

0133-049104

ZEVALIN® (ibritumomab tiuxetan) Information for Authorized Users and Administration Facilities

Please see slides 3-7 for BOXED WARNINGS and Important Safety Information.



Indications and Usage



- ZEVALIN is a CD20-directed radiotherapeutic antibody administered as part of the ZEVALIN therapeutic regimen indicated for the treatment of patients with:
 - Relapsed or refractory, low-grade or follicular B-cell non-Hodgkin's lymphoma (NHL)

OR

Previously untreated follicular NHL who achieve a partial or complete response to first-line chemotherapy

Please see slides 3-7 for Important Safety Information, including BOXED WARNINGS. Please see full Prescribing Information available with this program, or <u>Click Here</u>.

Boxed Warnings



WARNING: SERIOUS INFUSION REACTIONS, PROLONGED AND SEVERE CYTOPENIAS, and SEVERE CUTANEOUS AND MUCOCUTANEOUS REACTIONS

- Serious Infusion Reactions: Deaths have occurred within 24 hours of rituximab infusion, an essential component of the ZEVALIN therapeutic regimen. These fatalities were associated with hypoxia, pulmonary infiltrates, acute respiratory distress syndrome, myocardial infarction, ventricular fibrillation, or cardiogenic shock. Most (80%) fatalities occurred with the first rituximab infusion. Discontinue rituximab and Y-90 ZEVALIN infusions in patients who develop severe infusion reactions.
- Prolonged and Severe Cytopenias: Y-90 ZEVALIN administration results in severe and prolonged cytopenias in most patients. Do not administer Y-90 ZEVALIN to patients with ≥25% lymphoma marrow involvement and/or impaired bone marrow reserve.
- Severe Cutaneous and Mucocutaneous Reactions: Severe cutaneous and mucocutaneous reactions, some fatal, can occur with the ZEVALIN therapeutic regimen. Discontinue rituximab and Y-90 ZEVALIN infusions in patients experiencing severe cutaneous or mucocutaneous reactions.
- Dosing: The dose of Y-90 ZEVALIN should not exceed 32.0 mCi (1184 MBq).

Warnings and Precautions



Risk of Developing Myelodysplastic Syndrome, Leukemia and Other Malignancies:

- The radiation dose resulting from therapeutic exposure to Y-90 radiolabeled ZEVALIN may result in secondary malignancies.
- Myelodysplastic syndrome (MDS) and/or acute myelogenous leukemia (AML) were reported in 5.2% (11/211) of patients with relapsed or refractory NHL enrolled in clinical studies and 1.5% (8/535) of patients included in the expanded-access trial, with median follow-up of 6.5 and 4.4 years, respectively. Among the 19 reported cases, the median time to diagnosis of MDS or AML was 1.9 years following treatment with the ZEVALIN therapeutic regimen; however, the cumulative incidence continues to increase.
- Among 204 patients receiving Y-90-ZEVALIN following first-line chemotherapy, 26 (12.7%) patients in the ZEVALIN arm developed a second primary malignancy compared to 14 (6.8%) of patients in the control arm. Seven patients (3.4%, 7/204) were diagnosed with MDS/AML after receiving ZEVALIN, compared to one patient (0.5%, 1/205) in the control arm, with a median follow-up of 7.3 years. Deaths due to second primary malignancy included 8 (3.9%) patients in the ZEVALIN arm compared to 3 (1.5%) patients in the control arm. Deaths due to MDS/AML included five (2.5%) patients in the ZEVALIN arm compared to no patients in the control arm.

Warnings and Precautions, cont.



Extravasation: Monitor for extravasation and terminate infusion if it occurs. Resume infusion in another limb.

Immunization: Do not administer live viral vaccines to patients who have recently received ZEVALIN.

Radionuclide Precautions: During and after radiolabeling ZEVALIN with Y-90, minimize radiation exposure to patients and to medical personnel, consistent with institutional good radiation safety practices and patient management procedures.

Embryo-fetal Toxicity: May cause fetal harm if given during pregnancy.

Impairment of Fertility: There is a potential risk that the ZEVALIN® therapeutic regimen could cause toxic effects on the male and female gonads. Effective contraceptive methods should be used during treatment and for up to 12 months following the ZEVALIN therapeutic regimen.

Nursing Mothers: Patients should be advised to discontinue nursing during and after ZEVALIN treatment.

Additional Important Safety Information



Adverse Reactions:

The most common adverse reactions of ZEVALIN are: cytopenias, fatigue, nasopharyngitis, nausea, abdominal pain, asthenia, cough, diarrhea, and pyrexia.

Common adverse reactions (≥10%) in clinical trials: cytopenias, fatigue, nasopharyngitis, nausea, abdominal pain, asthenia, cough, diarrhea, and pyrexia.

The most serious adverse reactions of ZEVALIN are: prolonged and severe cytopenias (thrombocytopenia, anemia, lymphopenia, neutropenia) and secondary malignancies.

Adverse Reactions for First-Line Patients:

When administered following first-line chemotherapy, grade 3/4 adverse reactions of ZEVALIN include prolonged and severe cytopenias (thrombocytopenia [51%], neutropenia [41%], leukopenia [36%], lymphopenia [18%], and anemia [5%]) and secondary malignancies (12.7%).

Cytopenias were more severe and more prolonged among eleven (5%) patients who received ZEVALIN after first-line fludarabine or a fludarabine-containing chemotherapy regimen as compared to patients receiving non-fludarabine-containing regimens.

Additional Important Safety Information, cont.



Adverse Reactions for First-Line Patients (Continued):

Grade 3/4 infections occurred in 8% of ZEVALIN-treated patients and in 2% of controls and included neutropenic sepsis (1%), bronchitis, catheter sepsis, diverticulitis, herpes zoster, influenza, lower respiratory tract infection, sinusitis, and upper respiratory tract infection.

Adverse Reactions for Relapsed or Refractory NHL Patients:

Grade 3/4 adverse reactions of ZEVALIN in relapsed or refractory NHL patients include prolonged and severe cytopenias (thrombocytopenia [63%], neutropenia [60%], anemia [17%], and ecchymosis [<1%]) and secondary malignancies (5.2%).

Serious infections occurred in 3% of patients (urinary tract infection, febrile neutropenia, sepsis, pneumonia, cellulitis, colitis, diarrhea, osteomyelitis, and upper respiratory tract infection).

Life-threatening infections were reported in 2% of patients (sepsis, empyema, pneumonia, febrile neutropenia, fever, and biliary stent-associated cholangitis).

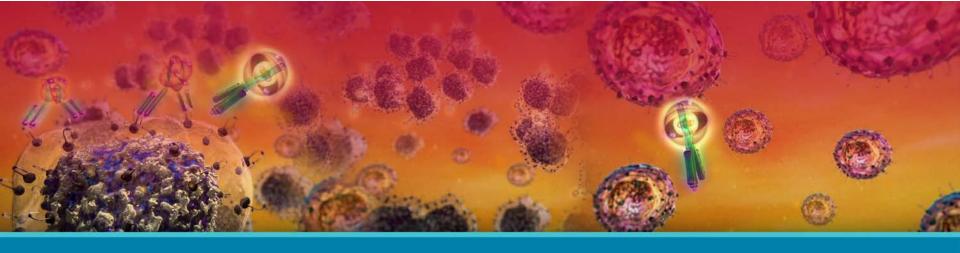
Program Outline



- NHL overview
- Zevalin Structure and Mechanism of Action
- First line Efficacy and Safety Data in Follicular NHL
- Relapsed/Refractory NHL Safety and Efficacy Data in Follicular or Low Grade NHL
- Administration Information
- Radiation Safety
- Important Safety Information
- Support and Ordering

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Non-Hodgkin's Lymphoma (NHL) Overview

Non-Hodgkin's Lymphoma

 Non-Hodgkin's lymphomas (NHL) are a heterogeneous group of B-cell, T-cell, and NK-cell neoplasms with differing patterns of growth and response to treatment.

 Treatment of NHL depends on histologic type, stage of disease, and patient characteristics.

Non-Hodgkin Lymphoma (NHL) Incidence

Leading New Cancer Cases and Deaths - 2014 Estimates

Estimated New Cases*	Estimated Deaths
----------------------	------------------

Male	Female	Male	Female
Prostate	Breast	Lung & bronchus	Lung & bronchus
233,000 (27%)	232,670 (29%)	86,930 (28%)	72,330 (26%)
Lung & bronchus	Lung & bronchus	Prostate	Breast
116,000 (14%)	108,210 (13%)	29,480 (10%)	40,000 (15%)
Colon & rectum	Colon & rectum	Colon & rectum	Colon & rectum
71,830 (8%)	65,000 (8%)	26,270 (8%)	24,040 (9%)
Urinary bladder	Uterine corpus	Pancreas	Pancreas
56,390 (7%)	52,630 (6%)	20,170 (7%)	19,420 (7%)
Melanoma of the skin	Thyroid	Liver & intrahepatic bile duct	Ovary
43,890 (5%)	47,790 (6%)	15,870 (5%)	14,270 (5%)
Kidney & renal pelvis	Non-Hodgkin lymphoma	Leukemia	Leukemia
39,140 (5%)	32,530 (4%)	14,040 (5%)	10,050 (4%)
Non-Hodgkin lymphoma	Melanoma of the skin	Esophagus	Uterine corpus
38,270 (4%)	32,210 (4%)	12,450 (4%)	8,590 (3%)
Oral cavity & pharynx	Kidney & renal pelvis	Urinary bladder	Non-Hodgkin lymphoma
30,220 (4%)	24,780 (3%)	11,170 (4%)	8,520 (3%)
Leukemia	Pancreas	Non-Hodgkin lymphoma	Liver & intrahepatic bile duct
30,100 (4%)	22,890 (3%)	10,470 (3%)	7,130 (3%)
Liver & intrahepatic bile duct	Leukemia	Kidney & renal pelvis	Brain & other nervous system 6,230 (2%)
24,600 (3%)	22,280 (3%)	8,900 (3%)	
All sites	All sites	All sites	All sites
855,220 (100%)	810,320 (100%)	310,010 (100%)	275,710 (100%)

^{*}Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder.

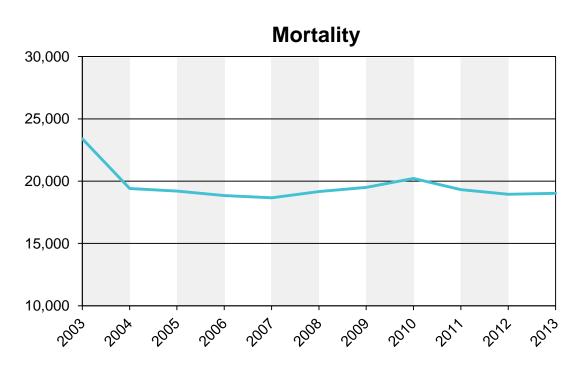
@2014, American Cancer Society, Inc., Surveillance Research

1. American Cancer Society (ACS). Cancer Facts & Figures 2014.

http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2014/index Accessed April 7, 2014.

NHL: Facts & Figures

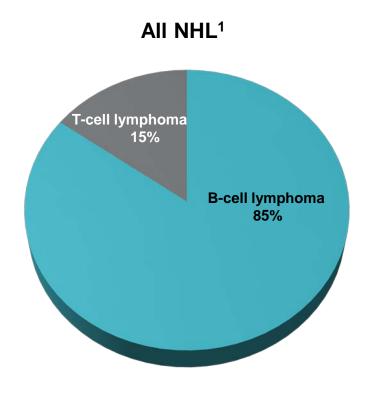
- Though incidence has been stable over the past decade, NHL mortality has declined steadily.
- The ACS projects 18,990 NHL deaths in 2014² This number has been declining since 2002.



^{1.} National Cancer Institute (NCI). B-cell Lymphoma. http://www.cancer.gov/aboutnci/budget_planning_leg/plan-2013/profiles/lymphoma. Accessed April 7, 2014.

^{2.} American Cancer Society (ACS). Estimated Cancer Cases & Deaths by State for 20 Cancer Sites. http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-041774.pdf. Accessed April 7, 2014.

NHL: Facts & Figures



- Lymphomas represent ~5%
 of all cancers diagnosed in the
 United States¹
 - NHL represents the majority of these
- B-cell lymphomas account for 85% of all NHLs²
- 95% of NHL patients are adults, and approximately half are over 65 years of age²
- 1. American Cancer Society (ACS). Cancer Facts & Figures 2014. http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2014/index Accessed April 7, 2014.
- 2. American Cancer Society (ACS). Types of NHL. <a href="http://www.cancer.org/cancer/non-hodgkinlymphoma/detailedguide/non-hodgkin-lymphoma-types-of-non-ho

Improving Outcomes in Follicular Lymphoma

- Ultimate Goal: To strive to improve progression free survival
 - As with other diseases, this may be accomplished through
 - Increasing response rates
 - Improving duration of response / progression free survival
- Approaches that may improve outcomes are:
 - "Consolidation" following initial tumor reduction
 - Radioimmunotherapy
 - High-dose chemotherapy/Transplantation
 - Development of new agents
 - Maintenance or extended dosing

Treatment Options

- Watchful Waiting
- Chemotherapy
- Immunotherapy/Chemo-immunotherapy
- Radiation Therapy
- Radio-labeled Monoclonal Antibodies
- Stem Cell Transplantation
- Clinical Trials



What is ZEVALIN®?

