ZEPZELCA® (lurbinectedin) for injection 4 mg

NOW APPROVED for first-line maintenance

ZEPZELCA + atezolizumab is indicated for ES-SCLC maintenance therapy in adults without disease progression after induction with chemotherapy + atezolizumab

OPEN THE CHANCE FOR MORE LIFE IN ES-SCLC WITH ZEPZELCA

In ES-SCLC, ZEPZELCA + atezolizumab delivered clinically meaningful survival in first-line maintenance[1]

INDICATION

ZEPZELCA (lurbinectedin) for injection 4 mg, in combination with atezolizumab or atezolizumab and hyaluronidase-tqjs, is indicated for the maintenance treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC) whose disease has not progressed after first-line induction therapy with atezolizumab or atezolizumab and hyaluronidase-tqjs, carboplatin and etoposide.

IMPORTANT SAFETY INFORMATION

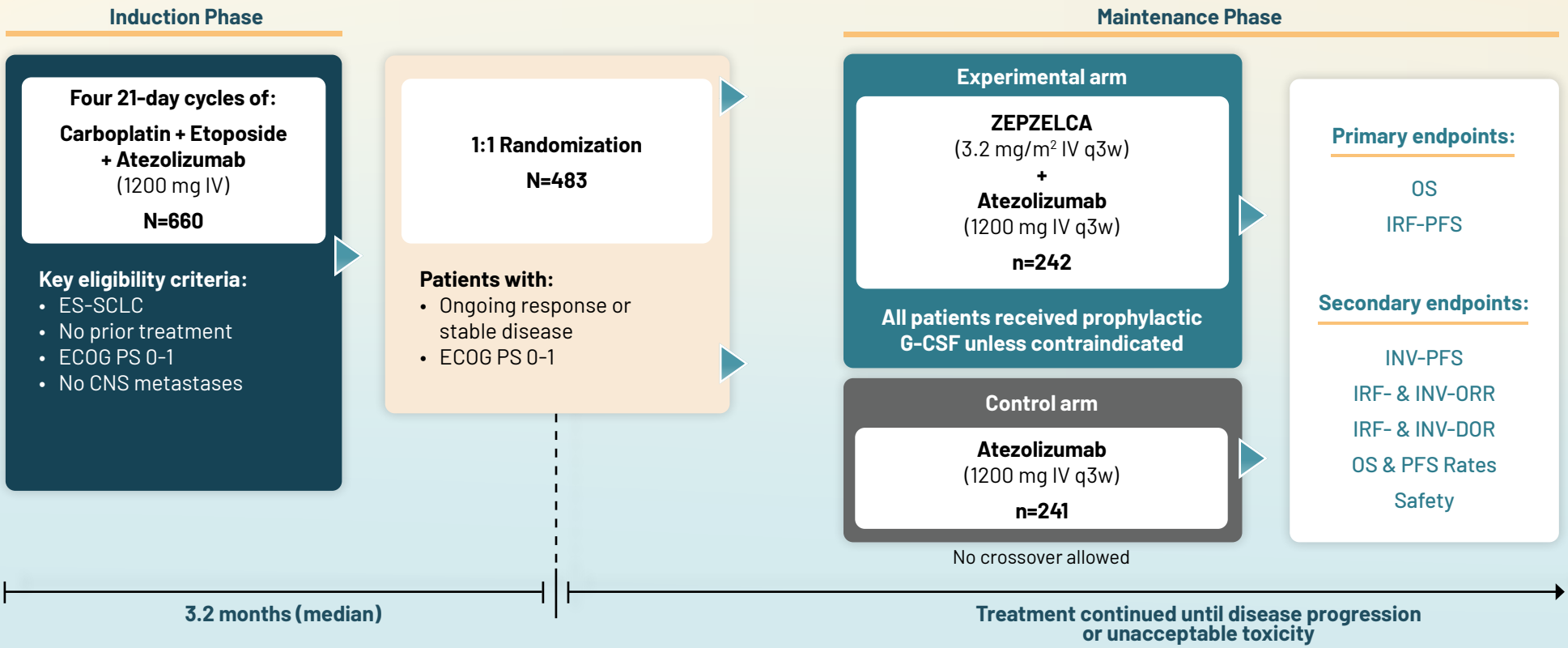
Myelosuppression
ZEPZELCA can cause severe and fatal myelosuppression including febrile neutropenia and sepsis, thrombocytopenia and anemia.

