurred in 39% of patients and Grade 3-4 vomiting occurred in 3% of these patients. Premedicate with a two or three drug combination regimen (e.g., dexamethasone with either a 5-HT3 receptor antagonist or an NK_1 receptor antagonist as well as other drugs as indicated) for prevention of chemotherapy-induced nausea and vomiting (CINV). Withhold TRODELVY doses for Grade 3 nausea or Grade 3-4 vomiting and resume with additional supportive measures when resolved to Grade ≤1. Additional antiemetics and other supportive measures may also be employed as clinically indicated. All patients should be given take-home medications with clear instructions for prevention and treatment of nausea and vomiting.

Please see full Important Safety Information throughout this brochure, and click to see full Prescribing Information, including BOXED WARNING.

A well-characterized safety profile in unresectable locally advanced or mTNBC

Adverse reactions that led to discontinuation of TRODELVY occurred in 5% of patients[1]

- Adverse reactions leading to permanent discontinuation in ≥1% of patients who received TRODELVY were pneumonia (1%) and fatigue (1%)[1]
- Serious adverse reactions occurred in 27% of patients receiving TRODELVY[1]
- Serious adverse reactions in >1% of patients receiving TRODELVY included neutropenia (7%), diarrhea (4%), and pneumonia (3%)[1]

Adverse reactions in ≥10% of patients with mTNBC in the ASCENT trial[1]

	TRODELVY (n=258)		Single-agent chemotherapy[a] (n=224)	
Adverse reaction	**All grades (%)**	**Grades 3-4 (%)**	**All grades (%)**	**Grades 3-4 (%)**
Blood and lymphatic system disorders				
Neutropenia[b]	64	52	44	34
Anemia[c]	40	9	28	6
Leukopenia[d]	17	11	12	6
Lymphopenia[e]	10	2	6	2
Gastrointestinal disorders				
Diarrhea	59	11	17	1
Nausea	57	3	26	0.4
Vomiting	33	2	16	1
Constipation	37	0.4	23	0
Abdominal pain	30	3	12	1
Stomatitis[f]	17	2	13	1
General disorders and administration site conditions				
Fatigue[g]	65	6	50	9
Pyrexia	15	0.4	14	2
Infections and infestation				
Urinary tract infection	13	0.4	8	0.4
Upper respiratory tract infection	12	0	3	0
Investigations				
Alanine aminotransferase increased	11	1	10	1

	TRODELVY (n=258)		Single-agent chemotherapy[a] (n=224)	
Adverse reaction	**All grades (%)**	**Grades 3-4 (%)**	**All grades (%)**	**Grades 3-4 (%)**
Metabolism and nutrition disorders				
Decreased appetite	28	2	21	1
Hypokalemia	16	3	13	0.4
Hypomagnesaemia	12	0	6	0
Musculoskeletal and connective tissue disorders				
Back pain	16	1	14	2
Arthralgia	12	0.4	7	0
Nervous system disorders				
Headache	18	0.8	13	0.4
Dizziness	10	0	7	0
Psychiatric disorders				
Insomnia	11	0	5	0
Respiratory, thoracic, and mediastinal disorders				
Cough	24	0	18	0.4
Skin and subcutaneous tissue disorders				
Alopecia	47	0	16	0
Rash	12	0.4	5	0.4
Pruritus	10	0	3	0

[a]Single-agent chemotherapy included one of the following single agents: eribulin (n=139), capecitabine (n=33), gemcitabine (n=38), or vinorelbine (except if patient had ≥Grade 2 neuropathy, n=52). Graded per NCI CTCAE v.5.0. [b]Including neutropenia and neutrophil count decreased. [c]Including anemia, hemoglobin decreased, and red blood cell count decreased. [d]Including leukopenia and white blood cell count decreased. [e]Including lymphopenia and lymphocyte count decreased. [f]Including stomatitis, glossitis, mouth ulceration, and mucosal inflammation. [g]Including fatigue and asthenia.

- The most common adverse reactions (incidence ≥25%) in ASCENT were fatigue (65%), neutropenia (64%), diarrhea (59%), nausea (57%), alopecia (47%), anemia (40%), constipation (37%), vomiting (33%), abdominal pain (30%), and decreased appetite (28%)[1]

NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events.

For information on select laboratory abnormalities, please refer to Table 7 of the Prescribing Information.

