PLEASE JOIN US FOR
A PROGRAM ON

ZEPZELCA®
(lurbinectedin) for injection 4 mg

**On behalf of Jazz Pharmaceuticals, we cordially invite you to join us for an informative, expert-led discussion.**

THIS PROGRAM WILL COVER:

- Disease burden and treatment related challenges in the management of small cell lung cancer (SCLC)
- An overview of ZEPZELCA® (lurbinectedin) as a treatment option for metastatic SCLC patients, including recommendations from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for SCLC
- Clinical efficacy and safety of ZEPZELCA demonstrated in the Phase II clinical trial that included patients across the platinum-resistant and platinum-sensitive spectrum of SCLC
- Dosage and administration of ZEPZELCA

PROGRAM DETAILS:

**Tuesday, May 16, 2023**
6:00 PM Central

**The Capital Grille** 7300
Dallas Pkwy Plano,
Texas 75024

FEATURING FACULTY PRESENTER:

**Eric Nadler, MD,MPP**

Faculty is a paid speaker presenting
on behalf of Jazz Pharmaceuticals, Inc

**TO RSVP:**

CONTACT:

**Regina Gardner**
Representative Program Host

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Please contact your local Jazz Pharmaceuticals sales specialist to learn more and hear about our additional educational program opportunities.

## INDICATION

ZEPZELCA® (lurbinectedin) for injection 4 mg, is indicated for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

## IMPORTANT SAFETY INFORMATION

### Myelosuppression

ZEPZELCA can cause myelosuppression. In clinical studies of 554 patients with advanced solid tumors receiving ZEPZELCA, Grade 3 or 4 neutropenia occurred in 41% of patients, with a median time to onset of 15 days and a median duration of 7 days. Febrile neutropenia occurred in 7% of patients.

Sepsis occurred in 2% of patients and was fatal in 1% (all cases occurred in patients with solid tumors other than SCLC). Grade 3 or 4 thrombocytopenia occurred in 10%, with a median time to onset of 10 days and a median duration of 7 days. Grade 3 or 4 anemia occurred in 17% of patients.

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$^3$.

Monitor blood counts including neutrophil count and platelet count prior to each administration. For neutrophil count less than 500 cells/mm$^3$ or any value less than lower limit of normal, the use of G-CSF is recommended. Withhold, reduce the dose, or permanently discontinue ZEPZELCA based on severity.

**Please see additional Important Safety Information on the following page and accompanying full Prescribing Information.**

## IMPORTANT SAFETY INFORMATION (continued)

**Hepatotoxicity**
ZEPZELCA can cause hepatotoxicity. In clinical studies of 554 patients with advanced solid tumors receiving ZEPZELCA, Grade 3 elevations of ALT and AST were observed in 6% and 3% of patients, respectively, and Grade 4 elevations of ALT and AST were observed in 0.4% and 0.5% of patients, respectively. The median time to onset of Grade ≥3 elevation in transaminases was 8 days (range: 3 to 49), with a median duration of 7 days.

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

**Extravasation Resulting in Tissue Necrosis**
Extravasation of ZEPZELCA resulting in skin and soft tissue injury, including necrosis requiring debridement, can occur. 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.

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.

**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.

**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 final dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 4 months after the final 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 final dose.

**MOST COMMON ADVERSE REACTIONS**
The most common adverse reactions, including laboratory abnormalities, (≥20%) are leukopenia (79%), lymphopenia (79%), fatigue (77%), anemia (74%), neutropenia (71%), increased creatinine (69%), increased alanine aminotransferase (66%), increased glucose (52%), thrombocytopenia (37%), nausea (37%), decreased appetite (33%), musculoskeletal pain (33%), decreased albumin (32%), constipation (31%), dyspnea (31%), decreased sodium (31%), increased aspartate aminotransferase (26%), vomiting (22%), decreased magnesium (22%), cough (20%), and diarrhea (20%).

**DRUG INTERACTIONS**
Strong and Moderate CYP3A Inhibitors
Avoid coadministration with a strong or a moderate CYP3A inhibitor as this increases lurbinectedin systemic exposure which may increase the incidence and severity of adverse reactions to ZEPZELCA. If coadministration of ZEPZELCA with a moderate CYP3A inhibitor cannot be avoided, consider dose reduction of ZEPZELCA, if clinically indicated.

Strong and Moderate CYP3A Inducers
Avoid coadministration with a strong or moderate CYP3A inducer. Coadministration with a strong CYP3A inducer decreases lurbinectedin systemic exposure which may reduce ZEPZELCA efficacy.

**GERIATRIC USE**
Of the 105 patients with SCLC administered ZEPZELCA in clinical studies, 37 (35%) patients were 65 years of age and older, while 9 (9%) patients were 75 years of age and older. No overall difference in effectiveness was observed between patients aged 65 and older and younger patients.

There was a higher incidence of serious adverse reactions in patients ≥ 65 years of age than in patients < 65 years of age (49% vs. 26%, respectively). The serious adverse reactions most frequently reported in patients ≥ 65 years of age were related to myelosuppression and consisted of febrile neutropenia (11%), neutropenia (11%), thrombocytopenia (8%), and anemia (8%).

**Please see accompanying full Prescribing Information.**

Please note that there are no certified continuing medical education credits approved for this program. Jazz Pharmaceuticals is committed to the principles of the Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals. As such, spouses or guests are not permitted to attend the program or events, and their associated expenses will not be covered or reimbursed. Due to state regulations, physicians and healthcare professionals licensed in Minnesota and Vermont are not able to receive a meal with the program. We appreciate your cooperation in this regard. Please note that meals may be reportable based on various state and federal laws.

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