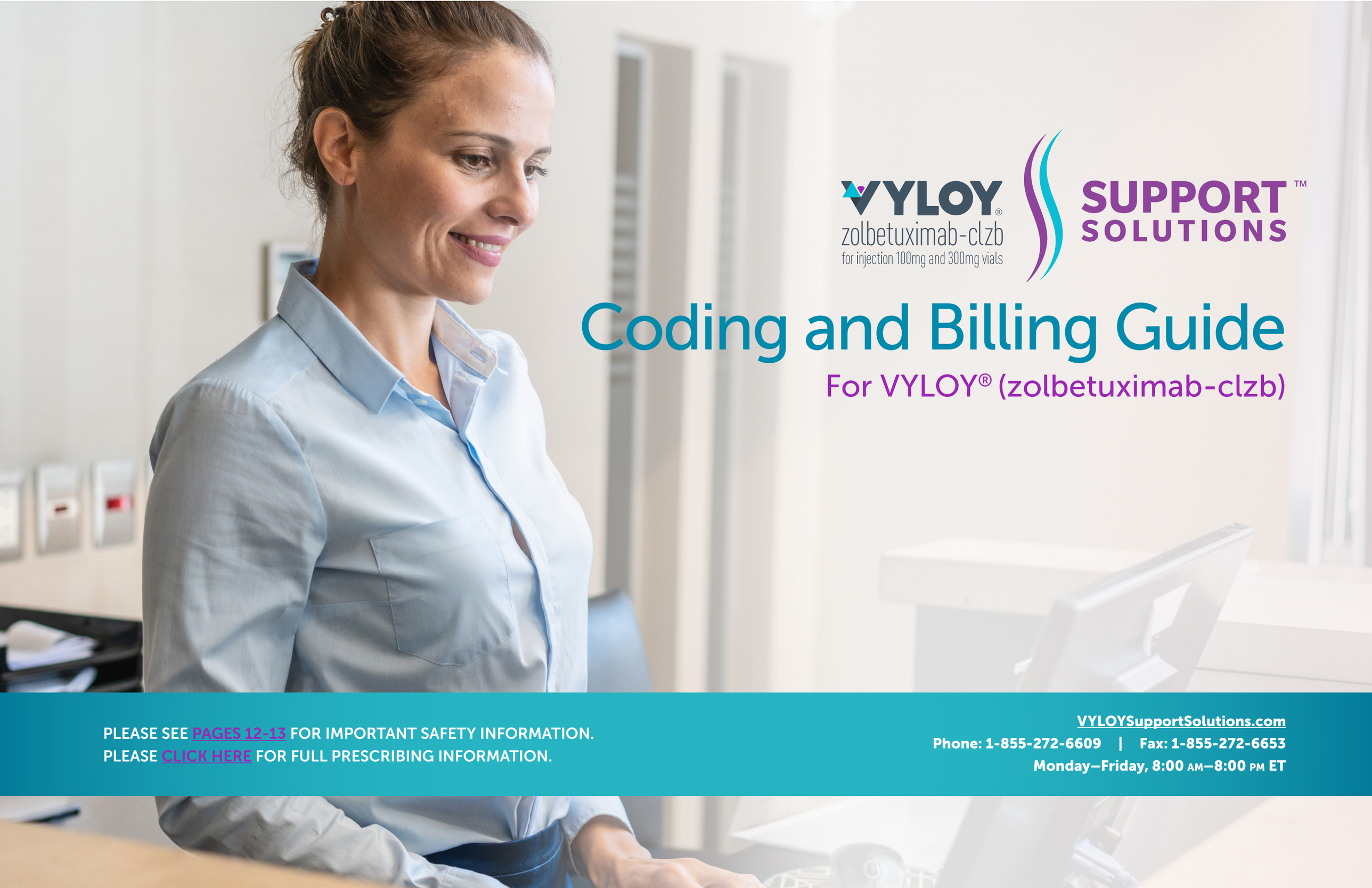

VYLOY®
zolbetuximab-clzb
for injection 100mg and 300mg vials

SUPPORT SOLUTIONS™

Coding and Billing Guide

For VYLOY® (zolbetuximab-clzb)

PLEASE SEE PAGES 12-13 FOR IMPORTANT SAFETY INFORMATION.
PLEASE CLICK HERE FOR FULL PRESCRIBING INFORMATION.

VYLOYSupportSolutions.com
Phone: 1-855-272-6609 | Fax: 1-855-272-6653
Monday–Friday, 8:00 AM–8:00 PM ET

VYLOYSupportSolutions.com
1-855-272-6609 Monday–Friday, 8:00 AM–8:00 PM ET

Table of Contents

Introduction

Accurate and appropriate coding and billing can help avoid delays in claims processing and facilitate timely reimbursement. Astellas is providing this guide as an educational reference with general coding and billing information that can facilitate the submission of claims for medically appropriate patient access to VYLOY® (zolbetuximab-clzb).