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

Think TRODELVY for 2L or later mUC[1]

TRODELVY in 2L

Treatment pathway 1	Treatment pathway 2	Treatment pathway 3
Diagnosed with resectable UC[1,4,5]	Diagnosed with resectable UC[1,4,5]	Diagnosed with locally advanced/mUC[1,4,5]
Adjuvant/neoadjuvant platinum-containing chemotherapy	Adjuvant nivolumab	
Progressed to locally advanced/mUC	Progressed to locally advanced/mUC	
1L PD-1/PD-L1 inhibitor	1L Platinum-containing chemotherapy	1L Platinum-containing chemotherapy Avelumab maintenance
2L TRODELVY	2L TRODELVY	2L TRODELVY

TRODELVY in subsequent lines

Treatment pathway		
Diagnosed with locally advanced/mUC		
1L Platinum-containing chemotherapy	2L PD-1/PD-L1 inhibitor	SUBSEQUENT LINE TRODELVY

These specific treatment scenarios are for illustrative purposes only.

TROPHY: a phase 2 trial of TRODELVY in pretreated mUC

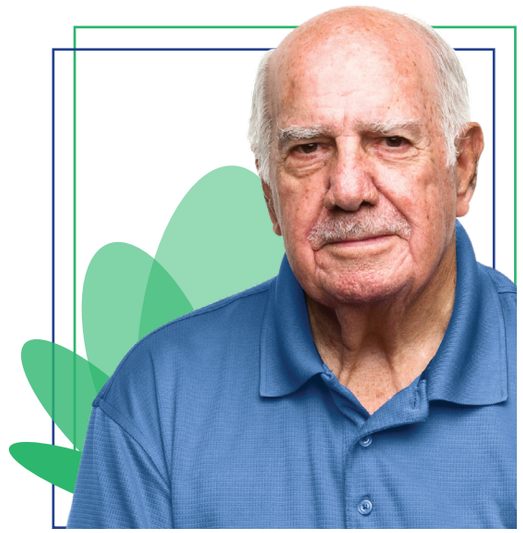
TRODELVY was studied in a single-arm, open-label, multicenter trial[1]

Patient population (N=112)*

Adults with locally advanced or mUC who previously received a platinum-containing chemotherapy and either a PD-1 or PD-L1 inhibitor

TRODELVY 10 mg/kg IV on Days 1 and 8 of a 21-day cycle

Continue until disease progression or unacceptable toxicity



Not an actual patient.

Major efficacy outcome measures*

- Overall Response Rate (ORR)
- Duration of Response (DOR)

*Assessed using IRA based on RECIST 1.1.

Demographics and baseline patient characteristics

- Median age, years (range): 66 years (33-90 years)
- 78% male, 74% White, 3% Asian, 3% Black, and 20% unknown
- ECOG performance status: 0 (28%), 1 (72%)
- 96% of patients had metastatic disease; 67% of patients had visceral metastases, including 34% with liver metastases
- Patients received a median of 3 prior systemic therapies (range: 1-8). For 34% of patients, the platinum-containing chemotherapy was received in the neoadjuvant/adjuvant setting only

ECOG=Eastern Cooperative Oncology Group; IRA=independent review assessment; RECIST=Response Evaluation Criteria in Solid Tumors.

IMPORTANT SAFETY INFORMATION *(cont'd)*

WARNINGS AND PRECAUTIONS

Increased Risk of Adverse Reactions in Patients with Reduced UGT1A1 Activity: Patients homozygous for the uridine diphosphate-glucuronosyl transferase 1A1 (UGT1A1)*28 allele are at increased risk for neutropenia, febrile neutropenia, and anemia and may be at increased risk for other adverse reactions with TRODELVY. The incidence of Grade 3-4 neutropenia was 67% in patients homozygous for the UGT1A1*28, 46% in patients heterozygous for the UGT1A1*28 allele and 46% in patients homozygous for the wild-type allele. The incidence of Grade 3-4 anemia was 25% in patients homozygous for the UGT1A1*28 allele, 10% in patients heterozygous for the UGT1A1*28 allele, and 11% in patients homozygous for the wild-type allele. Closely monitor patients with known reduced UGT1A1 activity for adverse reactions. Withhold or permanently discontinue TRODELVY based on clinical assessment of the onset, duration and severity of the observed adverse reactions in patients with evidence of acute early-onset or unusually severe adverse reactions, which may indicate reduced UGT1A1 function.

Please see full Important Safety Information throughout this brochure, and click to see full Prescribing Information, including BOXED WARNING.

IMPORTANT SAFETY INFORMATION *(cont'd)*

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity: Based on its mechanism of action, TRODELVY can cause teratogenicity and/or embryo-fetal lethality when administered to a pregnant woman. TRODELVY contains a genotoxic component, SN-38, and targets rapidly dividing cells. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TRODELVY and for 6 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRODELVY and for 3 months after the last dose.