Administer ZEPZELCA only to patients with baseline neutrophil count of at least 1,500 cells/mm^3 and platelet count of at least 100,000/mm^3. To reduce the risk of febrile neutropenia during treatment with ZEPZELCA in combination with atezolizumab or atezolizumab and hyaluronidase-tqjs, administer granulocyte colony-stimulating factor (G-CSF). Monitor blood counts including neutrophils, red blood cells and platelets prior to each ZEPZELCA administration. For neutrophil count less than 500 cells/mm^3 or any value less than lower limit of normal, administer G-CSF. Withhold, reduce the dose, or permanently discontinue ZEPZELCA based on severity.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

IMforte established ZEPZELCA + atezolizumab in ES-SCLC first-line maintenance[1,2]

A large Phase 3 trial with >450 patients with ES-SCLC in the maintenance phase



Efficacy endpoint assessments started from randomization into the maintenance phase; the median time from the start of induction to the time of randomization was 3.2 months[2]

IMPORTANT SAFETY INFORMATION (*continued*)

Myelosuppression (*continued*)

In the IMforte study, primary prophylaxis of G-CSF was administered to 84% of patients. Based on laboratory values, decreased neutrophils occurred in 36%, including 18% Grade 3 or Grade 4 in patients who received ZEPZELCA in combination with atezolizumab. The median time to onset of Grade 3 and 4 decreased neutrophil cells was 31 days and a median duration of 10 days. Febrile neutropenia occurred in 1.7%. Sepsis occurred in 1%. There were 7 fatal infections: pneumonia (n=3), sepsis (n=3), and febrile neutropenia (n=1).

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

IMPORTANT SAFETY INFORMATION (*continued*)

Myelosuppression (*continued*)

Based on laboratory values, decreased platelets occurred in 54%, including 15% Grade 3 or Grade 4 in patients who received ZEPZELCA in combination with atezolizumab. The median time to onset of Grade 3 and 4 decreased platelet cells was 31 days and a median duration of 12 days.

Based on laboratory values, decreased hemoglobin occurred in 51%, including 13% Grade 3 or Grade 4 in patients who received ZEPZELCA in combination with atezolizumab. The median time to onset of Grade 3 and 4 decreased hemoglobin was 64 days and a median duration of 8 days.

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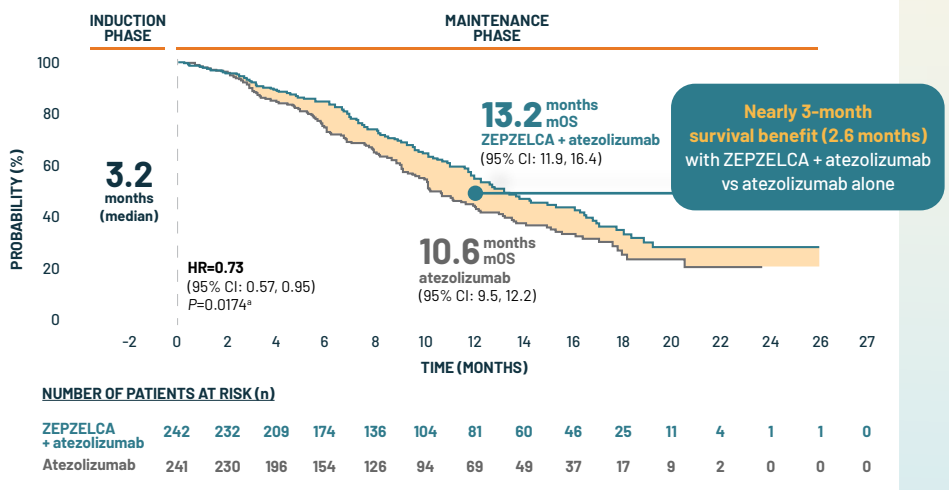
In patients who had an ongoing response or stable disease after induction,

ZEPZELCA + atezolizumab delivered superior and clinically meaningful OS in IMforte[1]

Kaplan-Meier Plot of OS[1,2]



Post-induction randomization: OS was defined as the time from randomization into the maintenance phase to death from any cause.[2]

OS RATE 12 MONTHS[2,b]

ZEPZELCA + atezolizumab	Atezolizumab
56.3%	44.1%

[a]Based on the 2-sided stratified log-rank test and compared to the alpha boundary of 0.0313 (2-sided) for this interim OS analysis.[1]

[b]This endpoint was prespecified and was not powered to demonstrate statistical significance. No conclusions can be drawn from this analysis.[2]

IMPORTANT SAFETY INFORMATION (*continued*)

Hepatotoxicity

ZEPZELCA can cause hepatotoxicity which may be severe.

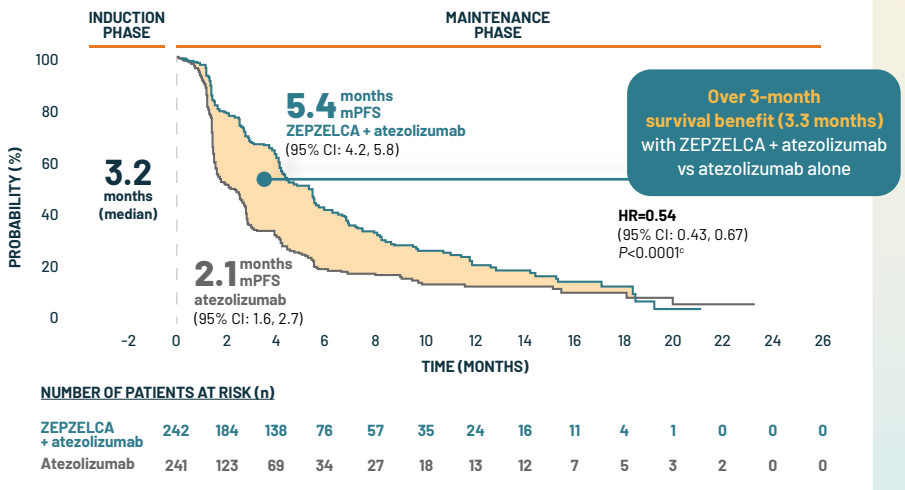
Monitor liver function tests prior to initiating ZEPZELCA and periodically during treatment as clinically indicated. Withhold, reduce the dose, or permanently discontinue ZEPZELCA based on severity.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

In patients who had an ongoing response or stable disease after induction,

ZEPZELCA + atezolizumab delivered superior and clinically meaningful PFS in IMforte[1]

Kaplan-Meier Plot of IRF-Assessed PFS[1,2]



Post-induction randomization: PFS was defined as the time from randomization into the maintenance phase to disease progression per RECIST v1.1 as assessed by the IRF, or death from any cause, whichever occurred first.[2]

PFS RATE 6 MONTHS[2,d]

ZEPZELCA + atezolizumab	Atezolizumab
41.2%	18.7%

[c]Based on the 2-sided stratified log-rank test and compared to the alpha boundary of 0.001 (2-sided) for this final PFS analysis.[1]

[d]This endpoint was prespecified and was not powered to demonstrate statistical significance. No conclusions can be drawn from this analysis.[2]

IMPORTANT SAFETY INFORMATION (*continued*)

Hepatotoxicity (*continued*)

In the IMforte study, based on laboratory values, increased alanine aminotransferase (ALT) occurred in 25%, including 3% Grade 3 or Grade 4 in patients who received ZEPZELCA in combination with atezolizumab. Increased aspartate aminotransferase (AST) occurred in 24% including 3% Grade 3 or Grade 4. The median time to onset of Grade ≥3 elevation in transaminases was 52 days (range: 6 to 337).