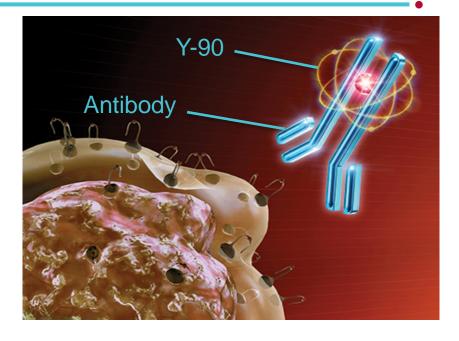
Structure and Mechanism of Action



What is **ZEVALIN®?**



- Antibody^{1,2}
 - Ibritumomab is a monoclonal antibody that targets the CD20 antigen found on >90% of B-cells
- Chelator
 - The chelate tiuxetan,
 which tightly binds
 Yttrium-90, is covalently linked to
 ibritumomab
- Radioisotope^{1,2}
 - Yttrium-90 is the high-energy beta emitter in ZEVALIN



Radionuclide Precautions: During and after radiolabeling ZEVALIN with Y-90, minimize radiation exposure to patients and to medical personnel, consistent with institutional good radiation safety practices and patient management procedures.

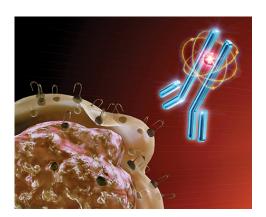
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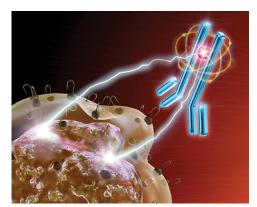
- 1. Witzig TE, et al. *J Clin Oncol*. 1999:17(12):3793-3803.
- 2. Krasner C, et al. Curr Pharm Biotechnol. 2001;2(4):341-349.

ZEVALIN® Mechanism of Action

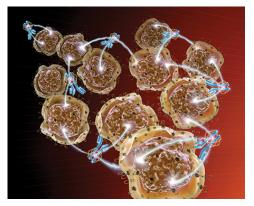




Monoclonal antibody targets the CD20 antigen found on >90% of B-cells¹



Y-90 isotope attacks surrounding B-cells with high energy beta radiation¹



Y-90 beta emissions induce cellular damage in target and neighboring cells via free radicals¹

- ZEVALIN is a pure beta emitter. It can affect healthy cells within a 5mm radius around CD20 expressing B-cells
- ZEVALIN treatment has been shown to cause severe and prolonged cytopenias
- Other potential side effects related to ZEVALIN are secondary malignancies or radiation injury to tissues near areas of lymphomatous involvement

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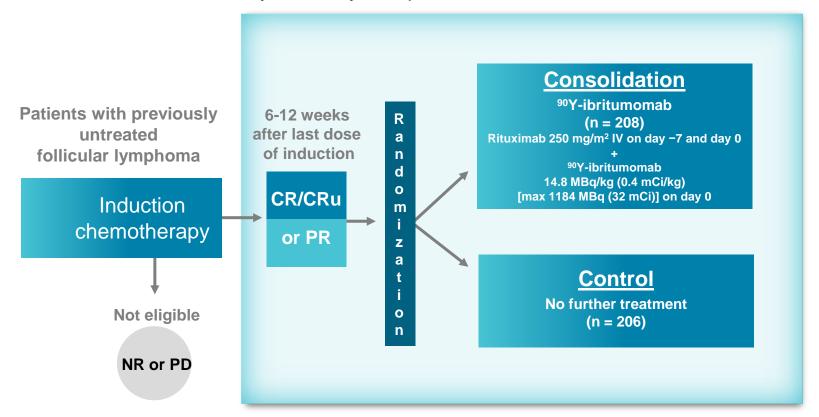
Efficacy and Safety in First line Follicular Non Hodgkins Lymphoma



Registrational Phase III Study in Previously Untreated Follicular NHL (n=414) FIT Trial



Clinical Study Primary endpoint was PFS*



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Please see accompanying full Prescribing Information associated with this program or <u>Click here</u>.

ZEVALIN® [package insert]. Irvine, CA: Spectrum Pharmaceuticals, Inc.; 2013. Morschhauser F, et al. *J Clin Oncol*. 2008; 26:5156-5164.

^{*}PFS was assessed by study investigators using the 1999 International Workshop to Standardize Response Criteria for NHL.

Key Eligibility Criteria



- Histologically confirmed CD20+, Stage III or IV, grade 1 or 2, follicular lymphoma
- A PR or CR/CRu to first-line chemotherapy
- <25% bone marrow involvement
- No prior external beam radiation or myeloablative therapy
- No other anticancer treatment for NHL except for the preceding first-line chemotherapy
- Recovery of platelets to ≥150,000/mm³

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First-Line Chemotherapy Regimens



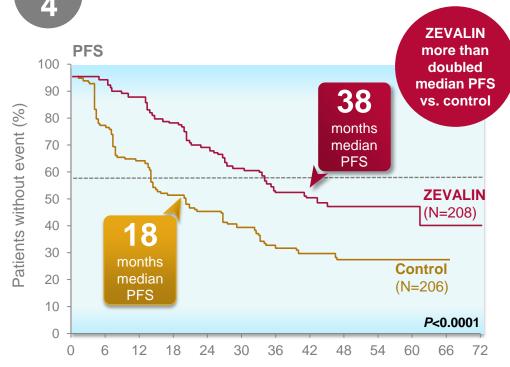
Total population = 414	n (%)
Cyclophosphamide-containing combination chemotherapy	294 (71)
- CHOP	127 (31)
- CHOP-like	61 (15)
- CVP/COP	106 (26)
Rituximab-containing combination chemotherapy	59 (14)
Chlorambucil	39 (9.4)
Fludarabine or fludarabine-containing chemotherapy regimens	22 (5)

CVP = cyclophosphamide, vincristine, prednisone; CHOP = cyclophosphamide, doxorubicin, vincristine, prednisone.

ZEVALIN® Increased Median PFS by 20 Months Versus No Further Treatment



At 3.5-year follow-up, ZEVALIN increased median PFS by 20 months versus no further treatment



Common adverse reactions (≥10%) in clinical trials: cytopenias, fatigue, nasopharyngitis, nausea, abdominal pain, asthenia, cough, diarrhea, and pyrexia.