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

*In adult patients with locally advanced or mUC who have previously received a platinum-containing chemotherapy and either PD-1 or PD-L1 inhibitor**

TRODELVY treatment results: nearly 30% of patients responded, with ~5% experiencing complete response[1]

ORR†

27.7%

(95% CI: 19.6-36.9)
Complete Response (CR): 5.4%
Partial Response (PR): 22.3%
N=112

Median DOR†

7.2 months (range 1.4+, 13.7)

(95% CI: 4.7-8.6)
Number of responders: 31
+: denotes ongoing.

***TRODELVY is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.[1]**

†By IRA based on RECIST 1.1. Based on a phase 2, single-arm, open-label, multicenter trial (N=112).[1]

Watch this video to learn more about the TROPHY trial results from one of the investigators, Scott T. Tagawa, MD, PHD

IMPORTANT SAFETY INFORMATION *(cont'd)*

ADVERSE REACTIONS

In the ASCENT study (IMMU-132-05), the most common adverse reactions (incidence ≥25%) were fatigue, neutropenia, diarrhea, nausea, alopecia, anemia, constipation, vomiting, abdominal pain, and decreased appetite. The most frequent serious adverse reactions (SAR) (>1%) were neutropenia (7%), diarrhea (4%), and pneumonia (3%). SAR were reported in 27% of patients, and 5% discontinued therapy due to adverse reactions. The most common Grade 3-4 lab abnormalities (incidence ≥25%) in the ASCENT study were reduced neutrophils, leukocytes, and lymphocytes.

In the TROPHY study (IMMU-132-06), the most common adverse reactions (incidence ≥25%) were diarrhea, fatigue, neutropenia, nausea, any infection, alopecia, anemia, decreased appetite, constipation, vomiting, abdominal pain, and rash. The most frequent serious adverse reactions (SAR) (≥5%) were infection (18%), neutropenia (12%, including febrile neutropenia in 10%), acute kidney injury (6%), urinary tract infection (6%), and sepsis or bacteremia (5%). SAR were reported in 44% of patients, and 10% discontinued due to adverse reactions. The most common Grade 3-4 lab abnormalities (incidence ≥25%) in the TROPHY study were reduced neutrophils, leukocytes, and lymphocytes.

DRUG INTERACTIONS

UGT1A1 Inhibitors: Concomitant administration of TRODELVY with inhibitors of UGT1A1 may increase the incidence of adverse reactions due to potential increase in systemic exposure to SN-38. Avoid administering UGT1A1 inhibitors with TRODELVY.

UGT1A1 Inducers: Exposure to SN-38 may be substantially reduced in patients concomitantly receiving UGT1A1 enzyme inducers. Avoid administering UGT1A1 inducers with TRODELVY.

Please see full Important Safety Information throughout this brochure, and click to see full Prescribing Information, including BOXED WARNING.

Established safety profile of TRODELVY in locally advanced or mUC

- Serious adverse reactions occurred in 44% of patients receiving TRODELVY[1]
- Serious adverse reactions in >1% of patients receiving TRODELVY included infection (18%), neutropenia (12%, including febrile neutropenia in 10%), acute kidney injury (6%), urinary tract infection (6%), sepsis or bacteremia (5%), diarrhea (4%), anemia, venous thromboembolism, and small intestinal obstruction (3% each), pneumonia, abdominal pain, pyrexia, and thrombocytopenia (2% each)[1]
- Adverse reactions leading to permanent discontinuation of TRODELVY occurred in 10% of patients[1]
- The most frequent adverse reaction leading to permanent discontinuation of study drug was neutropenia (4%, including febrile neutropenia in 2%)[1]
- The most common adverse reactions in TROPHY (incidence ≥25%) were diarrhea, fatigue, neutropenia, nausea, any infection, alopecia, anemia, decreased appetite, constipation, vomiting, abdominal pain, and rash[1]

Adverse reactions reported in ≥15% (Grade 1-4) or ≥5% (Grade ≥3) of patients treated with TRODELVY (N=113)[1]

Adverse reaction	Grade 1-4 (%)	Grade 3-4 (%)
Any	**94**	**80**
Gastrointestinal disorders		
Diarrhea	72	12
Nausea	66	4
Constipation	34	1
Vomiting	34	1
Abdominal pain[a]	31	2
General disorders and administration site conditions		
Fatigue[b]	68	5
Pyrexia	19	0
Edema[c]	17	2
Skin and subcutaneous tissue disorders		
Alopecia	49	0
Rash[d]	32	2
Metabolism and nutrition disorders		
Decreased appetite	41	3
Weight loss[e]	17	2
Renal and urinary disorders		
Acute kidney injury[f]	24	7
Hematuria	16	1
Infections and infestations		
Any infection[g]	50	25
Urinary tract infection	19	12
Respiratory, thoracic, and mediastinal disorders		
Cough[h]	17	0
Dyspnea	16	0
Musculoskeletal		
Back pain	16	0
Vascular disorders		
Venous thromboembolism[i]	9	6