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No new or unexpected safety signals were observed beyond the established safety profiles of ZEPZELCA and atezolizumab[1-3,a]

DISCONTINUATION

Low discontinuation rate of ZEPZELCA due to an AR (5%)[1]

The AR resulting in permanent discontinuation in ≥1% of patients who received ZEPZELCA was decreased neutrophil count

DOSE REDUCTION

15% of patients had dose reductions of ZEPZELCA due to an AR[1]

ARs which required dosage reduction in ≥2% of patients included decreased platelet count, fatigue, nausea, and vomiting

DOSE INTERRUPTION

25% of patients had an AR leading to interruption of ZEPZELCA[1]

ARs which required dosage interruption in ≥2% of patients included anemia, fatigue, decreased neutrophil count, and decreased platelet count

ADVERSE REACTIONS

Fatal ARs occurred in 5% of patients receiving ZEPZELCA + atezolizumab[1]

These included pneumonia (3 patients), sepsis (3 patients), cardio-respiratory arrest (2 patients), myocardial infarction (2 patients), and febrile neutropenia (1 patient)

IMPORTANT SAFETY INFORMATION (*continued*)

Extravasation Resulting in Tissue Necrosis

Extravasation of ZEPZELCA can cause skin and soft tissue injury, including necrosis requiring debridement. Consider use of a central venous catheter to reduce the risk of extravasation, particularly in patients with limited venous access. Monitor patients for signs and symptoms of extravasation during the ZEPZELCA infusion. If extravasation occurs, immediately discontinue the infusion, remove the infusion catheter, and monitor for signs and symptoms of tissue necrosis. The time to onset of necrosis after extravasation may vary.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Median treatment duration and doses in the maintenance phase[2]

- ZEPZELCA + atezolizumab: 4.1 months and 7 doses of ZEPZELCA, and 4.2 months and 7 doses of atezolizumab
- Atezolizumab: 2.1 months and 4 doses

Adverse Reactions in ≥10% of Patients Receiving ZEPZELCA + Atezolizumab[1,a]

Adverse Reaction	ZEPZELCA + Atezolizumab (n=242)		Atezolizumab (n=240)	
	All Grades (%)	Grade 3 or 4 (%)	All Grades (%)	Grade 3 or 4 (%)
Gastrointestinal				
Nausea	36	3	4	1
Diarrhea[b]	15	0	8	0
Vomiting	14	1	3	0
Constipation	12	0	6	1
General disorders and administration site conditions				
Fatigue[c]	32	5	13	2
Musculoskeletal and connective tissue disorders				
Musculoskeletal pain[d]	19	2	16	1
Metabolism and nutrition				
Decreased appetite	17	0	7	0
Respiratory, thoracic, and mediastinal disorders				
Cough[e]	12	0	8	0
Dyspnea[f]	11	2	10	2

Graded per NCI CTCAE v5.0.
[a]242 patients in the ZEPZELCA + atezolizumab group and 240 patients in the atezolizumab group were included in the safety analysis set.[2]
[b]Includes diarrhea and colitis.
[c]Includes fatigue and asthenia.
[d]Includes arthralgia, arthritis, back pain, bone pain, musculoskeletal chest pain, musculoskeletal discomfort, musculoskeletal pain, myalgia, neck pain, non-cardiac chest pain, and pain in extremity.
[e]Includes cough, productive cough, and upper-airway cough syndrome.
[f]Includes dyspnea and dyspnea exertional.

IMPORTANT SAFETY INFORMATION (*continued*)

Extravasation Resulting in Tissue Necrosis (*continued*)

In the IMforte study, extravasation resulting in skin necrosis occurred in one patient who received ZEPZELCA in combination with atezolizumab.

Administer supportive care and consult with an appropriate medical specialist as needed for signs and symptoms of extravasation. Administer subsequent infusions at a site that was not affected by extravasation.

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No new or unexpected safety signals were observed beyond the established safety profiles of ZEPZELCA and atezolizumab[1-3]

Select Laboratory Abnormalities (≥20%) Worsening from Baseline in Patients Receiving ZEPZELCA + Atezolizumab[1,a]

Laboratory Abnormality	ZEPZELCA + Atezolizumab (n=242)		Atezolizumab (n=240)	
	All Grades (%)	Grade 3 or 4 (%)	All Grades (%)	Grade 3 or 4 (%)
Hematology				
Decreased lymphocytes	55	17	31	11
Decreased platelets	54	15	15	3
Decreased hemoglobin	51	13	12	3
Decreased neutrophils	36	18	7	4
Chemistry				
Increased alkaline phosphatase	29	1	14	0
Decreased sodium	27	4	30	5
Increased ALT	25	3	18	2
Increased AST	24	3	22	1
Decreased calcium	24	3	8	1
Increased creatinine	21	3	14	0

Graded per NCI CTCAE v5.0.
[a]242 patients in the ZEPZELCA + atezolizumab group and 240 patients in the atezolizumab group were included in the safety analysis set.[2]

IMPORTANT SAFETY INFORMATION (*continued*)

Rhabdomyolysis

Rhabdomyolysis has been reported in patients treated with ZEPZELCA.