This guide is offered for informational purposes only and is not intended to provide reimbursement or legal advice. **Each healthcare provider is responsible for determining the appropriate codes, coverage, and payment rules that apply.** Astellas does not guarantee third-party coverage, payment, or reimbursement for denied claims.

Because insurance coverage, coding, claims filing, and reimbursement vary by setting of care as well as by payer type, the information included in this guide is general. Healthcare providers should always verify coverage prior to initiating therapy and determine the appropriate codes on a case-by-case basis.

While Astellas has made every effort to include information in this guide that is current as of publication, the information may not be up to date when you view it. Similarly, all CPT® and HCPCS codes are supplied for informational purposes only.

This information does not represent any statement, promise, or guarantee by Astellas about coverage, levels of reimbursement, payment, or charge. Additional information may exist, and actual coverage and reimbursement decisions are made by individual payers. Providers should contact the applicable third-party payers for specific information on coding and billing requirements.

Avoiding denied claims

Understanding the reasons why insurers may deny medical claims can help limit the number of denials.

Potential causes of denied or delayed claims may include:

- Invalid or missing codes (CPT®, J-code, ICD-10-CM)
- Incorrect product information
- Missing or incorrect NDC, prior authorization number, National Provider Identifier (NPI)
- Incorrect patient identifier information (eg, insurance identification number, date of birth)
- Failure to follow payer-specific requirements

Reminders for Submitting Claims

The following reminders may help with submitting claims for VYLOY® (zolbetuximab-clzb):

- Determine if VYLOY is covered under a medical or pharmacy benefit prior to infusion and if there are any applicable prior authorization requirements, including confirmation of a Claudin-18.2–positive tumor by an FDA-approved test.[1]
- Accurately complete and submit the prior authorization form if required.
- Ensure medical records include full and proper documentation of the patient's history, prior therapy, and rationale for treatment to support medical necessity and justify coding.
- Specify the correct number of billing units on the CMS-1500 Claim Form or UB-04/CMS-1450 Claim Form. (See pages 9 and 10 for instructions on filling out claim forms.)
- If required, include a Letter of Medical Necessity that provides the patient's medical history and rationale for the therapy.
- Verify that all identification numbers and names are entered correctly.
- Verify the correct use of ICD-10-CM, CPT®, and HCPCS codes, including modifiers if applicable.
- For the hospital outpatient setting, confirm that the correct revenue code is used with the appropriate supporting HCPCS code.
- Submit the claim in a timely fashion.
- Track clearinghouse claims to ensure successful transmission.

If you have questions or need assistance with benefits investigation, prior authorization, denial appeals, or coding and billing for VYLOY, please:

visit VYLOYSupportSolutions.com

OR

call VYLOY Support Solutions
at **1-855-272-6609**,
Monday–Friday, 8:00 AM–8:00 PM ET.

IMPORTANT INFORMATION: The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims conforming to the requirements of the relevant payer for those products and services rendered. Pharmacies (or any other provider submitting a claim) should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials provided by VYLOY Support Solutions are to assist providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains at all times with the provider, and information provided by VYLOY Support Solutions or Astellas should in no way be considered a guarantee of coverage or reimbursement for any product or service.

Billing for New Drugs

The HCPCS is used to identify products, supplies, and services that are billed to private and government payers by hospitals, physicians, and other healthcare professionals.

For new drugs that have not yet been assigned a permanent HCPCS code, the appropriate "miscellaneous/not otherwise classified/unclassified" code(s) should be used. These codes are used while a permanent code is under consideration by the HCPCS review process.[2]

At launch, VYLOY® (zolbetuximab-clzb) is a new drug waiting to be assigned a permanent HCPCS code. For relevant miscellaneous codes for VYLOY, see page 6.

Additional requirements

For miscellaneous codes, most payers will require additional information on the claim form, such as[3,4]:

- Drug name and generic name
- Total dosage administered
- Method of administration
- NDC

Temporary HCPCS codes for VYLOY

Typically, the Centers for Medicare & Medicaid Services (CMS) assigns drugs a product-specific HCPCS J-code that becomes effective 7 to 9 months after launch. Depending on the date a drug's application was submitted, new codes generally take effect in January, April, July, or October. For example, if an application for a newly approved drug is submitted on or before October 15, 2024, CMS would be expected to assign a product-specific J-code in April 2025 that would take effect on July 1, 2025.

