

VYLOY[®] Infusion and Treatment Management Guide

INDICATION

VYLOY[®] (zolbetuximab-clzb), in combination with fluoropyrimidine- and platinum-containing chemotherapy, is indicated for the first-line treatment of adults with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors are claudin (CLDN) 18.2 positive as determined by an FDA-approved test.

SELECT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity reactions, including serious anaphylaxis reactions, and serious and fatal infusion-related reactions (IRR) have been reported in clinical studies when VYLOY has been administered. **Any grade hypersensitivity reactions**, including anaphylactic reactions, occurring with VYLOY in combination with mFOLFOX6 or CAPOX was 18%. **Severe (Grade 3 or 4) hypersensitivity reactions**, including anaphylactic reactions, occurred in 2% of patients. Seven patients (1.3%) permanently discontinued VYLOY for hypersensitivity reactions, including two patients (0.4%) who permanently discontinued VYLOY due to anaphylactic reactions. Seventeen (3.2%) patients required dose interruption, and three patients (0.6%) required infusion rate reduction due to hypersensitivity reactions. **All grade IRRs** occurred in 3.2% in patients administered VYLOY in combination with mFOLFOX6 or CAPOX. Severe (Grade 3) IRRs occurred in 2 (0.4%) patients who received VYLOY. An IRR led to permanent discontinuation of VYLOY in 2 (0.4%) patients and dose interruption in 7 (1.3%) patients. The infusion rate was reduced for VYLOY for 2 (0.4%) patients due to an IRR. Monitor patients during infusion with VYLOY and for 2 hours after completion of infusion or longer if clinically indicated, for hypersensitivity reactions with symptoms and signs that are highly suggestive of anaphylaxis (urticaria, repetitive cough, wheeze and throat tightness/change in voice). Monitor patients for signs and symptoms of IRRs including nausea, vomiting, abdominal pain, salivary hypersecretion, pyrexia, chest discomfort, chills, back pain, cough and hypertension. If a severe or life-threatening hypersensitivity or IRR reaction occurs, discontinue VYLOY permanently, treat symptoms according to standard medical care, and monitor until symptoms resolve. For any Grade 2 hypersensitivity or IRR, interrupt the VYLOY infusion until Grade ≤ 1 , then resume at a reduced infusion rate for the remaining infusion. Follow Grade 2 management for Grade 3 infusion-related nausea and vomiting. Premedicate the patient with antihistamines for the subsequent infusions, and closely monitor the patient for symptoms and signs of a hypersensitivity reaction. The infusion rate may be gradually increased as tolerated.

Please see Important Safety Information, continued throughout and on pages 21-22, and full Prescribing Information.

Focusing on helping you support patients

Use this guide to learn about administering VYLOY to your patients and how to support them throughout treatment.

In the following pages, you'll find out about:



Dosing and administration
of VYLOY



Understanding possible
adverse reactions



Helping patients understand
their infusion treatment



Managing nausea
and vomiting

Please see Important Safety Information, continued throughout and on pages 21-22,
and full Prescribing Information.

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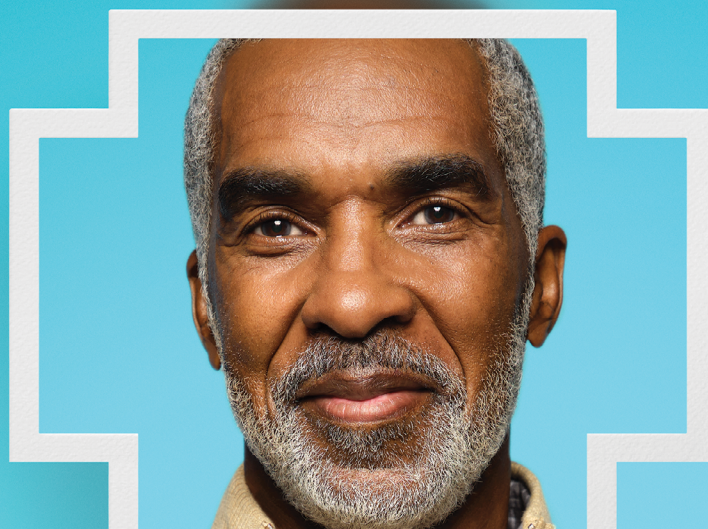
Table of Contents

<u>ABOUT VYLOY</u>	4
<u>DOSING AND ADMINISTRATION</u>	6
<u>ADVERSE REACTIONS IN SPOTLIGHT</u>	13
<u>NAUSEA AND VOMITING</u>	15
<u>STORAGE AND HANDLING</u>	18
<u>IMPORTANT SAFETY INFORMATION</u>	21

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01 About VYLOY



Claudin 18.2+

SELECT SAFETY INFORMATION (CONT.)

WARNINGS AND PRECAUTIONS (CONT.)

Severe Nausea and Vomiting. VYLOY is emetogenic. Nausea and vomiting occurred more often during the first cycle of treatment. **All grade nausea and vomiting** occurred in 82% and 67% respectively of patients treated with VYLOY in combination with mFOLFOX6 and 69% and 66% in combination with CAPOX, respectively. **Severe (Grade 3) nausea** occurred in 16% and 9% of patients treated with VYLOY in combination with mFOLFOX6 or CAPOX respectively. **Severe (Grade 3) vomiting** occurred in 16% and 12% of patients treated with VYLOY in combination with mFOLFOX6 or CAPOX. Nausea led to permanent discontinuation of VYLOY in combination with mFOLFOX6 or CAPOX in 18 (3.4%) patients and dose interruption in 147 (28%) patients. Vomiting led to permanent discontinuation of VYLOY in combination with mFOLFOX6 or CAPOX in 20 (3.8%) patients and dose interruption in 150 (28%) patients. Pretreat with antiemetics prior to each infusion of VYLOY. Manage patients during and after infusion with antiemetics or fluid replacement. Interrupt the infusion, or permanently discontinue VYLOY based on severity.

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VYLOY is the first and only treatment to target CLDN18.2 in advanced* G/GEJ cancer¹⁻³

According to estimates from 2 global studies,



38%
OF PATIENTS

with advanced* G/GEJ
adenocarcinoma
are **CLDN18.2 positive**^{2,3††}

These patients could be potential candidates for **VYLOY + chemo**.^{1§}

**PFS
+ OS**

VYLOY was studied
in combination with
mFOLFOX6 or CAPOX in
two Phase 3 clinical trials

Both trials (SPOTLIGHT and GLOW) evaluated survival and safety with VYLOY + chemotherapy vs chemotherapy alone. In addition to the primary analysis, both trials also have data from follow-up and ad hoc analyses.^{1,4,5}

*Locally advanced unresectable or metastatic.¹

[†]Claudin 18.2 positive (CLDN18.2+) is defined as $\geq 75\%$ of tumor cells demonstrating moderate to strong membranous CLDN18 staining by immunohistochemistry.^{2,3}

^{††}Data from two global randomized Phase 3 studies: SPOTLIGHT, which included 2,403 assessable patients, of which 922 were CLDN18.2 positive; and GLOW, which included 2,104 assessable patients, of which 808 were CLDN18.2 positive.^{2,3}

[§]Fluoropyrimidine- and platinum-containing chemotherapy.¹

CLDN18.2=claudin 18.2; G/GEJ=gastric/gastroesophageal junction; OS=overall survival; PFS=progression-free survival.



EXPLORE DATA FROM ALL 3 ANALYSES AT [VYLOYHCP.COM](https://vylhcr.com)

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02 Dosing and Administration

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Preparing VYLOY

Reconstitution and dilution steps for single-dose vials of VYLOY¹

- 1 Calculate the recommended dose based on the patient's body surface area as described in the table on page 9 to determine the total volume and number of vials needed
- 2 Reconstitute each vial by slowly adding 5 mL (for 100 mg vial) or 15 mL (for 300 mg vial) of Sterile Water for Injection (SWFI). While adding SWFI, direct the stream along the walls of the vial and not directly onto the lyophilized powder. The reconstituted solution contains 20 mg/mL of VYLOY.
- 3 Slowly swirl each vial until the contents are completely dissolved. Allow the reconstituted vial(s) to settle until the bubbles are gone. **Do not shake the vial.**
- 4 Visually inspect the reconstituted solution for particulate matter and discoloration. The reconstituted solution should be clear to slightly opalescent, colorless to slight yellow, and free of visible particles. Discard any vial with visible particles or discoloration.

NOTE: Store reconstituted vial(s) at room temperature 15°C to 30°C (59°F to 86°F) for up to 5 hours if not used immediately. This product does not contain a preservative.

- 5 Withdraw the required volume of reconstituted VYLOY vial(s) and transfer into an infusion bag containing 0.9% sodium chloride injection, to a final concentration of 5 mg/mL.
 - The diluted solution of VYLOY is compatible with intravenous infusion bags composed of polyethylene (PE), polypropylene (PP), polyvinyl chloride (PVC) (with either Di[2-ethylhexyl] phthalate [DEHP] or trioctyl trimellitate [TOTM] plasticizers), ethylene propylene copolymer, ethylene-vinyl acetate (EVA) copolymer, PP and styrene-ethylene-butylene-styrene copolymer
 - The diluted solution of VYLOY is compatible with infusion tubing composed of PE, PVC (with DEHP, TOTM or Di[2-ethylhexyl] terephthalate plasticizers), polybutadiene (PB), or elastomer modified polypropylene with in-line filter membranes composed of polyethersulfone (PES) or polysulfone
- 6 Mix diluted solution by gentle inversion. **Do not shake the bag.**
- 7 Visually inspect the infusion bag for any particulate matter prior to use. The diluted solution should be free of visible particles. Do not use the infusion bag if particulate matter is observed.
- 8 Discard any unused portion left in the single-dose vials.

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VYLOY infusion

VYLOY can be administered every 2 or 3 weeks to align with your patient's prescribed chemotherapy^{1*}

Prior to administration¹

If a patient is experiencing nausea and/or vomiting, symptoms should be resolved to Grade ≤ 1 before the first infusion.

Premedication¹

Prior to each VYLOY infusion, premedicate patients with a combination of antiemetics (e.g., NK-1 receptor blockers and/or 5-HT₃ receptor blockers, as well as other drugs as indicated) for the prevention of nausea and vomiting.

It's important to follow the dosing and administration recommendations in the VYLOY prescribing information¹

VYLOY DOSING^{1*}



First dose:

800 mg/m² intravenously

Subsequent doses:

600 mg/m² intravenously every 3 weeks
or 400 mg/m² intravenously every 2 weeks



Recommended VYLOY dosage for each patient is based on body surface area (BSA).