[a]Includes abdominal discomfort, abdominal pain, abdominal pain lower, abdominal pain upper, gastrointestinal pain; [b]Includes fatigue and asthenia; [c]Includes edema genital, edema peripheral, peripheral swelling; [d]Includes dermatitis acneiform, dermatitis bullous, erythema, lichen planus, photosensitivity reaction, pruritus, pruritus generalized, rash, rash macular, rash maculopapular, rash pruritic, skin papilloma, skin toxicity; [e]Includes failure to thrive and weight decreased; [f]Includes acute kidney injury, blood creatinine increased, nephropathy toxic, renal failure, renal impairment; [g]Includes bacteremia, body tinea, bronchitis, candida infection, cellulitis, clostridium difficile infection, coronavirus infection, device-related infection, diverticulitis, escherichia bacteremia, escherichia pyelonephritis, folliculitis, gastroenteritis, gastroenteritis escherichia coli, herpes zoster, kidney infection, klebsiella sepsis, lung infection, nasopharyngitis, oral candidiasis, oral herpes, pneumonia, pyelonephritis, pyelonephritis acute, respiratory tract infection, rhinitis, sepsis, sinusitis, skin infection, tooth abscess, upper respiratory tract infection, urinary tract infection, urosepsis, vascular device infection, viral infection, viral pharyngitis, vulvovaginal mycotic infection; [h]Includes cough, productive cough, upper-airway cough syndrome; [i]Includes deep vein thrombosis, embolism, and pulmonary embolism.

- The most common grade 3-4 laboratory abnormalities (incidence ≥25%) in the TROPHY study were reduced neutrophils, leukocytes, and lymphocytes

NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events.

For information on select laboratory abnormalities, please refer to Table 7 of the Prescribing Information.

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

TRODELVY™ ACCESS SUPPORT

TRODELVY ACCESS SUPPORT is a patient access and reimbursement support program. It will help you and your patients understand specific coverage and reimbursement guidelines for TRODELVY 180-mg single-dose vial.

Reimbursement support services include:

- Coverage verification
- Prior Authorization information
- Claims status information
- Billing and coding information
- Alternate assistance options

Patient access support includes:

- TRODELVY Savings Program*
- Gilead Patient Assistance Program (PAP)†
- Referrals to independent third-party assistance organizations‡

TRODELVY ACCESS SUPPORT can help your patients determine their benefits and coverage.

To enroll a patient into **TRODELVY ACCESS SUPPORT,** please complete the Enrollment Form with your patient and fax to 1-833-851-4344.

For more information on the **TRODELVY Savings Program,** visit TRODELVYHCP.com/support/access, or call **1-844-TRODELVY** (1-844-876-3358) Monday-Friday, 9 AM-7 PM ET.

TRODELVY support may vary based on application criteria and is subject to change or discontinuation. Physician office must submit Prior Authorizations and appeals.

*The TRODELVY Savings Program is not available to patients with any form of government insurance. Patients must meet certain eligibility criteria to qualify for this program. Once enrolled the patient pays $0 out-of-pocket for TRODELVY, with maximum benefit of $25,000 per year.

†Gilead PAP provides TRODELVY free of charge for eligible patients who are uninsured or underinsured. To qualify for assistance, patients must meet certain eligibility criteria.

‡Patients with Medicare or other government insurance who need assistance with cost-share requirements for TRODELVY may be eligible for co-pay or co-insurance assistance through an independent co-pay assistance foundation. Case managers can help patients assess their high-level eligibility for possible coverage for TRODELVY through an independent co-pay assistance foundation. If co-pay assistance needs are identified, the case managers can provide information about any available foundations. The foundation will determine the patient's eligibility for co-pay or co-insurance assistance based on their own criteria and, completely independent of Gilead and its agents, will contact the patient directly.

References: 1. TRODELVY [package insert]. Foster City, CA: Gilead Sciences, Inc.; June 2022. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.4.2022. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed June 28, 2022. To view the most recent and complete version of the guidelines, go online to NCCN.org. **3.** Bardia A, Hurvitz SA, Tolaney SM, et al. Sacituzumab govitecan in metastatic triple-negative breast cancer. *N Engl J Med.* 2021;384(16):1529-1541. **4.** NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Bladder Cancer V.2.2022. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed June 28, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. **5.** Bajorin DF, Witjes JA, Gschwend JE, et al. Adjuvant nivolumab versus placebo in muscle-invasive urothelial carcinoma. *N Engl J Med.* 2021;384(22):2102-2114.

Please see full Important Safety Information throughout this brochure, and click to see full Prescribing Information, including BOXED WARNING.

GILEAD | Oncology

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection