ZEPZELCA®
(lurbinectedin) for injection 4 mg

Dosing and Administration Guide

For ZEPZELCA in ES-SCLC first-line maintenance (1LM) and mSCLC second-line (2L) therapy

INDICATIONS

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.

ZEPZELCA (lurbinectedin) for injection 4 mg, as a single agent, 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 severe and fatal myelosuppression including febrile neutropenia and sepsis, thrombocytopenia and anemia.

Please see additional Important Safety Information throughout and 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

- Initiate treatment with ZEPZELCA only if ANC is ≥1,500 cells/mm^3 and platelet count is ≥100,000/mm^3

When using ZEPZELCA + atezolizumab[1]

- **When administered on the same day,** atezolizumab or atezolizumab and hyaluronidase-tqjs should be administered first, followed by ZEPZELCA
- **For the recommended dosage** of atezolizumab or atezolizumab and hyaluronidase-tqjs, refer to the respective Prescribing Information
- **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
- **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)

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

When using ZEPZELCA as a single agent[1]

- Consider administering the pre-infusion medications listed above for antiemetic prophylaxis

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

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

IMPORTANT SAFETY INFORMATION (*continued*)

Myelosuppression (*continued*)
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, the use of G-CSF is recommended. Withhold, reduce the dose, or permanently discontinue ZEPZELCA based on severity.

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

IMPORTANT SAFETY INFORMATION (*continued*)

Myelosuppression (*continued*)
- *ZEPZELCA with Intravenous Atezolizumab*
  – 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).

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ZEPZELCA dosage modifications for adverse reactions

A clear dose-reduction schedule to help manage adverse reactions[1]

1st DOSE REDUCTION

reduce to **2.6 mg/m²**
every 21 days

2nd DOSE REDUCTION

reduce to **2 mg/m²**
every 21 days

Permanently discontinue ZEPZELCA in patients who are unable to tolerate 2 mg/m² every 21 days or require a dose delay greater than 2 weeks.

Adverse reaction	Severity[a]	Dosage modification
Neutropenia[b]	Grade 4 or any grade febrile neutropenia	• Withhold ZEPZELCA until ANC is ≥1,500/mm³ • Resume ZEPZELCA at a reduced dose
Thrombocytopenia	Grade 3 with bleeding or Grade 4	• Withhold ZEPZELCA until platelet ≥100,000/mm³ • Resume ZEPZELCA at reduced dose
Hepatotoxicity	Grade 2	• Withhold ZEPZELCA until Grade ≤1 • Resume ZEPZELCA at same dose
	Grade ≥3	• Withhold ZEPZELCA until Grade ≤1 • Resume ZEPZELCA at reduced dose or permanently discontinue
Rhabdomyolysis	Grade 2	• Withhold ZEPZELCA until Grade ≤1 • Resume ZEPZELCA at same dose
	Grade ≥3	• Permanently discontinue ZEPZELCA
Other Adverse Reactions	Grade 2	• Withhold ZEPZELCA until Grade ≤1 • Resume ZEPZELCA at same dose
	Grade ≥3	• Withhold ZEPZELCA until Grade ≤1 • Resume ZEPZELCA at reduced dose or permanently discontinue

For neutrophil count <500 cells/mm³ or any value less than lower limit of normal, the use of G-CSF is recommended[1]

[a]NCI CTCAE version 4.0.

[b]Patients who have not received primary prophylaxis of G-CSF with isolated Grade 4 neutropenia (neutrophil count <500 cells/mm³) may receive G-CSF prophylaxis rather than undergo lurbinectedin dose reduction.

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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Preparing ZEPZELCA for intravenous use

INJECT[1]

- **Inject 8 mL of Sterile Water for Injection USP** into the vial, yielding a solution containing 0.5 mg/mL of ZEPZELCA. Shake the vial until complete dissolution

INSPECT[1]

- **Visually inspect the solution** for particulate matter and discoloration. The reconstituted solution is a clear, colorless, or slightly yellowish solution, essentially free of visible particles

CALCULATE[1]

- **Calculate the required volume** of reconstituted solution as follows:

$$\text{Volume (mL)} = \frac{\text{Body Surface Area (m}^2\text{) x Individual Dose (mg/m}^2\text{)}}{\text{0.5 mg/mL}}$$

WITHDRAW[1]

- **Central venous line:** Withdraw the appropriate amount of reconstituted solution from the vial and add to an infusion container containing at least 100 mL of diluent*
- **Peripheral venous line:** Withdraw the appropriate amount of reconstituted solution from the vial and add to an infusion container containing at least 250 mL of diluent*

- ZEPZELCA is a hazardous drug. Follow applicable special handling and disposal procedures[1]

*Diluent for ZEPZELCA should be 0.9% Sodium Chloride Injection USP or 5% Dextrose Injection USP.