VYLOY ADMINISTRATION¹



If VYLOY and chemotherapy[†] are administered on the same day, **VYLOY must be administered first.**



Recommended duration of treatment is until disease progression or unacceptable toxicity.

VYLOY is available in **100 mg** and **300 mg** vials.



Vials shown are not actual size.

*Administer VYLOY in combination with fluoropyrimidine- and platinum-containing chemotherapy.¹

[†]Fluoropyrimidine- and platinum-containing chemotherapy.¹

5-HT₃=5-hydroxytryptamine 3; NK-1=neurokinin-1.

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Recommended VYLOY dosage & infusion rates¹

VYLOY Dose		Initial Infusion Rate (first 30-60 minutes)*	Subsequent Infusion Rate
First Dose	800 mg/m ²	100 mg/m ² /hr	200-265 mg/m ² /hr
Subsequent Doses	600 mg/m ² every 3 weeks	75 mg/m ² /hr	150-265 mg/m ² /hr
	or 400 mg/m ² every 2 weeks	or 50 mg/m ² /hr	or 100-200 mg/m ² /hr

*In the absence of adverse reactions after 30-60 minutes, the infusion rate can be increased to the subsequent infusion rate as tolerated.¹



first dose

For the first VYLOY dose, **the estimated minimum infusion time is approximately 3.5 hours.** Total infusion time will depend on dose interruptions or infusion rate reductions.¹



subsequent doses

For subsequent VYLOY doses, **the estimated minimum infusion time is approximately 2.5 hours.** Total infusion time will depend on dose interruptions or infusion rate reductions.¹



The infusions are started at a slower rate for the first 30-60 minutes to help mitigate potential adverse reactions. The rate can be gradually increased for the remainder of the infusion as tolerated.

SELECT SAFETY INFORMATION (CONT.)

ADVERSE REACTIONS

Most common adverse reactions (≥15%): Nausea, vomiting, fatigue, decreased appetite, diarrhea, peripheral sensory neuropathy, abdominal pain, constipation, decreased weight, hypersensitivity reactions, and pyrexia.

Most common laboratory abnormalities (≥15%): Decreased neutrophil count, decreased leucocyte count, decreased albumin, increased creatinine, decreased hemoglobin, increased glucose, decreased lymphocyte count, increased aspartate aminotransferase, decreased platelets, increased alkaline phosphatase, increased alanine aminotransferase, decreased glucose, decreased sodium, decreased phosphate, decreased potassium, and decreased magnesium.

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VYLOY Dosing & Infusion Rate Calculator

This dosing calculator helps determine the appropriate amount of VYLOY and how long infusions may take, by inputting important patient information and infusion parameters.

The image to the right is for illustrative purposes only, and the actual dosing calculator can be found on VYLOYhcp.com.

Enter your patients' information →

The dose will populate based on the patient input above →

The infusion rate, according to Prescribing Information, will populate →

Enter infusion rate adjustments you might need to make based on patients' tolerability →

VYLOY Dosing and Infusion Rate Calculator

Use this tool to help calculate the appropriate dose of VYLOY (in combination with chemotherapy*) based on an individual patient's body surface area (BSA). This calculator should not replace professional judgment or clinical experience.

The calculator can only accept a maximum body surface area (BSA) of 3.50.
*Fluoropyrimidine- and platinum-containing chemotherapy.

Dosing Calculation

To see the recommended dosage and identify the infusion rates, use the following steps:

- Select patient's dose for the applicable VYLOY infusion
- Enter patient's BSA (BSA value between 1.00 and 3.50)
- Select dosing frequency. Once the dose is calculated, you will be able to select the vial size to be used
- Select the vial size(s) you will be using

Infusion Rate Adjustments

- Select number of steps, input infusion rates, input time intervals

STEP 1

Select patient's dose for the applicable VYLOY infusion

☒ First Infusion
☐ Subsequent Infusion

STEP 2

Enter the patient's BSA (two decimal places)

Patient's BSA (m²):

Enter patient's BSA

STEP 3

Select dosing frequency*

☐ Every two weeks (q400mg/m²)
☐ Every three weeks (q300mg/m²)

[Calculate](#)

BSA=body surface area.
*Select dosing frequency for subsequent infusion only.

Results

VYLOY Dose			
Total Dose	Reconstituted VYLOY Vial	0.9% Sodium Chloride Injection	Total Bag Vol.
1200.00 mg	60 ml	189.00 ml	240.00 ml

Infusion rate (IR)

Initial IR (first 30-60 min)	Subsequent Infusion Rate	Titration IR Max
30.00 mL/hr	Titration IR Min	79.50 (max) mL/hr
	60.00 (min) mL/hr	

STEP 4

Vial quantity

(Select the vial size you will be using.)

Vial Size	Number of Vials
☐ 100 mg	☒ 100 mg vials
☒ 300 mg	☐ 300 mg vials
☐ 100 and 300 mg	

STEP 5

Infusion rate adjustments

Refer to the infusion rate calculation above to input estimated discretionary IR (mL/hr) for each anticipated interval of time (min). For interruptions input 0 mL/hr and length of time infusion stopped for (min) as a step.

No dose reduction for VYLOY is recommended. Adverse reactions for VYLOY are managed by reducing the infusion rate, interruption of the infusion, withholding the dose, and/or permanently discontinuing VYLOY as described in section 2.4 of the [Prescribing Information](#).

Number of Steps

6 Steps

Steps	1	2	3	4	5	6
Infusion Rate (mL/hr)	15	30	45	60	60	60
Time Interval (min)	60	30	30	30	30	50

[Calculate](#)



USE THE CALCULATOR TO HELP YOU DETERMINE PATIENTS' DOSE AND INFUSION RATE.
VYLOYHCP.COM/DOSING-CALCULATOR

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VYLOY administration

Infusion timing¹

Prior to each infusion of VYLOY, premedicate patients with a combination of antiemetics.



**Immediately administer the infusion through an intravenous line.
Do not administer as an IV push or bolus.¹**

If the infusion time exceeds the recommended storage time (6 hours from end of preparation of infusion solution at room temperature or 16 hours from end of preparation of infusion solution under refrigeration), the infusion bag must be discarded and a new infusion bag prepared to continue the infusion.

Infusion line considerations¹

- In-line filters (pore size of 0.2 micron with materials listed in the [Prescribing Information](#)) are recommended to be used during administration
- Do not co-administer other drugs through the same infusion line
- **No incompatibilities** have been observed with closed system transfer devices or central ports composed of certain materials (see [Prescribing Information](#) for more details)

SELECT SAFETY INFORMATION (CONT.)

ADVERSE REACTIONS (CONT.)

SPOTLIGHT Study: 279 patients with locally advanced unresectable or metastatic HER2-negative gastric or GEJ adenocarcinoma whose tumors were CLDN18.2 positive who received at least one dose of VYLOY in combination with mFOLFOX6

Serious adverse reactions occurred in 45% of patients treated with VYLOY in combination with mFOLFOX6; the **most common serious adverse reactions** ($\geq 2\%$) were vomiting (8%), nausea (7%), neutropenia (2.9%), febrile neutropenia (2.9%), diarrhea (2.9%), intestinal obstruction (3.2%), pyrexia (2.5%), pneumonia (2.5%), respiratory failure (2.2%), pulmonary embolism (2.2%), decreased appetite (2.1%) and sepsis (2.0%). **Fatal adverse reactions** occurred in 5% of patients who received VYLOY in combination with mFOLFOX6 including sepsis (1.4%), pneumonia (1.1%), respiratory failure (1.1%), intestinal obstruction (0.7%), acute hepatic failure (0.4%), acute myocardial infarction (0.4%), death (0.4%), disseminated intravascular coagulation (0.4%), encephalopathy (0.4%), and upper gastrointestinal hemorrhage (0.4%). Permanent discontinuation of VYLOY due to an adverse reaction occurred in 20% of patients; the **most common adverse reactions leading to discontinuation** ($\geq 2\%$) were nausea and vomiting. Dosage interruptions of VYLOY due to an adverse reaction occurred in 75% of patients; the **most common adverse reactions leading to dose interruption** ($\geq 5\%$) were nausea, vomiting, neutropenia, abdominal pain, fatigue, and hypertension.

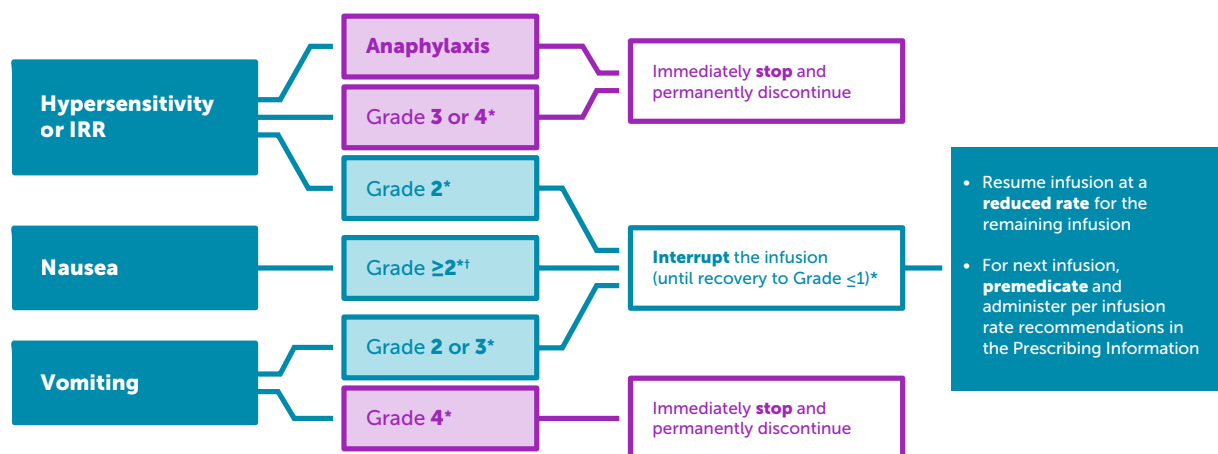
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VYLOY adverse reaction management¹

No dose reduction for VYLOY is recommended. Adverse reactions for VYLOY are managed by reducing the infusion rate, interruption of the infusion, withholding the dose, and/or permanently discontinuing VYLOY as described in the table below.

INFUSION MODIFICATIONS FOR VYLOY-RELATED ADVERSE REACTIONS MANAGEMENT, INCLUDING NAUSEA AND VOMITING



Grade 1: mild;

Grade 2: moderate;

Grade 3: severe or medically significant but not immediately life-threatening;

Grade 4: life-threatening consequences.^{6*}

*Toxicity was graded per NCI CTCAE v5.0. Per NCI CTCAE v5.0, grade refers to the severity of the adverse reactions.¹

¹NCI CTCAE v5.0 does not list Grade 4 nausea.⁶

IRR=infusion-related reactions; NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events.

SELECT SAFETY INFORMATION (CONT.)

ADVERSE REACTIONS (CONT.)

GLOW Study: 254 patients with locally advanced unresectable or metastatic HER2-negative gastric or GEJ adenocarcinoma whose tumors were CLDN18.2 positive who received at least one dose of VYLOY in combination with CAPOX

Serious adverse reactions occurred in 47% of patients treated with VYLOY in combination with CAPOX; the **most common serious adverse reactions** ($\geq 2\%$) were vomiting (6%), nausea (4.3%), decreased appetite (3.9%), decreased platelet count (3.1%), upper gastrointestinal hemorrhage (2.8%), diarrhea (2.8%), pneumonia (2.4%), pulmonary embolism (2.3%), and pyrexia (2.0%). **Fatal adverse reactions** occurred in 8% of patients who received VYLOY in combination with CAPOX including sepsis (1.2%), pneumonia (0.4%), death (0.8%), upper gastrointestinal hemorrhage (0.8%), cerebral hemorrhage (0.8%), abdominal infection (0.4%), acute respiratory distress syndrome (0.4%), cardio-respiratory arrest (0.4%), decreased platelet count (0.4%), disseminated intravascular coagulation (0.4%), dyspnea (0.4%), gastric perforation (0.4%), hemorrhagic ascites (0.4%), procedural complication (0.4%), sudden death (0.4%), and syncope (0.4%). Permanent discontinuation of VYLOY due to an adverse reaction occurred in 19% of patients; the **most common adverse reaction leading to discontinuation** ($\geq 2\%$) was vomiting. Dosage interruption of VYLOY due to an adverse reaction occurred in 55% of patients; the **most common adverse reactions leading to dose interruption** ($\geq 2\%$) were nausea, vomiting, neutropenia, thrombocytopenia, anemia, fatigue, infusion-related reaction, and abdominal pain.

Post Marketing Experience: Gastrointestinal disorders: gastritis, protein-losing gastroenteropathy adverse reactions have been identified during post-approval use of VYLOY. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

SPECIFIC POPULATIONS

Lactation Advise lactating women not to breastfeed during treatment with VYLOY and for 8 months after the last dose.

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03 Adverse Reactions (ARs) in SPOTLIGHT

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Recognizing the possible **adverse reactions**¹

Adverse reactions in the SPOTLIGHT trial

ADVERSE REACTIONS REPORTED IN ≥15% OF PATIENTS TREATED WITH VYLOY WITH A DIFFERENCE BETWEEN ARMS OF ≥5% COMPARED TO PLACEBO¹

ADVERSE REACTION		VYLOY with mFOLFOX6 (n=279)		PLACEBO with mFOLFOX6 (n=278)	
		All Grades (%)	Grade 3-4 (%)	All Grades (%)	Grade 3-4 (%)
Gastrointestinal disorders	Nausea	82	16	61	7
	Vomiting	67	16	36	6
Metabolism and nutrition disorders	Decreased appetite	47	6	34	3.2
General disorders and administration site conditions	Peripheral edema	18	0.7	9	0

Median duration of exposure to VYLOY in combination with mFOLFOX6 was 6.2 months (range: 1 day to 40.9 months).

See [page 12](#) for details on infusion rate adjustments for adverse reaction management.

See [page 22](#) for GLOW trial-specific adverse reactions.

SELECT SAFETY INFORMATION

ADVERSE REACTIONS

Most common adverse reactions (≥15%): Nausea, vomiting, fatigue, decreased appetite, diarrhea, peripheral sensory neuropathy, abdominal pain, constipation, decreased weight, hypersensitivity reactions, and pyrexia.