Coding for new drugs[2,4-6]

Physician Office Setting	A miscellaneous J-code is usually used when submitting reimbursement claims for new drugs that are waiting to receive a product-specific J-code. The miscellaneous HCPCS codes that may apply for VYLOY in the physician office setting are **J3490**, **J3590**, or **J9999**.
Outpatient Hospital Setting	Effective April 1, 2025, CMS has granted VYLOY Pass-Through Status until March 31, 2028. A VYLOY-specific **C-code of C9303** has been assigned for hospital outpatient claims until a permanent J-code is assigned.

This guide is offered for informational purposes only and is not intended to provide reimbursement or legal advice. Each healthcare provider is responsible for determining the appropriate codes, coverage, and payment for individual patients. Astellas does not guarantee third-party coverage, payment, or reimbursement for denied claims.

Relevant Billing Codes for VYLOY

The billing codes listed below may be appropriate when billing for VYLOY and its administration for the treatment of an FDA-approved indication.

It is the healthcare provider's responsibility to determine the appropriate codes and to submit accurate claims for products and services provided. Astellas does not guarantee coverage and/or reimbursement for VYLOY.

Coverage, coding, and reimbursement policies vary significantly by payer, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. Healthcare providers should verify coverage, coding, and reimbursement guidelines on a case-by-case basis.

Healthcare Common Procedure Coding System (HCPCS)

The HCPCS is used to identify products, supplies, and services that are billed to private and government payers by hospitals, physicians, and other healthcare professionals. Until a product-specific permanent HCPCS code is assigned, 1 of the miscellaneous codes listed below may be appropriate for billing for VYLOY. To verify the most recent HCPCS codes for VYLOY, visit VYLOYSupportSolutions.com.

HCPCS code[5,6]	Description	Payers and settings of care
J3490	Unclassified drugs	Most payers and care settings
J3590	Unclassified biologics	Most payers and care settings
J9999	Not otherwise classified antineoplastic drugs	Most payers and care settings
C9303	Injection, zolbetuximab-clzb, 1 mg	Medicare for hospital outpatient claims billed under the Hospital Outpatient Prospective Payment System

HCPCS coding requirements vary by payer, setting of care, and date of service. Please verify patient-specific insurance benefits to confirm specific coding and billing guidelines for VYLOY.

This guide is offered for informational purposes only and is not intended to provide reimbursement or legal advice. Each healthcare provider is responsible for determining the appropriate codes, coverage, and payment for individual patients. Astellas does not guarantee third-party coverage, payment, or reimbursement for denied claims.

PLEASE SEE PAGES 12-13 FOR IMPORTANT SAFETY INFORMATION. PLEASE CLICK HERE FOR FULL PRESCRIBING INFORMATION.

Relevant Billing Codes for VYLOY *(Continued)*

National Drug Code (NDC)

You may be required to include an NDC for VYLOY on the claim form. The 10- and 11-digit NDCs are listed below.

NDC for VYLOY[1]	Description
0469-3425-10 **00469-3425-10**	Carton of one 100 mg single-dose vial
0469-4425-30 **00469-4425-30**	Carton of one 300 mg single-dose vial

Note that the product's NDC has been "zero-filled" to ensure creation of an 11-digit code that meets the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).[7] The 11-digit NDC is to be preceded by the qualifier "N4" for payers that require it. This is typically followed by the quantity qualifier and the quantity administered.[8]

Current Procedural Terminology® (CPT®) Codes for Drug Administration Service

The appropriate CPT® code for the administration of VYLOY will depend on the actual service performed.

CPT®[a] code[9]	Description
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique, each additional hour (list separately in addition to code for primary procedure)

Healthcare providers should consult the current CPT® manual and always select the code that accurately describes the administration service performed for the patient. Healthcare providers should also contact the payer for additional coding information required.

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Relevant Billing Codes for VYLOY *(Continued)*

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes

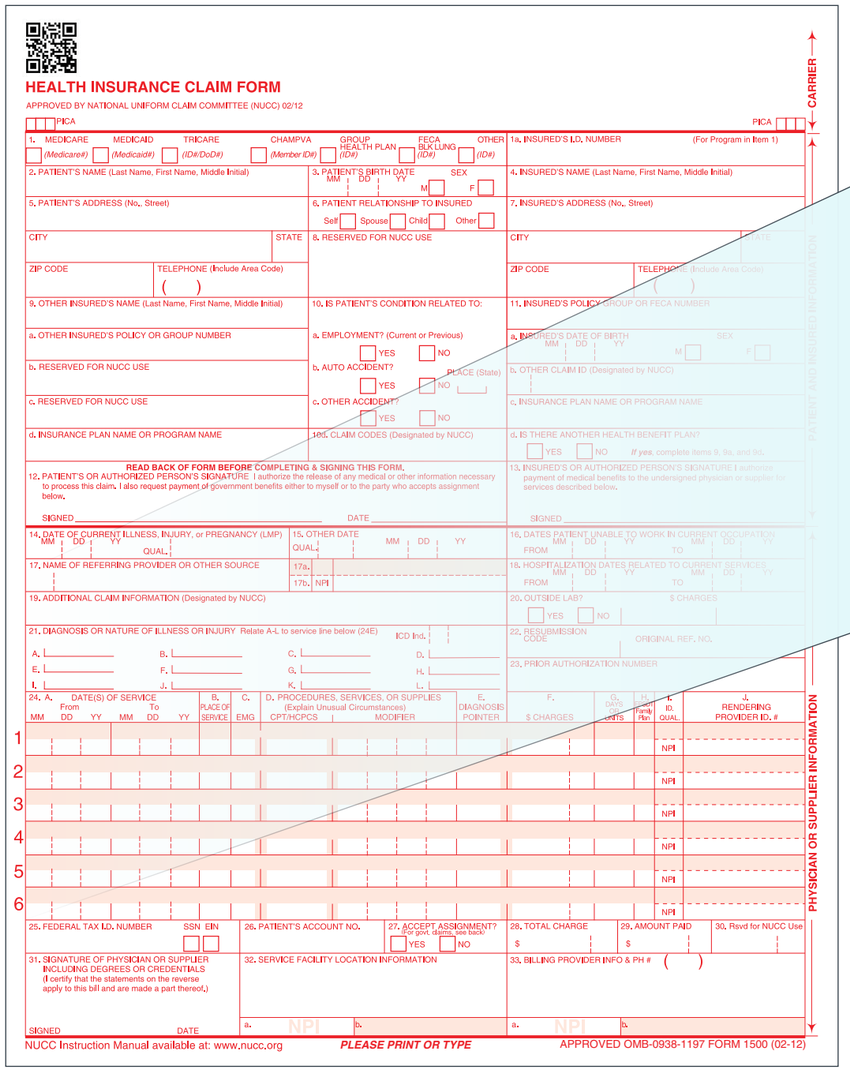
ICD-10-CM codes are used to identify a patient's diagnosis. At least 1 ICD-10-CM diagnosis code must be included in all hospital and physician office claims to describe the patient's condition.[10]

Metastatic Gastric Cancer[11] ICD-10-CM code	Description
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified

The ICD-10-CM diagnosis codes listed to the left are provided only as examples of potentially relevant codes. Providers should consult a current ICD-10-CM manual and select the most appropriate diagnosis code(s) to accurately describe a patient's condition. All diagnosis codes should be supported with adequate documentation.

This guide is offered for informational purposes only and is not intended to provide reimbursement or legal advice. Each healthcare provider is responsible for determining the appropriate codes, coverage, and payment for individual patients. Astellas does not guarantee third-party coverage, payment, or reimbursement for denied claims.

Sample Physician Office CMS-1500 Claim Form[12]



HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)
1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE MM DD YY SEX M F
4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)
6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other
7. INSURED'S ADDRESS (No., Street)
CITY STATE
8. RESERVED FOR NUCC USE
CITY STATE
ZIP CODE TELEPHONE (Include Area Code) ( )
ZIP CODE TELEPHONE (Include Area Code) ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER
a. EMPLOYMENT? (Current or Previous) YES NO
a. INSURED'S DATE OF BIRTH MM DD YY SEX M F
b. RESERVED FOR NUCC USE
b. AUTO ACCIDENT? YES NO PLACE (State)
b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE
c. OTHER ACCIDENT? YES NO
c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME
10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED DATE
SIGNED
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.
33. BILLING PROVIDER INFO & PH # ( )
a. NPI b.
SIGNED DATE

PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION
CARRIER

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

This sample form is provided for informational purposes only. The accurate completion of claims documentation is the responsibility of the healthcare provider. Astellas does not guarantee reimbursement for any services or product.

A Item 19
For miscellaneous codes, payers may require drug name, total dosage, method of administration, and NDC to be provided in Item 19.[3,4]

B Item 21
Enter appropriate site-specific ICD-10-CM diagnosis code(s) based on the patient's documented medical record.[8]

C Items 24A and 24B
Enter the date of service and the appropriate place of service code. In the red shaded area, enter the NDC qualifier "N4" followed by the 11-digit NDC, the quantity qualifier, and the quantity administered.[8]

D Item 24D
Enter the appropriate CPT®/HCPCS codes for the administration service.[8] If applicable, discarded product should be reported on a separate line with the HCPCS code and JW modifier.[4] Effective July 1, 2023, the JZ modifier is required for all single-dose containers where there are no discarded drug amounts.[13]

E Item 24E
Enter the diagnosis code reference letter or number from Item 21 that relates to the product or procedure listed in Item 24D.[8]