The most serious adverse reactions of ZEVALIN are: prolonged and severe cytopenias (thrombocytopenia, anemia, lymphopenia, neutropenia) and secondary malignancies.

PFS measured from time of randomization (months) Median observation period 3.5 years.

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Most Serious Adverse Reactions to ZEVALIN®



Prolonged and severe cytopenias

- Grade 3/4 cytopenia incidence rates in 206 patients who received ZEVALIN
 - Thrombocytopenia (51%)
 - Neutropenia (41%)
 - Anemia (5%)
 - Leukopenia (36%)
 - Lymphopenia (18%)

Secondary Malignancies

Among 204 patients receiving Y-90-ZEVALIN following first-line chemotherapy, 26 (12.7%) patients in the Zevalin arm developed a second primary malignancy compared to 14 (6.8%) of patients in the control arm. Seven patients (3.4%,7/204) were diagnosed with MDS/AML after receiving Zevalin, compared to one patient (0.5%,1/205) in the control arm, with a median follow-up of 7.3 years

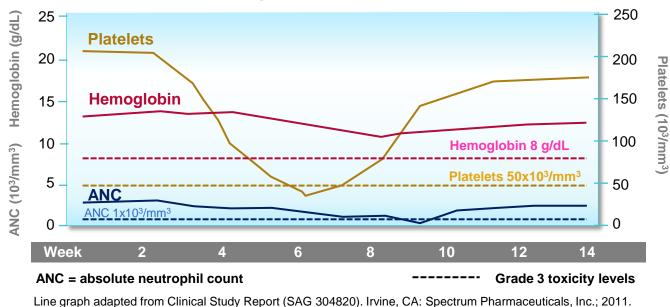
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Anticipated Timelines for Prolonged and Severe Cytopenias



Grade 3/4 hematologic side effects in first-line patients



- Median recovery time from nadir to grade 1 toxicity or baseline is approximately 2 weeks for neutrophils and platelets.
- Cytopenias were more severe and prolonged in patients receiving ZEVALIN after first-line fludarabine or fludarabinecontaining chemotherapy.
- The median time to cytopenia was similar across patients with relapsed/refractory NHL and those completing first-line chemotherapy, with median ANC nadir at 61-62 days, platelet nadir at 49-53 days, and hemoglobin nadir at 68-69 days after Y-90 Zevalin administration.

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Please see accompanying full Prescribing Information associated with this program or Click here.

Data on file. Irvine, CA: Spectrum Pharmaceuticals, Inc. SAG 304820 Clinical Study Report.

Most Common Non-Hematologic Adverse Reactions to ZEVALIN®



Non-Hematologic Adverse Reactions

- Fatigue (33%)
- Nasopharyngitis (19%)
- Nausea (18%)
- Abdominal Pain (17%)
- Asthenia (15%)
- Diarrhea (11%)
- Cough (11%)
- Pyrexia (10%)

Infections

- Grade 3 or 4 infections occurred in 8% of ZEVALIN-treated patients and in 2% of controls
- Included neutropenic sepsis (1%), bronchitis, catheter sepsis, diverticulitis, herpes zoster, influenza, upper and lower respiratory tract infection, and sinusitis

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Efficacy and Safety in Relapsed or Refractory Follicular or Low Grade NHL



Registrational Study 1 in Relapsed Follicular Lymphoma (Refractory to Rituximab)^{1,2}





Туре	N	Primary Endpoint	Population
Single arm study	54	ORR*	Relapsed follicular NHL (refractory** to rituximab)

^{*}ORR was assessed by study investigators using the 1999 International Workshop Response Criteria (IWRC) for NHL.

Please see slides 3-7 for Important Safety Information, including BOXED WARNINGS.

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- 1. ZEVALIN® [Prescribing Information]. Spectrum Pharmaceuticals, Inc.; 2013.
- 2. Witzig TE, et al. *J Clin Oncol.* August 2002; 20(15):3262-9.

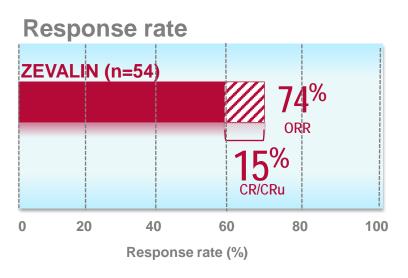
^{**} Refractory to rituximab was defined as failure to achieve a complete or partial response or time-to-disease-progression (TTP) of < 6 months.

ZEVALIN® Delivers High Response Rates in Relapsed Patients Refractory to Rituximab





Relapsed Follicular Lymphoma (Refractory to Rituximab Treatment)



MDS in Relapsed or Refractory NHL:

Myelodysplastic syndrome (MDS) and/or acute myelogenous leukemia (AML) were reported in 5.2% (11/211) of patients with relapsed or refractory NHL enrolled in clinical studies and 1.5% (8/535) of patients included in the expanded-access trial, with median follow-up of 6.5 and 4.4 years, respectively. Among the 19 reported cases, the median time to diagnosis of MDS or AML was 1.9 years following treatment with the ZEVALIN therapeutic regimen; however, the cumulative incidence continues to increase.

ZEVALIN patients experienced a median duration of response of 6.4 months

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Registrational Study 2 in Relapsed or Refractory, Low-Grade or Follicular Lymphoma^{1,2}





Туре	N	Primary Endpoint	Population
Randomized, Open label, Multicenter study • ZEVALIN, n=64 • Rituximab, n=66	130	ORR*	Relapsed or refractory low- grade or follicular NHL

^{*}ORR was assessed by study investigators using the 1999 International Workshop Response Criteria (IWRC) for NHL.

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- 1. ZEVALIN® [Prescribing Information]. Spectrum Pharmaceuticals, Inc.; 2013.
- 2. Witzig TE, et al. J Clin Oncol. May 2002; 20:2453-2463.

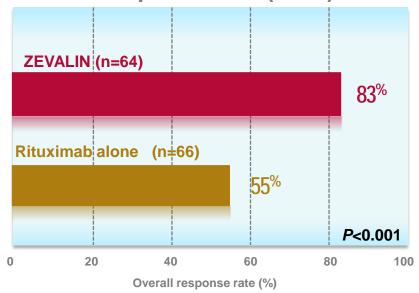
Versus Rituximab Alone, ZEVALIN[®] Delivered Higher Response Rates





Relapsed or Refractory, Low-grade or Follicular NHL

Overall response rate (ORR)



Grade 3/4 Adverse Reactions for Relapsed or Refractory NHL Patients:

Prolonged and severe cytopenias (thrombocytopenia [63%], neutropenia [60%], anemia [17%], and ecchymosis [<1%]) and secondary malignancies (5.2%).