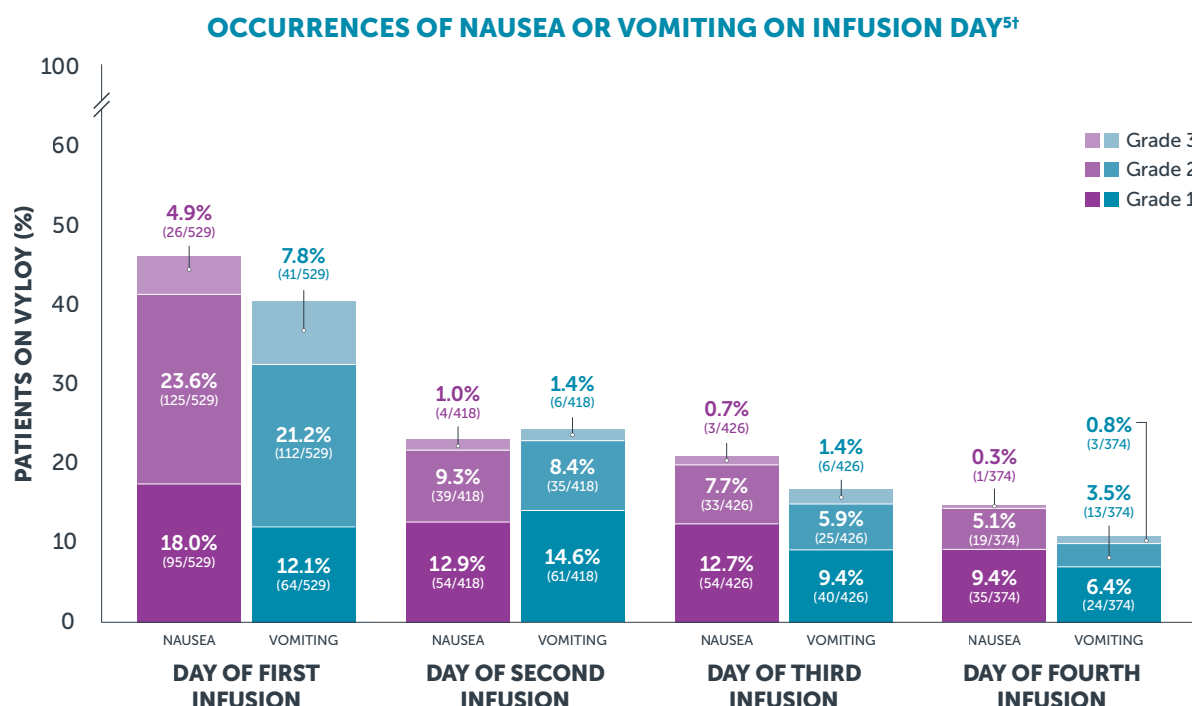
Most common laboratory abnormalities (≥15%): Decreased neutrophil count, decreased leucocyte count, decreased albumin, increased creatinine, decreased hemoglobin, increased glucose, decreased lymphocyte count, increased aspartate aminotransferase, decreased platelets, increased alkaline phosphatase, increased alanine aminotransferase, decreased glucose, decreased sodium, decreased phosphate, decreased potassium, and decreased magnesium.

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Nausea/vomiting occurred more often during the first cycle of treatment^{1,5}

Nausea/vomiting occurs early in the first infusion, with the median onset within the first hour* after starting the VYLOY infusion⁵



- On the day of the first 4 infusions, nausea/vomiting was predominantly Grade 1-2 with VYLOY + chemotherapy⁵
- On infusion day 2, ~1% of patients experienced Grade 3 nausea/vomiting⁵

[†]Safety results, including ad hoc assessments of incidence, timing, and management of nausea/vomiting, are descriptive and observational in nature. These analyses do not control for potential confounders (e.g., antiemetic regimen selection, steroid use, infusion modifications) and therefore should not be interpreted as demonstrating causality or comparative effectiveness.⁵

*Median time to the first occurrence of nausea/vomiting on cycle 1, day 1 was 50.5 minutes after the start of the first infusion (range 0-371 minutes, n=90). Median time to onset was evaluated among patients who experienced nausea/vomiting and for whom time-of-onset data were available.⁵

SELECT SAFETY INFORMATION

SELECT WARNINGS AND PRECAUTIONS

Severe Nausea and Vomiting. VYLOY is emetogenic. Nausea and vomiting occurred more often during the first cycle of treatment. **All grade nausea and vomiting** occurred in 82% and 67% respectively of patients treated with VYLOY in combination with mFOLFOX6 and 69% and 66% in combination with CAPOX, respectively. **Severe (Grade 3) nausea** occurred in 16% and 9% of patients treated with VYLOY in combination with mFOLFOX6 or CAPOX respectively. **Severe (Grade 3) vomiting** occurred in 16% and 12% of patients treated with VYLOY in combination with mFOLFOX6 or CAPOX. Nausea led to permanent discontinuation of VYLOY in combination with mFOLFOX6 or CAPOX in 18 (3.4%) patients and dose interruption in 147 (28%) patients. Vomiting led to permanent discontinuation of VYLOY in combination with mFOLFOX6 or CAPOX in 20 (3.8%) patients and dose interruption in 150 (28%) patients. Pretreat with antiemetics prior to each infusion of VYLOY. Manage patients during and after infusion with antiemetics or fluid replacement. Interrupt the infusion, or permanently discontinue VYLOY based on severity.

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Mitigating nausea and vomiting starts **before the infusion begins**¹

Proactive strategies to manage nausea/vomiting are critical^{1,5}

NCCN
HIGHLY
EMETOGENIC
CLASSIFICATION

National Comprehensive Cancer Network® (NCCN®)

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis classify zolbetuximab-clzb (VYLOY) as highly emetogenic* and recommend using a **preferred 4-drug antiemetic regimen that includes a steroid**⁷

Strategies to manage nausea/vomiting are consistent with the 4-drug NCCN recommendation that includes a steroid.^{5†‡}



Premedicating with a 3-drug antiemetic regimen resulted in lower incidences of nausea and vomiting^{5§}

- 3-drug regimen: 60.8% (59/97) no nausea; 75.3% (73/97) no vomiting
- 2-drug regimen: 51.4% (144/280) no nausea; 58.9% (165/280) no vomiting



Including steroids in the prophylactic antiemetic regimen led to less nausea and vomiting^{5§}

- With steroids at first infusion: 57.9% (110/190) no nausea; 63.7% (121/190) no vomiting
- Without steroids: 49.7% (93/187) no nausea; 62.6% (117/187) no vomiting

Per the VYLOY USPI, there are no contraindications including with other medications.^{1¶}



Slower infusion rates and/or infusion interruptions can be additional prevention and mitigation techniques in the management of nausea and vomiting.¹