Monitor creatine phosphokinase (CPK) prior to initiating ZEPZELCA and periodically during treatment as clinically indicated. Withhold or reduce the dose based on severity.

In the IMforte study, among 235 patients who had a creatine phosphokinase laboratory evaluation, increased creatine phosphokinase occurred in 9% who received ZEPZELCA in combination with atezolizumab.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Same-day dosing schedule with ZEPZELCA + atezolizumab

Consistent ZEPZELCA dosing across lines of therapy[1]

3.2 mg/m² by IV infusion over **60 minutes**

until disease progression or unacceptable toxicity

For the recommended dosage of atezolizumab or atezolizumab and hyaluronidase-tqjs, refer to the respective Prescribing Information

- When administered on the same day, atezolizumab or atezolizumab and hyaluronidase-tqjs should be administered first, followed by ZEPZELCA
- Initiate treatment with ZEPZELCA only if ANC is ≥1,500 cells/mm³ and platelet count is ≥100,000/mm³
- If discontinuation of atezolizumab is required due to an immune-related severe AE, treatment with ZEPZELCA may be continued at the same dose as a single agent. If immune toxicity does not resolve or recurs despite discontinuation of atezolizumab, permanently discontinue ZEPZELCA

Recommended Prophylactic Medications[1]

When using ZEPZELCA + atezolizumab, administer primary prophylaxis with G-CSF to reduce the risk of febrile neutropenia

To reduce the risk of nausea, administer the following pre-infusion medications prior to Cycle 1 and consider for subsequent cycles:

- Corticosteroids (IV dexamethasone 8 mg or equivalent)
- Serotonin antagonists (IV ondansetron 8 mg or equivalent)

No additional monitoring requirements specific to ZEPZELCA + atezolizumab[1]*

For full list of dosage modifications of ZEPZELCA for adverse reactions, please refer to the full Prescribing Information.

*Patient monitoring is at the discretion of the provider. Please see the individual product Prescribing Information for additional information.

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Patient Support

JazzCares is committed to helping your patients get access to their ZEPZELCA medication and providing personalized support throughout their treatment

Download the Access and Reimbursement Flashcard for detailed reimbursement information on patient access to ZEPZELCA, including a summary of JazzCares programs, coding information, and ordering details

IMPORTANT SAFETY INFORMATION (*continued*)

Embryo-Fetal Toxicity

ZEPZELCA can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise female patients of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 6 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 4 months after the last dose.

Lactation

There are no data on the presence of ZEPZELCA in human milk, however, because of the potential for serious adverse reactions from ZEPZELCA in breastfed children, advise women not to breastfeed during treatment with ZEPZELCA and for 2 weeks after the last dose.

ADVERSE REACTIONS

Serious adverse reactions occurred in 31% of patients receiving ZEPZELCA in combination with atezolizumab. Serious adverse reactions occurring in >2% were pneumonia (2.5%), respiratory tract infections (2.1%), dyspnea (2.1%), and decreased platelet count (2.1%). Fatal adverse reactions occurred in 5% of patients receiving ZEPZELCA with atezolizumab including pneumonia (3 patients), sepsis (3 patients), cardio-respiratory arrest (2 patients), myocardial infarction (2 patients), and febrile neutropenia (1 patient).

The most common adverse reactions (≥30%), including laboratory abnormalities, in patients who received ZEPZELCA with atezolizumab were decreased lymphocytes (55%), decreased platelets (54%), decreased hemoglobin (51%), decreased neutrophils (36%), nausea (36%), and fatigue/asthenia (32%).

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

IMPORTANT SAFETY INFORMATION (*continued*)

DRUG INTERACTIONS

Effect of CYP3A Inhibitors and Inducers

Avoid coadministration with a strong or a moderate CYP3A inhibitor (including grapefruit and Seville oranges) as this increases lurbinectedin systemic exposure which may increase the incidence and severity of adverse reactions to ZEPZELCA. If coadministration cannot be avoided, reduce the ZEPZELCA dose as appropriate.