Median duration of response was 14.3 mos in ZEVALIN arm vs.11.5 mos in rituximab arm

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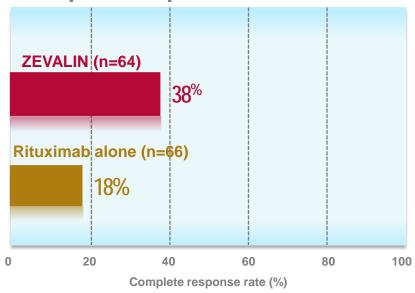
Versus Rituximab Alone, ZEVALIN[®] Delivered Higher Response Rates





Relapsed or Refractory, Low-grade or Follicular NHL

Complete response rate



Additional Adverse Reactions for Relapsed or Refractory NHL Patients: Infections

Serious infections occurred in 3% of patients (urinary tract infection, febrile neutropenia, sepsis, pneumonia, cellulitis, colitis, diarrhea, osteomyelitis, and upper respiratory tract infection).

Life-threatening infections were reported in 2% of patients (sepsis, empyema, pneumonia, febrile neutropenia, fever, and biliary stent-associated cholangitis).

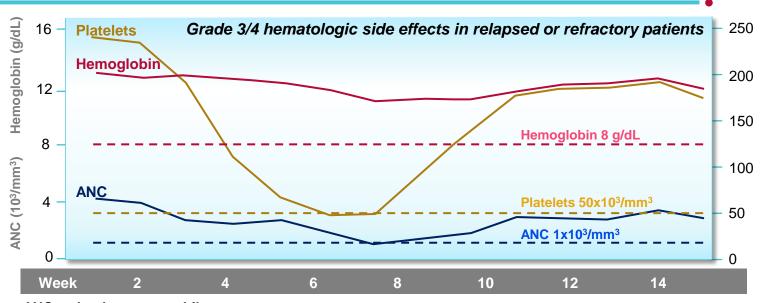
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Anticipated Timelines for Prolonged and Severe Cytopenias







- ANC = absolute neutrophil count
- The median time to cytopenia was similar across patients with relapsed/refractory NHL and those completing first-line chemotherapy, with median ANC nadir at 61-62 days, platelet nadir at 49-53 days, and hemoglobin nadir at 68-69 days after Y-90 ZEVALIN administration.
- Median recovery time from nadir to Grade 1 toxicity or baseline is approximately 2 weeks for neutrophils and platelets.
- Cytopenias were more severe and prolonged in patients receiving ZEVALIN after first-line fludarabine or fludarabine-containing chemotherapy.

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ZEVALIN[®] [Prescribing Information]. Spectrum Pharmaceuticals, Inc.; 2013. Adapted with permission from Witzig TE, et al. *J Clin Oncol*. May 2002; 20:2453-2463.

Most Common Non-Hematologic Adverse Reactions to ZEVALIN®



Non-Hematologic Adverse Reactions

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- Nasopharyngitis (19%)
- Nausea (18%)
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- Prolonged and Severe Cytopenias: Y-90 ZEVALIN administration results in severe and prolonged cytopenias in most patients. Do not administer Y-90 ZEVALIN to patients with ≥25% lymphoma marrow involvement and/or impaired bone marrow reserve.
- Severe Cutaneous and Mucocutaneous Reactions: Severe cutaneous and mucocutaneous reactions, some fatal, can occur with the ZEVALIN therapeutic regimen. Discontinue rituximab and Y-90 ZEVALIN infusions in patients experiencing severe cutaneous or mucocutaneous reactions.
- Dosing: The dose of Y-90 ZEVALIN should not exceed 32.0 mCi (1184 MBq).

Warnings and Precautions



Risk of Developing Myelodysplastic Syndrome, Leukemia and Other Malignancies:

- The radiation dose resulting from therapeutic exposure to Y-90 radiolabeled ZEVALIN may result in secondary malignancies.
- Myelodysplastic syndrome (MDS) and/or acute myelogenous leukemia (AML) were reported in 5.2% (11/211) of patients with relapsed or refractory NHL enrolled in clinical studies and 1.5% (8/535) of patients included in the expanded-access trial, with median follow-up of 6.5 and 4.4 years, respectively. Among the 19 reported cases, the median time to diagnosis of MDS or AML was 1.9 years following treatment with the ZEVALIN therapeutic regimen; however, the cumulative incidence continues to increase.
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Warnings and Precautions, cont.



Extravasation: Monitor for extravasation and terminate infusion if it occurs. Resume infusion in another limb.

Immunization: Do not administer live viral vaccines to patients who have recently received ZEVALIN.

Radionuclide Precautions: During and after radiolabeling ZEVALIN with Y-90, minimize radiation exposure to patients and to medical personnel, consistent with institutional good radiation safety practices and patient management procedures.

Embryo-fetal Toxicity: May cause fetal harm if given during pregnancy.

Impairment of Fertility: There is a potential risk that the ZEVALIN® therapeutic regimen could cause toxic effects on the male and female gonads. Effective contraceptive methods should be used during treatment and for up to 12 months following the ZEVALIN therapeutic regimen.

Nursing Mothers: Patients should be advised to discontinue nursing during and after ZEVALIN treatment.

Additional Important Safety Information



Adverse Reactions:

The most common adverse reactions of ZEVALIN are: cytopenias, fatigue, nasopharyngitis, nausea, abdominal pain, asthenia, cough, diarrhea, and pyrexia.

Common adverse reactions (≥10%) in clinical trials: cytopenias, fatigue, nasopharyngitis, nausea, abdominal pain, asthenia, cough, diarrhea, and pyrexia.

The most serious adverse reactions of ZEVALIN are: prolonged and severe cytopenias (thrombocytopenia, anemia, lymphopenia, neutropenia) and secondary malignancies.

Adverse Reactions for First-Line Patients:

When administered following first-line chemotherapy, grade 3/4 adverse reactions of ZEVALIN include prolonged and severe cytopenias (thrombocytopenia [51%], neutropenia [41%], leukopenia [36%], lymphopenia [18%], and anemia [5%]) and secondary malignancies (12.7%).

Cytopenias were more severe and more prolonged among eleven (5%) patients who received ZEVALIN after first-line fludarabine or a fludarabine-containing chemotherapy regimen as compared to patients receiving non-fludarabine-containing regimens.

Additional Important Safety Information, cont.



Adverse Reactions for First-Line Patients (Continued):

Grade 3/4 infections occurred in 8% of ZEVALIN-treated patients and in 2% of controls and included neutropenic sepsis (1%), bronchitis, catheter sepsis, diverticulitis, herpes zoster, influenza, lower respiratory tract infection, sinusitis, and upper respiratory tract infection.