F Item 24G
Report billing units here. List 1 unit of service in 24G. Do not quantity bill miscellaneous/not otherwise classified drugs and biologicals, even if multiple units are provided.[3]

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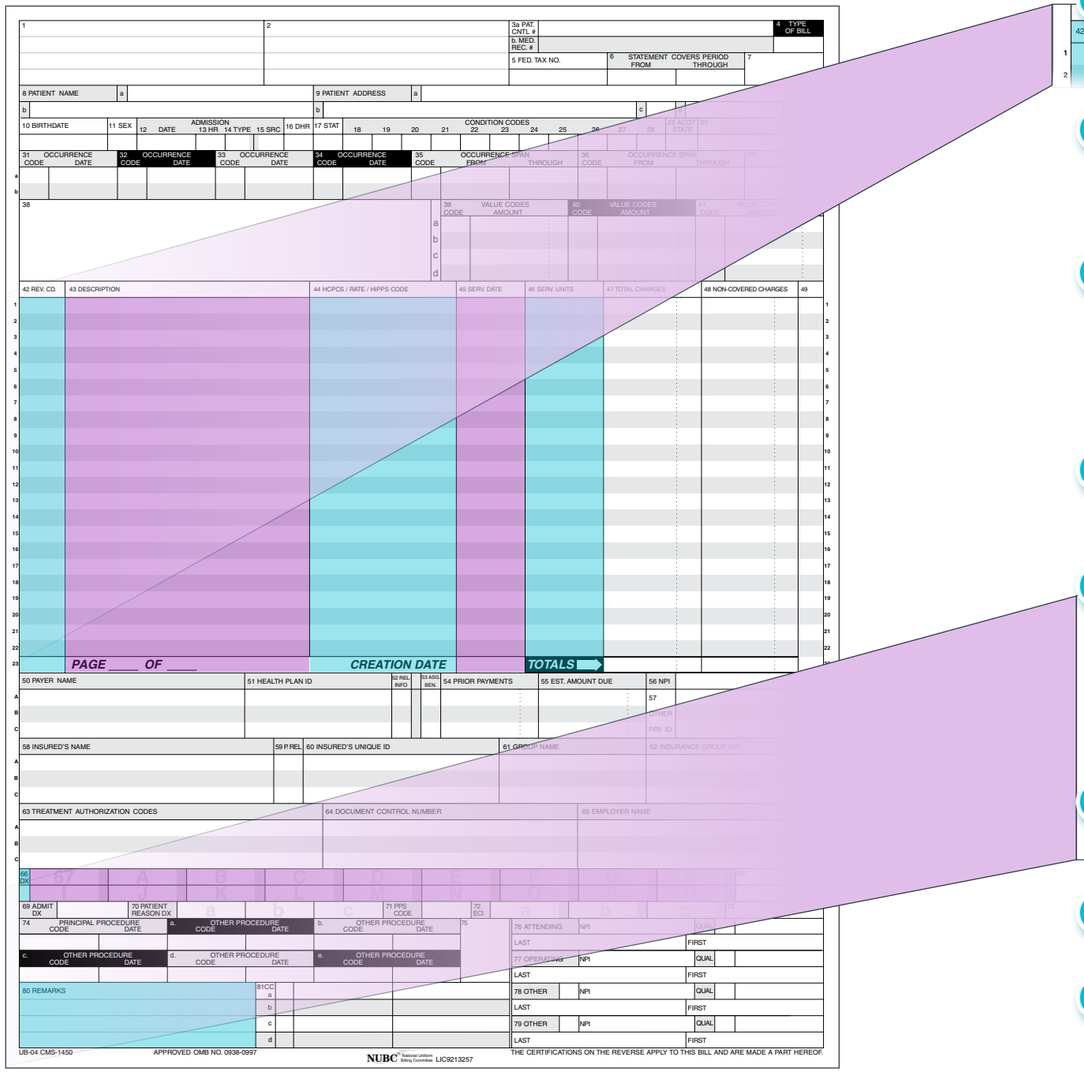
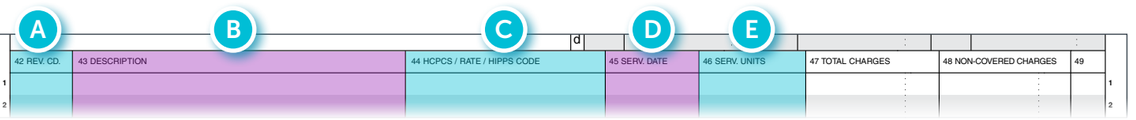
Sample Outpatient Hospital CMS-1450 (UB-04) Claim Form[14]



This sample form is provided for informational purposes only. The accurate completion of claims documentation is the responsibility of the healthcare provider. Astellas does not guarantee reimbursement for any services or product.