IMPORTANT SAFETY INFORMATION (*continued*)

Myelosuppression (*continued*)

- *ZEPZELCA as a Single-Agent*
  - In clinical studies of 554 patients with advanced solid tumors receiving ZEPZELCA as a single agent, 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.

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

Administration and storage

INSPECT[1]

- **Parenteral drug products should be inspected visually** for particulate matter and discoloration prior to administration, whenever solution and container permit. If particulate matter is observed, do not administer

ADMINISTER[1]

- **Administration via a central venous line is recommended** to reduce the risk of extravasation that can cause tissue necrosis requiring debridement
- **ZEPZELCA can be administered with or without an in-line filter.** If infusion lines containing in-line filters are utilized for administration of ZEPZELCA, polyethersulfone (PES) in-line filters with pore sizes of 0.22 micron are recommended
  - Do not use in-line nylon membrane filters when the reconstituted ZEPZELCA solution is diluted using 0.9% Sodium Chloride Injection, USP. Adsorption of ZEPZELCA to the nylon membrane filters has been observed when 0.9% Sodium Chloride Injection, USP is used as the diluent
- **Compatibility with other intravenous administration materials and the diluted ZEPZELCA solution** has been demonstrated in the following materials:
  - Containers: Polyolefin containers (polyethylene, polypropylene, and mixtures)
  - Infusion sets: Polyvinyl Chloride (PVC) (non-DEHP-containing), polyurethane, and polyolefin infusion sets (polyethylene, polypropylene, and polybutadiene)
  - Implantable venous access systems: Implantable venous access systems with titanium and plastic resin ports and with polyurethane or silicone intravenous catheters

DO NOT coadminister ZEPZELCA and other intravenous drugs concurrently within the same intravenous line

STORE[1]

- If not used immediately after reconstitution or dilution, the **ZEPZELCA solution can be stored prior to administration for up to 24 hours** following reconstitution, including infusion time, at either room temperature/ambient light or under refrigerated (2°C–8°C; 36°F–46°F) conditions

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Safety of ZEPZELCA + atezolizumab in 1LM

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

DISCONTINUATION

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

The adverse reaction 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 adverse reaction[1]

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

DOSE INTERRUPTION

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

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

ADVERSE REACTIONS

Fatal adverse reactions 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)

*242 patients in the ZEPZELCA + atezolizumab group and 240 patients in the atezolizumab group were included in the safety analysis set.[3]

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 full Prescribing Information.

Safety of ZEPZELCA in 2L

With >5 years in clinical use, ZEPZELCA has an established safety profile[1]

DISCONTINUATION

1.9% of patients (2 of 105) permanently discontinued due to adverse reactions[1]

Adverse reactions resulting in permanent discontinuation in ≥1% of patients included peripheral neuropathy and myelosuppression

DOSE REDUCTION

Dose reductions due to an adverse reaction occurred in 25% of patients[1]

Adverse reactions requiring dosage reductions in ≥3% of patients included neutropenia, febrile neutropenia, and fatigue

DOSE INTERRUPTION

Dose interruptions due to an adverse reaction occurred in 30.5% of patients[1]

Adverse reactions requiring dosage interruption in ≥3% of patients included neutropenia and hypoalbuminemia

IMPORTANT SAFETY INFORMATION (*continued*)

Hepatotoxicity (*continued*)

- *ZEPZELCA with Intravenous Atezolizumab*
  - 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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Patient counseling information

KEY SIGNS AND SYMPTOMS THAT REQUIRE IMMEDIATE ATTENTION[1]

Myelosuppression:
Advise patients that ZEPZELCA can cause myelosuppression. Inform patients about the signs and symptoms of myelosuppression and to immediately contact their healthcare provider if signs or symptoms occur.

Hepatotoxicity:
Advise patients to contact their healthcare provider immediately for signs and symptoms suggestive of hepatotoxicity.

