

**ENHERTU**<sup>®</sup>  
fam-trastuzumab deruxtecan-nxki  
20 mg/mL INJECTION FOR INTRAVENOUS USE



**AFTER YOUR HEALTHCARE PROVIDER PRESCRIBES ENHERTU,  
ENHERTU4U MAY BE ABLE TO HELP  
YOU ACCESS AND AFFORD YOUR  
ENHERTU TREATMENT**

**PAY AS  
LITTLE AS  
\$0**

Eligible patients may pay as little as \$0 per ENHERTU prescription, up to \$26,000 per calendar year. 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.\* There are no income requirements to participate in the program.

\*Patients who are residents of Massachusetts, Michigan, Minnesota, or Rhode Island are not eligible for infusion assistance.



### Access

Helps your healthcare provider understand your insurance company's requirements for access to treatment with ENHERTU.



### Financial Assistance

Provides multiple options to help make your treatment more affordable. Your healthcare provider can tell you more about how ENHERTU4U may be able to help.

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**For support from ENHERTU4U, please call 1-833-ENHERTU  
(1-833-364-3788) or visit [www.ENHERTU4U.com](http://www.ENHERTU4U.com)**

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Please [click here for full Prescribing Information](#), including Boxed WARNINGS, and [click here for Medication Guide](#).

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## TURN TO ENHERTU4U.COM FOR OTHER SUPPORT SERVICES



Programs that may help you afford your medicine

- Patient Savings Program
- Patient Assistance Programs
- Independent Foundations

Terms and conditions apply for each program.



Additional resources found on ENHERTU4U.com

- Information about insurance and coverage, including key terms and common types of insurance coverage
- Downloadable Patient Authorization Form to receive ENHERTU4U program offerings

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