Avoid coadministration with a strong CYP3A inducer as it may decrease systemic exposure to lurbinectedin, which may decrease the efficacy of ZEPZELCA.

GERIATRIC USE

Of the 242 patients with ES-SCLC treated with ZEPZELCA and atezolizumab in IMforte, 124 (51%) patients were 65 years of age and older, while 29 (12%) patients were 75 years of age and older. No overall differences in effectiveness were observed between older and younger patients. There was no overall difference in the incidence of serious adverse reactions in patients ≥65 years of age and patients <65 years of age (33% vs. 29%, respectively). There was a higher incidence of Grade 3 or 4 adverse reactions in patients ≥65 years of age compared to younger patients (45% vs. 31%, respectively).

HEPATIC IMPAIRMENT

Avoid administration of ZEPZELCA in patients with severe hepatic impairment. If administration cannot be avoided, reduce the dose. Monitor for increased adverse reactions in patients with severe hepatic impairment.

Reduce the dose of ZEPZELCA in patients with moderate hepatic impairment. Monitor for increased adverse reactions in patients with moderate hepatic impairment.

No dose adjustment of ZEPZELCA is recommended for patients with mild hepatic impairment.

AE=adverse event; ALT=alanine aminotransferase; ANC=absolute neutrophil count; AR=adverse reaction; AST=aspartate aminotransferase; CI=confidence interval; CNS=central nervous system; DOR=duration of response; ECOG PS=Eastern Cooperative Oncology Group Performance Status; ES-SCLC=extensive-stage small cell lung cancer; G-CSF=granulocyte colony-stimulating factor; HR=hazard ratio; INV=investigator; IRF=independent review facility; IV=intravenous; mOS=median overall survival; mPFS=median progression-free survival; NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events; ORR=objective response rate; OS=overall survival; PFS=progression-free survival; q3w=every 3 weeks; RECIST=Response Evaluation Criteria in Solid Tumors; v=version.

References: 1. ZEPZELCA (lurbinectedin) Prescribing Information. Jazz Pharmaceuticals, Inc. **2.** Paz-Ares L, Borghaei H, Liu SV, et al. Efficacy and safety of first-line maintenance therapy with lurbinectedin plus atezolizumab in extensive-stage small-cell lung cancer (IMforte): a randomised, multicentre, open-label, phase 3 trial. *Lancet*. 2025;405(10495):2129-2143. **3.** TECENTRIQ® Prescribing Information. Genentech Inc.; 2025.

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Learn more at ZEPZELCApro.com

ZEPZELCA + atezolizumab is indicated for ES-SCLC maintenance therapy in adults without disease progression after induction with carboplatin + etoposide + atezolizumab

OPEN THE CHANCE FOR MORE LIFE IN ES-SCLC WITH ZEPZELCA

The first and only regimen to demonstrate superior OS and PFS in maintenance[1,2]

In IMforte, 483 ES-SCLC patients were randomized to receive maintenance therapy[1]

- **mOS: 13.2 months with ZEPZELCA + atezolizumab (n=242) vs 10.6 months with atezolizumab alone (n=241); HR (95% CI): 0.73 (0.57, 0.95); *p*=0.0174**

No new or unexpected safety signals were observed beyond the established safety profiles of ZEPZELCA and atezolizumab[1-3]

- Low discontinuation rate of ZEPZELCA due to an AR (5%)[1]
  - —The AR resulting in permanent discontinuation in ≥1% of patients who received ZEPZELCA was decreased neutrophil count

Same-day dosing schedule with ZEPZELCA + atezolizumab[1]*

- ZEPZELCA dosing: 3.2 mg/m^2 IV over 60 minutes every 21 days, until disease progression or unacceptable toxicity. Initiate ZEPZELCA only if ANC is ≥1,500 cells/mm^3 and platelet count is ≥100,000/mm^3

Maximize the potential of ZEPZELCA earlier. Make ZEPZELCA + atezolizumab your treatment of choice in first-line maintenance.

*For the recommended dosage of atezolizumab or atezolizumab and hyaluronidase-tqjs, refer to the respective Prescribing Information.

IMPORTANT SAFETY INFORMATION

Myelosuppression

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Jazz Pharmaceuticals

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