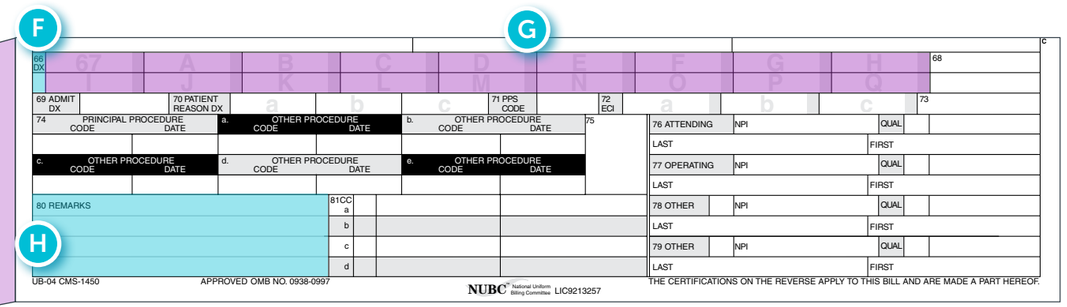
A **Item 42**
Enter a 4-digit revenue code that best describes the service provided, in accordance with the hospital billing policy.[10]

B **Item 43**
Enter the corresponding description for the revenue code listed in Item 42. When required, enter the NDC qualifier "N4" followed by the 11-digit NDC, the quantity qualifier, and the quantity administered.[10]

C **Item 44**
Enter the appropriate HCPCS code for VYLOY® (zolbetuximab-clzb). If applicable, discarded product should be reported on a separate line with the HCPCS code and JW modifier.[4,10] Effective July 1, 2023, the JZ modifier is required for all single-dose containers where there are no discarded drug amounts.[13]

D **Item 45**
Enter the date of service.[10]

E **Item 46**
Report billing units here. List 1 unit of service in Item 46. Do not quantity bill miscellaneous/not otherwise classified drugs and biologicals, even if multiple units are provided.[10]



F **Item 66**
Enter the appropriate diagnosis code(s).[10]

G **Items 67A-67Q**
Enter the site-specific ICD-10-CM diagnosis codes for the malignancy being treated as documented in the patient's medical records. Other diagnosis codes are required when other conditions coexist or develop during the patient's treatment.[10]

H **Item 80**
For claims using a miscellaneous C9399 code, payers may require additional information such as the quantity of the drug administered (expressed in units of measure applicable to the drug or biological), the date the drug was furnished to the beneficiary, and the NDC to be entered in Item 80.[4] Requirements vary by payer.

PLEASE SEE PAGES 12-13 FOR IMPORTANT SAFETY INFORMATION. PLEASE CLICK HERE FOR FULL PRESCRIBING INFORMATION.

VYLOY Support Solutions™

VYLOY Support Solutions offers access and reimbursement support to help patients access VYLOY. VYLOY Support Solutions provides information regarding patient health coverage, financial assistance information that may be available to help patients with financial needs, and coding and billing information for VYLOY.

Coverage Support

Benefits investigation

Prior authorization information

Denial appeal information

Coding and Billing

Coding and billing information

Appeals information

Patient Assistance

VYLOY Copay Assistance Program[a]

Astellas Patient Assistance Program[a]

Financial assistance information

Patient Support

Patient Connect

[a]Program is subject to eligibility restrictions and Program terms and conditions.

REFERENCES:
1. VYLOY [package insert]. Northbrook, IL: Astellas Pharma US, Inc. **2.** Centers for Medicare & Medicaid Services. Healthcare common procedure coding system (HCPCS) level II coding procedures. Updated December 2022. Accessed March 19, 2024. https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2018-11-30-HCPCS-Level2-Coding-Procedure.pdf. **3.** Centers for Medicare & Medicaid Services. Billing and coding guidelines for drugs and biologics (non-chemotherapy). Updated April 1, 2018. Accessed April 1, 2025. https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/34741_55/BCG_L34741.pdf. **4.** Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 17 – drugs and biologicals. Updated February 15, 2024. Accessed March 22, 2024. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf. **5.** Centers for Medicare & Medicaid Services. April 2024 Alpha-numeric HCPCS file. Updated March 21, 2024. Accessed March 25, 2024. https://www.cms.gov/medicare/coding/hcpcsreleasecodesets/hcpcs-quarterly-update. **6.** Astellas. VYLOY. Data on File. **7.** U.S. Food and Drug Administration. National Drug Code database background information. Updated March 20, 2017. Accessed February 19, 2024. https://www.fda.gov/drugs/development-approval-process-drugs/national-drug-code-database-background-information. **8.** Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 26 – completing and processing form CMS-1500 data set. Updated August 9, 2024. Accessed March 22, 2024. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf. **9.** American Medical Association. CPT® 2024 Professional Edition. Chicago, IL: American Medical Association, 2023. **10.** Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 25 – completing and processing the form CMS-1450 data set. Updated December 20, 2023. Accessed February 7, 2024. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf. **11.** Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. Updated December 6, 2024. Accessed January 16, 2025. https://www.cms.gov/medicare/coding-billing/icd-10-codes. **12.** Centers for Medicare and Medicaid Services. Health insurance CMS-1500 claim form. Updated February 2012. Accessed December 12, 2023. https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf. **13.** Centers for Medicare & Medicaid Services. New JZ claims modifier for certain Medicare Part B drugs. Updated June 2, 2023. Accessed March 22, 2024. https://www.cms.gov/files/document/mm13056-new-jz-claims-modifier-certain-medicare-part-b-drugs.pdf. **14.** Centers for Medicare and Medicaid Services. National Uniform Billing Committee: form CMS-1450. Updated June 6, 2023. Accessed December 12, 2023. https://www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995/pra-listing-items/cms-1450.

