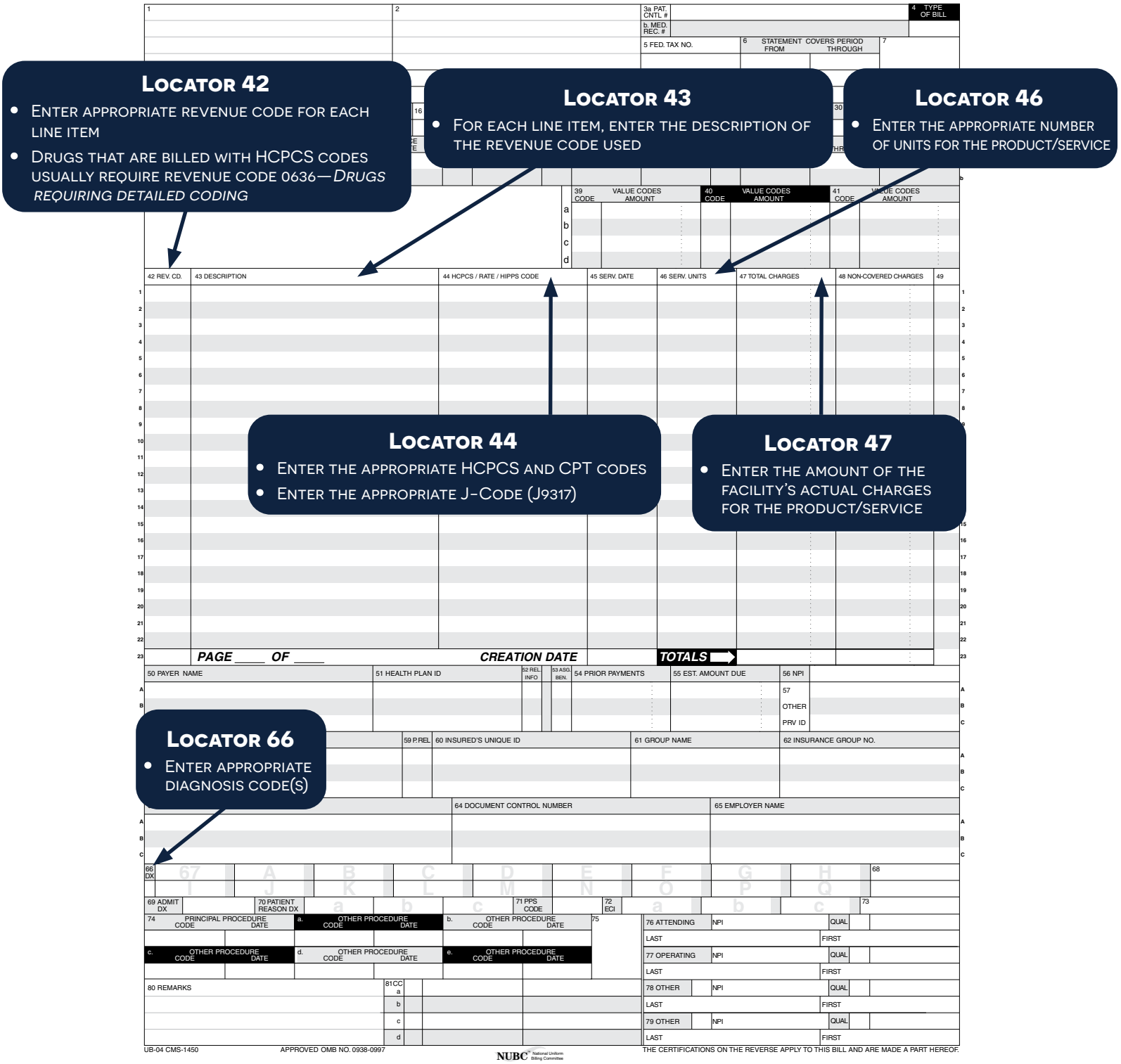
TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

Sample CMS 1450 Claim Form

For more information, visit www.TRODELVY.com



Immunomedics cannot guarantee payment of any claim. Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of all claims used in seeking reimbursement. All services must be medically appropriate and properly supported in the patient's medical record.

Click here for the full Prescribing Information, including boxed Warning, and Patient Information.

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