*High emetogenic risk defined as >90% frequency of emesis, which is the proportion of patients who experience emesis in the absence of effective antiemetic prophylaxis.⁷

[†]The analysis focused on the most common antiemetic combinations, potentially excluding less common antiemetic premedication combinations. Given that some datasets required manual enumeration, it is possible that errors in counting may have occurred.⁵

[‡]Safety results, including ad hoc assessments of incidence, timing, and management of nausea/vomiting, are descriptive and observational in nature. These analyses do not control for potential confounders (e.g., antiemetic regimen selection, steroid use, infusion modifications) and therefore should not be interpreted as demonstrating causality or comparative effectiveness.⁵

[§]These ad hoc data are not generalizable and cannot be used to predict adverse event outcomes.⁵

[¶]Prior to the first zolbetuximab infusion, 44.4% (124/279) of patients in SPOTLIGHT and 33.6% (85/253) of patients in GLOW received steroids as prophylactic medication.⁵

5-HT3=5-hydroxytryptamine 3; NK-1=neurokinin-1.

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Managing nausea and vomiting

During/after infusion¹

Manage patients with antiemetics or fluid replacement. Interrupt the infusion, or permanently discontinue VYLOY based on severity (see [Prescribing Information](#) for more details).

Advice on antiemetics¹



Get prescription approval

so that antiemetics are readily available (during infusion and at home).



Remind patients

to take antiemetics on time as prescribed.



Remind patients

to refill their antiemetic prescriptions.

Tips to help support patients on infusion day⁸

It may help to share the following tips that have helped other patients receiving treatment:

- Keep a treatment journal
- Stay hydrated
- Work with a healthcare team for good nutrition
- Focus on the positives by surrounding themselves with people and things they love
- Take a walk or sit outside to get some fresh air

For additional information to share with patients, visit the National Comprehensive Cancer Network (NCCN[®]) website ([nccn.org/patientguidelines](https://www.nccn.org/patientguidelines)) and the American Cancer Society ([cancer.org](https://www.cancer.org)).



Remind patients to tell their healthcare provider about all the medicines they take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.¹

This information is for informational purposes only and is not meant to replace the advice of a healthcare professional.

NCCN=National Comprehensive Cancer Network[®] (NCCN[®]).

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for injection 100mg and 300mg vials

04 Storage and Handling

**Please see Important Safety Information, continued throughout and on pages 21-22,
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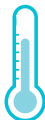

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Storage times for a prepared infusion bag¹

The following times include the administration period



Stored under refrigeration at 2°C to 8°C (36°F to 46°F) for no longer than 16 hours from the end of the preparation of the infusion bag to the completion of the infusion. Do not freeze.



Stored at room temperature at 15°C to 30°C (59°F to 86°F) for no longer than 6 hours from the end of the infusion bag preparation to the completion of the infusion.



Discard prepared infusion bags beyond the recommended storage time.

Storage of supplied vials¹

Store VYLOY vials refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton. Do not freeze. Do not shake.

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05 Important Safety Information

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IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity reactions, including serious anaphylaxis reactions, and serious and fatal infusion-related reactions (IRR) have been reported in clinical studies when VYLOY has been administered. **Any grade hypersensitivity reactions**, including anaphylactic reactions, occurring with VYLOY in combination with mFOLFOX6 or CAPOX was 18%. **Severe (Grade 3 or 4) hypersensitivity reactions**, including anaphylactic reactions, occurred in 2% of patients. Seven patients (1.3%) permanently discontinued VYLOY for hypersensitivity reactions, including two patients (0.4%) who permanently discontinued VYLOY due to anaphylactic reactions. Seventeen (3.2%) patients required dose interruption, and three patients (0.6%) required infusion rate reduction due to hypersensitivity reactions. **All grade IRRs** occurred in 3.2% in patients administered VYLOY in combination with mFOLFOX6 or CAPOX. Severe (Grade 3) IRRs occurred in 2 (0.4%) patients who received VYLOY. An IRR led to permanent discontinuation of VYLOY in 2 (0.4%) patients and dose interruption in 7 (1.3%) patients. The infusion rate was reduced for VYLOY for 2 (0.4%) patients due to an IRR. Monitor patients during infusion with VYLOY and for 2 hours after completion of infusion or longer if clinically indicated, for hypersensitivity reactions with symptoms and signs that are highly suggestive of anaphylaxis (urticaria, repetitive cough, wheeze and throat tightness/change in voice). Monitor patients for signs and symptoms of IRRs including nausea, vomiting, abdominal pain, salivary hypersecretion, pyrexia, chest discomfort, chills, back pain, cough and hypertension. If a severe or life-threatening hypersensitivity or IRR reaction occurs, discontinue VYLOY permanently, treat symptoms according to standard medical care, and monitor until symptoms resolve. For any Grade 2 hypersensitivity or IRR, interrupt the VYLOY infusion until Grade ≤ 1 , then resume at a reduced infusion rate for the remaining infusion. Follow Grade 2 management for Grade 3 infusion-related nausea and vomiting. Premedicate the patient with antihistamines for the subsequent infusions, and closely monitor the patient for symptoms and signs of a hypersensitivity reaction. The infusion rate may be gradually increased as tolerated.