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Indication and Important Safety Information

INDICATION

VYLOY, in combination with fluoropyrimidine- and platinum-containing chemotherapy, is indicated for the first-line treatment of adults with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors are claudin (CLDN) 18.2 positive as determined by an FDA-approved test.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity reactions, including serious anaphylaxis reactions, and serious and fatal infusion-related reactions (IRR) have been reported in clinical studies when VYLOY has been administered. **Any grade hypersensitivity reactions,** including anaphylactic reactions, occurring with VYLOY in combination with mFOLFOX6 or CAPOX was 18%. **Severe (Grade 3 or 4) hypersensitivity reactions**, including anaphylactic reactions, occurred in 2% of patients. Seven patients (1.3%) permanently discontinued VYLOY for hypersensitivity reactions, including two patients (0.4%) who permanently discontinued VYLOY due to anaphylactic reactions. Seventeen (3.2%) patients required dose interruption, and three patients (0.6%) required infusion rate reduction due to hypersensitivity reactions. **All grade IRRs** occurred in 3.2% in patients administered VYLOY in combination with mFOLFOX6 or CAPOX. Severe (Grade 3) IRRs occurred in 2 (0.4%) patients who received VYLOY. An IRR led to permanent discontinuation of VYLOY in 2 (0.4%) patients and dose interruption in 7 (1.3%) patients. The infusion rate was reduced for VYLOY for 2 (0.4%) patients due to an IRR. Monitor patients during infusion with VYLOY and for 2 hours after completion of infusion or longer if clinically indicated, for hypersensitivity reactions with symptoms and signs that are highly suggestive of anaphylaxis (urticaria, repetitive cough, wheeze and throat tightness/change in voice). Monitor patients for signs and symptoms of IRRs including nausea, vomiting, abdominal pain, salivary hypersecretion, pyrexia, chest discomfort, chills, back pain, cough and hypertension. If a severe or life-threatening hypersensitivity or IRR reaction occurs, discontinue VYLOY permanently, treat symptoms according to standard medical care, and monitor until symptoms resolve. For any Grade 2 hypersensitivity or IRR, interrupt the VYLOY infusion until Grade ≤1, then resume at a reduced infusion rate for the remaining infusion. Follow Grade 2 management for Grade 3 infusion-related nausea and vomiting. Premedicate the patient with antihistamines for the subsequent infusions, and closely monitor the patient for symptoms and signs of a hypersensitivity reaction. The infusion rate may be gradually increased as tolerated.

Severe Nausea and Vomiting. VYLOY is emetogenic. Nausea and vomiting occurred more often during the first cycle of treatment. **All grade nausea and vomiting** occurred in 82% and 67% respectively of patients treated with VYLOY in combination with mFOLFOX6 and 69% and 66% in combination with CAPOX, respectively. **Severe (Grade 3) nausea** occurred in 16% and 9% of patients treated with VYLOY in combination with mFOLFOX6 or CAPOX respectively. **Severe (Grade 3) vomiting** occurred in 16% and 12% of patients treated with VYLOY in combination with mFOLFOX6 or CAPOX. Nausea led to permanent discontinuation of VYLOY in combination with mFOLFOX6 or CAPOX in 18 (3.4%) patients and dose interruption in 147 (28%) patients. Vomiting led to permanent discontinuation of VYLOY in combination with mFOLFOX6 or CAPOX in 20 (3.8%) patients and dose interruption in 150 (28%) patients. Pretreat with antiemetics prior to each infusion of VYLOY. Manage patients during and after infusion with antiemetics or fluid replacement. Interrupt the infusion, or permanently discontinue VYLOY based on severity.