Adverse Reactions for Relapsed or Refractory NHL Patients:

Grade 3/4 adverse reactions of ZEVALIN in relapsed or refractory NHL patients include prolonged and severe cytopenias (thrombocytopenia [63%], neutropenia [60%], anemia [17%], and ecchymosis [<1%]) and secondary malignancies (5.2%).

Serious infections occurred in 3% of patients (urinary tract infection, febrile neutropenia, sepsis, pneumonia, cellulitis, colitis, diarrhea, osteomyelitis, and upper respiratory tract infection).

Life-threatening infections were reported in 2% of patients (sepsis, empyema, pneumonia, febrile neutropenia, fever, and biliary stent-associated cholangitis).



ZEVALIN® Dosing & Administration

Please see slides 35-39 for BOXED WARNINGS and Important Safety Information.





Basic Facility Requirements



- Small, secure area to receive and store patient ready dose until use
 - A complete "hot lab" is <u>not</u> required
- Preferably, a private administration room
 - Open suite is acceptable in many cases
 - Patient does not need to be isolated following Zevalin administration
- Check your facility Radioactive Materials License for additional guidance
- Only administer RITUXAN®/ZEVALIN in facilities where immediate access to resuscitative measures is available

Patient Criteria



- Patients with previously untreated follicular NHL who achieve a PR or CR/CRu to first-line chemotherapy
 - Platelet counts ≥150,000/mm³
 - <25% bone marrow involvement</p>
- Patients with relapsed or refractory NHL
 - Platelet counts ≥150,000/mm³
 - Platelet counts ≥100,000 but ≤149,000/mm³ receive a lower dose
 - <25% bone marrow involvement</p>
- Embryo-fetal Toxicity Category D
- Should not be used in pregnant women, nursing mothers, and effectiveness has not been established in pediatric patients
- Impairment of Fertility
 - There is a potential risk that the ZEVALIN therapeutic regimen could cause toxic effects on the male and female gonads. Effective contraception methods should be used during treatment and for up to 12 months following the ZEVALIN therapeutic regimen.





Premedicate with acetaminophen 650 mg and diphenhydramine 50 mg orally prior to rituximab infusion

DAY 5

- Intravenous injection of ZEVALIN over 10 minutes as follows:
 - 0.4 mCi/kg (14.8 MBq per kg) for patients with normal platelet count

DAY 4

0.3 mCi/kg (11.1 MBq per kg) in relapsed or refractory patients with platelet count of ≥100,000 – ≤149,000 cells/mm³ The maximum dose of Y-90 ZEVALIN is 32.0 mCi (1184 MBq)

DAY 6

DAY 7, 8, OR 9

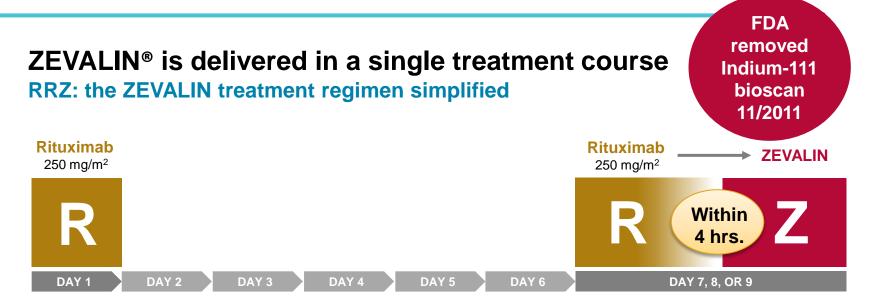
 Only administer RITUXAN®/ZEVALIN in facilities where immediate access to resuscitative measures is available

Please see slides 35-39 for Important Safety Information, including BOXED WARNINGS. Please see full Prescribing Information available with this program, or <u>Click Here</u>.

ZEVALIN® [Prescribing Information]. Spectrum Pharmaceuticals, Inc.; 2013. Rituxan® is a registered trademark of Biogen Idec, Inc..

DAY 1





- Discontinue rituximab and ZEVALIN infusions in patients who develop severe infusion reactions or severe cutaneous or mucocutaneous reactions
- Monitor for extravasation and terminate infusion if it occurs. Resume infusion in another limb
- Obtain complete blood counts (CBC) and platelet counts at least weekly

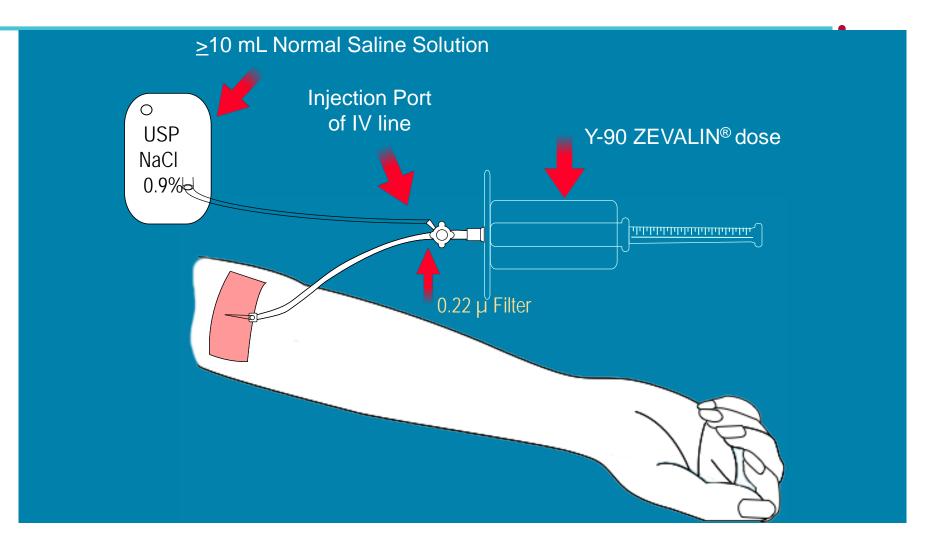
Infusion Reactions And Extravasation



- Immediately stop the rituximab infusion for severe infusion reactions and discontinue the ZEVALIN® regimen.
- Temporarily slow or interrupt rituximab infusion for less severe infusion reactions.
- Monitor patients closely for evidence of extravasation occurrence during injection of ZEVALIN. If signs or symptoms occur, terminate and restart in another limb.