Extravasation Resulting in Tissue Necrosis:
Advise patients to contact their healthcare provider immediately for signs and symptoms of extravasation. The time to onset of necrosis after extravasation may vary.

Rhabdomyolysis:
Advise patients to contact their healthcare provider immediately for signs and symptoms of rhabdomyolysis.

PREGNANCY AND REPRODUCTIVE HEALTH CONSIDERATIONS[1]

Embryo-Fetal Toxicity:
- Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females to inform their healthcare provider of a known or suspected pregnancy
- Advise females of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 6 months after the last dose
- Advise males with female partners of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 4 months after the last dose

Lactation:
Advise women not to breastfeed during treatment with ZEPZELCA and for at least 2 weeks after the last dose.

DISCLOSING CONCOMITANT MEDICATIONS[1]

Drug Interactions:
Advise patients to inform their healthcare providers of all concomitant medications and herbal and dietary supplements. Advise patients to avoid grapefruit products and Seville oranges during treatment with ZEPZELCA.

IMPORTANT SAFETY INFORMATION (*continued*)

Hepatotoxicity (*continued*)
- *ZEPZELCA as a Single-Agent*
  - In clinical studies of 554 patients with advanced solid tumors receiving ZEPZELCA as a single agent, 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.

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 full Prescribing Information.

IMPORTANT SAFETY INFORMATION (*continued*)

Extravasation Resulting in Tissue Necrosis (*continued*)
ZEPZELCA with Intravenous Atezolizumab
- 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.

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.

ZEPZELCA with Intravenous Atezolizumab
- 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.

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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

- *ZEPZELCA with Intravenous Atezolizumab*
  - 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%).
- *ZEPZELCA as a Single-Agent*
  - Serious adverse reactions occurred in 34% of patients who received ZEPZELCA. Serious adverse reactions in ≥3% of patients included pneumonia, febrile neutropenia, neutropenia, respiratory tract infection, anemia, dyspnea, and thrombocytopenia.
  - 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

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

- *ZEPZELCA with Intravenous Atezolizumab*
  - 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).
- *ZEPZELCA as a Single-Agent*
  - 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%). There was a higher incidence of Grade 3 or 4 adverse reactions in patients ≥65 years of age compared to younger patients (76% vs. 50%, 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.

1LM=first-line maintenance; 2L=second-line; ALT=alanine aminotransferase; ANC=absolute neutrophil count; AST=aspartate aminotransferase; DEHP=Di(2-ethylhexyl) phthalate; ES-SCLC=extensive-stage small cell lung cancer; G-CSF=granulocyte colony-stimulating factor; IV=intravenous; mSCLC=metastatic small cell lung cancer; NCCN=National Comprehensive Cancer Network® (NCCN®); NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events; SCLC=small cell lung cancer; USP=United States Pharmacopeia.

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® (atezolizumab) Prescribing Information. Genentech, Inc. October 2025. **4.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Small Cell Lung Cancer. V.2.2026. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed September 16, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

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Learn more at ZEPZELCApro.com

Same-day dosing with ZEPZELCA + atezolizumab*

Consistent ZEPZELCA dosing across lines of therapy[1]

ZEPZELCA dosing: 3.2 mg/m² IV over 60 minutes every 21 days, until disease progression or unacceptable toxicity[1]

- Initiate ZEPZELCA only if ANC is ≥1,500 cells/mm³ and platelet count is ≥100,000/mm³

When using ZEPZELCA + atezolizumab, administer primary prophylaxis with G-CSF to reduce the risk of febrile neutropenia[1]

When using ZEPZELCA as a single agent, the use of G-CSF is recommended for neutrophil count <500 cells/mm³ or any value less than lower limit of normal[1]

NCCN GUIDELINES® RECOMMENDS

Preferred Regimen
Lurbinectedin (ZEPZELCA®) + atezolizumab is recommended in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) as a first-line maintenance treatment option for select patients with ES-SCLC[4†‡]

*For the recommended dosage of atezolizumab or atezolizumab and hyaluronidase-tqjs, refer to the respective Prescribing Information.
†See the NCCN Guidelines for SCLC for detailed recommendations, including other treatment options.
‡Preferred interventions are based on superior efficacy, safety, and evidence, and, when appropriate, affordability.

IMPORTANT SAFETY INFORMATION

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

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

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