ADVERSE REACTIONS

Most common adverse reactions (≥15%): Nausea, vomiting, fatigue, decreased appetite, diarrhea, peripheral sensory neuropathy, abdominal pain, constipation, decreased weight, hypersensitivity reactions, and pyrexia.

Most common laboratory abnormalities (≥15%): Decreased neutrophil count, decreased leucocyte count, decreased albumin, increased creatinine, decreased hemoglobin, increased glucose, decreased lymphocyte count, increased aspartate aminotransferase, decreased platelets, increased alkaline phosphatase, increased alanine aminotransferase, decreased glucose, decreased sodium, increased phosphate, decreased potassium, and decreased magnesium.

PLEASE CLICK HERE FOR FULL PRESCRIBING INFORMATION.

Important Safety Information *(Continued)*

SPOTLIGHT Study: 279 patients with locally advanced unresectable or metastatic HER2-negative gastric or GEJ adenocarcinoma whose tumors were CLDN18.2 positive who received at least one dose of VYLOY in combination with mFOLFOX6

Serious adverse reactions occurred in 45% of patients treated with VYLOY in combination with mFOLFOX6; the **most common serious adverse reactions** (≥2%) were vomiting (8%), nausea (7%), neutropenia (2.9%), febrile neutropenia (2.9%), diarrhea (2.9%), intestinal obstruction (3.2%), pyrexia (2.5%), pneumonia (2.5%), respiratory failure (2.2%), pulmonary embolism (2.2%), decreased appetite (2.1%) and sepsis (2.0%). **Fatal adverse reactions** occurred in 5% of patients who received VYLOY in combination with mFOLFOX6 including sepsis (1.4%), pneumonia (1.1%), respiratory failure (1.1%), intestinal obstruction (0.7%), acute hepatic failure (0.4%), acute myocardial infarction (0.4%), death (0.4%), disseminated intravascular coagulation (0.4%), encephalopathy (0.4%), and upper gastrointestinal hemorrhage (0.4%). Permanent discontinuation of VYLOY due to an adverse reaction occurred in 20% of patients; the **most common adverse reactions leading to discontinuation** (≥2%) were nausea and vomiting. Dosage interruptions of VYLOY due to an adverse reaction occurred in 75% of patients; the **most common adverse reactions leading to dose interruption** (≥5%) were nausea, vomiting, neutropenia, abdominal pain, fatigue, and hypertension.

GLOW Study: 254 patients with locally advanced unresectable or metastatic HER2-negative gastric or GEJ adenocarcinoma whose tumors were CLDN18.2 positive who received at least one dose of VYLOY in combination with CAPOX

Serious adverse reactions occurred in 47% of patients treated with VYLOY in combination with CAPOX; the **most common serious adverse reactions** (≥2%) were vomiting (6%), nausea (4.3%), decreased appetite (3.9%), decreased platelet count (3.1%), upper gastrointestinal hemorrhage (2.8%), diarrhea (2.8%), pneumonia (2.4%), pulmonary embolism (2.3%), and pyrexia (2.0%). **Fatal adverse reactions** occurred in 8% of patients who received VYLOY in combination with CAPOX including sepsis (1.2%), pneumonia (0.4%), death (0.8%), upper gastrointestinal hemorrhage (0.8%), cerebral hemorrhage (0.8%), abdominal infection (0.4%), acute respiratory distress syndrome (0.4%), cardio-respiratory arrest (0.4%), decreased platelet count (0.4%), disseminated intravascular coagulation (0.4%), dyspnea (0.4%), gastric perforation (0.4%), hemorrhagic ascites (0.4%), procedural complication (0.4%), sudden death (0.4%), and syncope (0.4%). Permanent discontinuation of VYLOY due to an adverse reaction occurred in 19% of patients; the **most common adverse reaction leading to discontinuation** (≥2%) was vomiting. Dosage interruption of VYLOY due to an adverse reaction occurred in 55% of patients; the **most common adverse reactions leading to dose interruption** (≥2%) were nausea, vomiting, neutropenia, thrombocytopenia, anemia, fatigue, infusion-related reaction, and abdominal pain.

SPECIFIC POPULATIONS
Lactation Advise lactating women not to breastfeed during treatment with VYLOY and for 8 months after the last dose.

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Contact VYLOY Support Solutions

There are 3 ways to contact VYLOY Support Solutions for assistance:

Go Online

VYLOYaccess.com,
where you can complete the online Patient Enrollment Form

Call

1-855-272-6609,
Monday–Friday,
8:00 AM–8:00 PM ET

Fax

Download the Patient Enrollment Form from VYLOYSupportSolutions.com and fax the completed form to 1-855-272-6653

PLEASE SEE PAGES 12-13 FOR IMPORTANT SAFETY INFORMATION. PLEASE CLICK HERE FOR FULL PRESCRIBING INFORMATION.