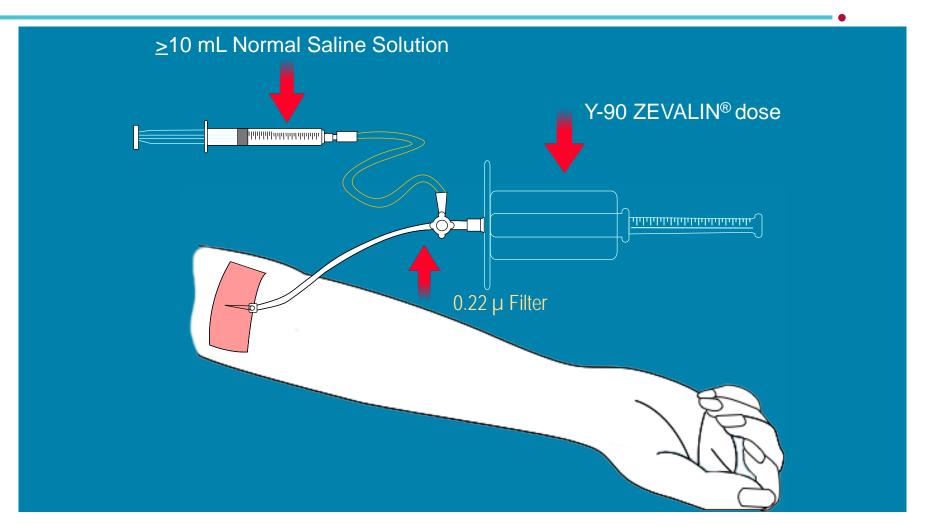
ZEVALIN® Injection





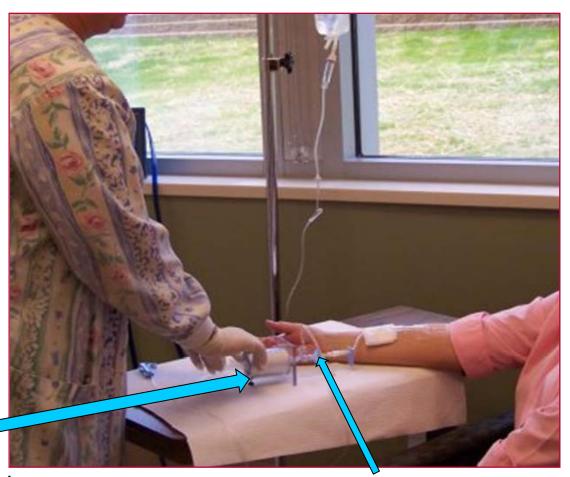
ZEVALIN® Injection, con't





Y-90 Ibritumomab Tiuxetan





Acrylic (or Acrylic combination) Syringe Shield

Use a 0.22 micron low-protein-binding in-line filter

Syringe Shield





ZEVALIN® Kit Prior to Radiolabeling







Storage



Store ZEVALIN® at 2–8° C (36–46° F) until use

- Administer within:
 - 8 Hours of radiolabeling for Y-90 ZEVALIN

Do not freeze

Straightforward Logistics



Clinical Logistics Specialists manage ZEVALIN treatment logistics

Available to facilitate scheduling and pre- and post-treatment processes, helping ensure that every patient who is prescribed ZEVALIN gets ZEVALIN.

ZEVALIN is delivered as a patient-ready dose

A radiopharmacy will supply a unit dose of Y-90 ZEVALIN in a 10 cc prefilled syringe, ready for patient administration.* Beyond the acrylic syringe shield, no additional protection is needed.

Following the second rituximab dose, patients receive the ZEVALIN injection in a single, 10-minute IV push - in the outpatient setting

ZEVALIN treatment uses beta-radiation, a form of radiation that requires only standard precautions to minimize radiation exposure. After ZEVALIN treatment, patients do not have to avoid contact with loved ones.

Healthcare professionals should advise patients to use effective contraceptive methods during treatment and for a minimum of 12 months following ZEVALIN therapy.



^{*}Dose assay verification may be required based on local, state, and NRC regulation and licensing.

Drug Ordering Overview



Step 1

Treating Site

Place order to the radiopharmacy

Specify treatment date (must be ordered 8 business days prior to the treatment with ZEVALIN)

Obtain Spectrum Purchase Order Number

Notify radiopharmacy **immediately** in the event of a cancellation or delay

Step 2

Radiopharmacy

Place order with ZEVALIN Support Services Provide to ZEVALIN Support Services:

- Treatment date
- Name and Location of treating site
- Provide "Bill to" information of treating site(s) and PO #

Step 3

ZEVALIN Support Services

Receive order from radiopharmacy
Ship the cold kit directly to the radiopharmacy
Order the Y-90 isotope from vendor and schedule shipment to the radiopharmacy
Invoice the end user(s)



RADIATION SAFETY





Risk of Radiation Exposure to Others Following ZEVALIN® Treatment Is Minimal



- Most activity is retained
 - Urinary excretion = $7.3\% \pm 3.2\%$ over 7 days
- Assuming maximum 32.0 mCi dose and excretion of 7.3% over a week, total urinary excretion over a week is 2.3 mCi
 - Activity per urination = microcuries
- For the majority of patients, ordinary amounts of blood (e.g., menstruation, bad cuts, hemorrhoids) will contain inconsequential levels of radioactivity
 - ZEVALIN is a pure beta emitter. It can affect healthy cells within a 5mm radius around CD20 expressing B-cells
 - ZEVALIN treatment has been shown to cause severe and prolonged cytopenias
 - Other potential side effects related to ZEVALIN are secondary malignancies or radiation injury to tissues near areas of lymphomatous involvement

Risk of Radiation Exposure to Others



- Prospective study in 13 family members of patients treated with ZEVALIN®
 - Family members with closest contact wore DoseGUARD Plus personal dosimeter for 7 days
 - Family was instructed to avoid body wastes, but no other precautions were given
 - Median deep dose equivalent over 7 days = 3.5 mrem (range 1.4-7.9 mrem)
- Conclusion: exposure to others is negligible, in the range of background radiation



IMPORTANT SAFETY INFORMATION





Boxed Warnings



WARNING: SERIOUS INFUSION REACTIONS, PROLONGED AND SEVERE CYTOPENIAS, and SEVERE CUTANEOUS AND MUCOCUTANEOUS REACTIONS

- Serious Infusion Reactions: Deaths have occurred within 24 hours of rituximab infusion, an essential component of the ZEVALIN therapeutic regimen. These fatalities were associated with hypoxia, pulmonary infiltrates, acute respiratory distress syndrome, myocardial infarction, ventricular fibrillation, or cardiogenic shock. Most (80%) fatalities occurred with the first rituximab infusion. Discontinue rituximab and Y-90 ZEVALIN infusions in patients who develop severe infusion reactions.
- Prolonged and Severe Cytopenias: Y-90 ZEVALIN administration results in severe and prolonged cytopenias in most patients. Do not administer Y-90 ZEVALIN to patients with ≥25% lymphoma marrow involvement and/or impaired bone marrow reserve.
- Severe Cutaneous and Mucocutaneous Reactions: Severe cutaneous and mucocutaneous reactions, some fatal, can occur with the ZEVALIN therapeutic regimen. Discontinue rituximab and Y-90 ZEVALIN infusions in patients experiencing severe cutaneous or mucocutaneous reactions.
- Dosing: The dose of Y-90 ZEVALIN should not exceed 32.0 mCi (1184 MBq).

Warnings and Precautions



Risk of Developing Myelodysplastic Syndrome, Leukemia and Other Malignancies:

- The radiation dose resulting from therapeutic exposure to Y-90 radiolabeled ZEVALIN may result in secondary malignancies.
- Myelodysplastic syndrome (MDS) and/or acute myelogenous leukemia (AML) were reported in 5.2% (11/211) of patients with relapsed or refractory NHL enrolled in clinical studies and 1.5% (8/535) of patients included in the expanded-access trial, with median follow-up of 6.5 and 4.4 years, respectively. Among the 19 reported cases, the median time to diagnosis of MDS or AML was 1.9 years following treatment with the ZEVALIN therapeutic regimen; however, the cumulative incidence continues to increase.
- Among 204 patients receiving Y-90-ZEVALIN following first-line chemotherapy, 26 (12.7%) patients in the ZEVALIN arm developed a second primary malignancy compared to 14 (6.8%) of patients in the control arm. Seven patients (3.4%, 7/204) were diagnosed with MDS/AML after receiving ZEVALIN, compared to one patient (0.5%, 1/205) in the control arm, with a median follow-up of 7.3 years. Deaths due to second primary malignancy included 8 (3.9%) patients in the ZEVALIN arm compared to 3 (1.5%) patients in the control arm. Deaths due to MDS/AML included five (2.5%) patients in the ZEVALIN arm compared to no patients in the control arm.

Warnings and Precautions, cont.



Extravasation: Monitor for extravasation and terminate infusion if it occurs. Resume infusion in another limb.

Immunization: Do not administer live viral vaccines to patients who have recently received ZEVALIN.

Radionuclide Precautions: During and after radiolabeling ZEVALIN with Y-90, minimize radiation exposure to patients and to medical personnel, consistent with institutional good radiation safety practices and patient management procedures.

Embryo-fetal Toxicity: May cause fetal harm if given during pregnancy.

Impairment of Fertility: There is a potential risk that the ZEVALIN® therapeutic regimen could cause toxic effects on the male and female gonads. Effective contraceptive methods should be used during treatment and for up to 12 months following the ZEVALIN therapeutic regimen.

Nursing Mothers: Patients should be advised to discontinue nursing during and after ZEVALIN treatment.

Additional Important Safety Information



Adverse Reactions:

The most common adverse reactions of ZEVALIN are: cytopenias, fatigue, nasopharyngitis, nausea, abdominal pain, asthenia, cough, diarrhea, and pyrexia.

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Additional Important Safety Information, cont.



Adverse Reactions for First-Line Patients (Continued):

Grade 3/4 infections occurred in 8% of ZEVALIN-treated patients and in 2% of controls and included neutropenic sepsis (1%), bronchitis, catheter sepsis, diverticulitis, herpes zoster, influenza, lower respiratory tract infection, sinusitis, and upper respiratory tract infection.

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Support and Ordering



Spectrum Therapy Access Resources: STAR **Reimbursement Support**





- Before, during, and after treatment, STAR has your practice and your patients supported
 - Verification of patient-specific insurance benefits
 - Pre-submission claims review and support
 - Prior authorization assistance
 - Coding and billing guidance
 - Payer research
 - Denied and underpaid claims assistance
 - Alternate funding research
 - Patient Assistance Program for eligible patients
 - Co-pay Assistance Program for privately-insured

Use STAR

Call 1-888-537-8277

www.SpectrumPatientAccess.com

STAR reimbursement counselors are available Monday-Friday 9:00 am-5:00 pm Eastern

Spectrum Pharmaceuticals, Inc. does not guarantee coverage and/or reimbursement for its products. 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 professionals should always verify coverage, coding, and reimbursement guidelines on a payer and patient-specific basis. Spectrum Pharmaceuticals, Inc. reserves the right to change eligibility guidelines, terminate, or modify the STAR program at any time for any reason.

Prior to Initiating Treatment



- Contact your ZEVALIN® administration facility to coordinate treatment and scheduling
- Authorized ZEVALIN administration facilities can be found at www.ZEVALIN.com
- Spectrum Clinical Logistics Specialists (CLS) are dedicated to managing all logistical aspects to ensure patients receive their ZEVALIN treatment



ZEVALIN® Support Services

TEL: 866-298-8433

FAX: 877-264-8483

zevalinsupport@sppirx.com

Monday–Friday

8:30 am-8:00 pm EST







Appendix Slides (optional if time allows)

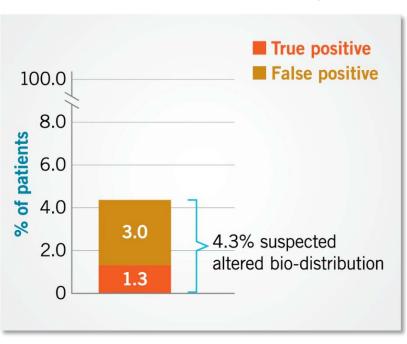


Data Supporting Removal of the Indium-111 Bioscan Requirement



In-111 bioscan was not a reliable predictor of altered Y-90 bio-distribution

Analysis of data from 253 patients who underwent the In-111 bioscan in 5 company-sponsored clinical trials showed:



- 4.3% of patients were suspected to have altered bio-distribution
- 1.3% of patients were true positives based on expert review
- 3% of patients were found to be false positives based on expert review

Data Supporting Removal of the Indium-111 Bioscan Requirement



Global post-marketing surveillance showed no additional safety risk in patients receiving ZEVALIN® treatment without In-111 bioscan

- From 2002–2010, approximately 16,000 patients worldwide received ZEVALIN in routine clinical practice
 - ~9,000 in countries with the In-111 bioscan requirement
 - ~7,000 in countries WITHOUT the In-111 bioscan requirement
- Overall incidence of serious anaphylactoid reactions were similar in regions that do and do not require the In-111 bioscan (0.4% in both groups)
- Overall incidence of serious bone marrow failure were similar in regions that do and do not require the In-111 bioscan (3.3% versus 3.8%)