Severe Nausea and Vomiting. VYLOY is emetogenic. Nausea and vomiting occurred more often during the first cycle of treatment. **All grade nausea and vomiting** occurred in 82% and 67% respectively of patients treated with VYLOY in combination with mFOLFOX6 and 69% and 66% in combination with CAPOX, respectively. **Severe (Grade 3) nausea** occurred in 16% and 9% of patients treated with VYLOY in combination with mFOLFOX6 or CAPOX respectively. **Severe (Grade 3) vomiting** occurred in 16% and 12% of patients treated with VYLOY in combination with mFOLFOX6 or CAPOX. Nausea led to permanent discontinuation of VYLOY in combination with mFOLFOX6 or CAPOX in 18 (3.4%) patients and dose interruption in 147 (28%) patients. Vomiting led to permanent discontinuation of VYLOY in combination with mFOLFOX6 or CAPOX in 20 (3.8%) patients and dose interruption in 150 (28%) patients. Pretreat with antiemetics prior to each infusion of VYLOY. Manage patients during and after infusion with antiemetics or fluid replacement. Interrupt the infusion, or permanently discontinue VYLOY based on severity.

ADVERSE REACTIONS

Most common adverse reactions ($\geq 15\%$): Nausea, vomiting, fatigue, decreased appetite, diarrhea, peripheral sensory neuropathy, abdominal pain, constipation, decreased weight, hypersensitivity reactions, and pyrexia.

Most common laboratory abnormalities ($\geq 15\%$): Decreased neutrophil count, decreased leucocyte count, decreased albumin, increased creatinine, decreased hemoglobin, increased glucose, decreased lymphocyte count, increased aspartate aminotransferase, decreased platelets, increased alkaline phosphatase, increased alanine aminotransferase, decreased glucose, decreased sodium, decreased phosphate, decreased potassium, and decreased magnesium.

SPOTLIGHT Study: 279 patients with locally advanced unresectable or metastatic HER2-negative gastric or GEJ adenocarcinoma whose tumors were CLDN18.2 positive who received at least one dose of VYLOY in combination with mFOLFOX6

Serious adverse reactions occurred in 45% of patients treated with VYLOY in combination with mFOLFOX6; the **most common serious adverse reactions** ($\geq 2\%$) were vomiting (8%), nausea (7%), neutropenia (2.9%), febrile neutropenia (2.9%), diarrhea (2.9%), intestinal obstruction (3.2%), pyrexia (2.5%), pneumonia (2.5%), respiratory failure (2.2%), pulmonary embolism (2.2%), decreased appetite (2.1%) and sepsis (2.0%). **Fatal adverse reactions** occurred in 5% of patients who received VYLOY in combination with mFOLFOX6 including sepsis (1.4%), pneumonia (1.1%), respiratory failure (1.1%), intestinal obstruction (0.7%), acute hepatic failure (0.4%), acute myocardial infarction (0.4%), death (0.4%), disseminated intravascular coagulation (0.4%), encephalopathy (0.4%), and upper gastrointestinal hemorrhage (0.4%). Permanent discontinuation of VYLOY due to an adverse reaction occurred in 20% of patients; the **most common adverse reactions leading to discontinuation** ($\geq 2\%$) were nausea and vomiting. Dosage interruptions of VYLOY due to an adverse reaction occurred in 75% of patients; the **most common adverse reactions leading to dose interruption** ($\geq 5\%$) were nausea, vomiting, neutropenia, abdominal pain, fatigue, and hypertension.

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IMPORTANT SAFETY INFORMATION (CONT.)

ADVERSE REACTIONS (CONT.)

GLOW Study: 254 patients with locally advanced unresectable or metastatic HER2-negative gastric or GEJ adenocarcinoma whose tumors were CLDN18.2 positive who received at least one dose of VYLOY in combination with CAPOX

Serious adverse reactions occurred in 47% of patients treated with VYLOY in combination with CAPOX; the **most common serious adverse reactions** ($\geq 2\%$) were vomiting (6%), nausea (4.3%), decreased appetite (3.9%), decreased platelet count (3.1%), upper gastrointestinal hemorrhage (2.8%), diarrhea (2.8%), pneumonia (2.4%), pulmonary embolism (2.3%), and pyrexia (2.0%).

Fatal adverse reactions occurred in 8% of patients who received VYLOY in combination with CAPOX including sepsis (1.2%), pneumonia (0.4%), death (0.8%), upper gastrointestinal hemorrhage (0.8%), cerebral hemorrhage (0.8%), abdominal infection (0.4%), acute respiratory distress syndrome (0.4%), cardio-respiratory arrest (0.4%), decreased platelet count (0.4%), disseminated intravascular coagulation (0.4%), dyspnea (0.4%), gastric perforation (0.4%), hemorrhagic ascites (0.4%), procedural complication (0.4%), sudden death (0.4%), and syncope (0.4%). Permanent discontinuation of VYLOY due to an adverse reaction occurred in 19% of patients; the **most common adverse reaction leading to discontinuation** ($\geq 2\%$) was vomiting. Dosage interruption of VYLOY due to an adverse reaction occurred in 55% of patients; the **most common adverse reactions leading to dose interruption** ($\geq 2\%$) were nausea, vomiting, neutropenia, thrombocytopenia, anemia, fatigue, infusion-related reaction, and abdominal pain.

Post Marketing Experience: Gastrointestinal disorders: gastritis, protein-losing gastroenteropathy adverse reactions have been identified during post-approval use of VYLOY. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

SPECIFIC POPULATIONS

Lactation Advise lactating women not to breastfeed during treatment with VYLOY and for 8 months after the last dose.

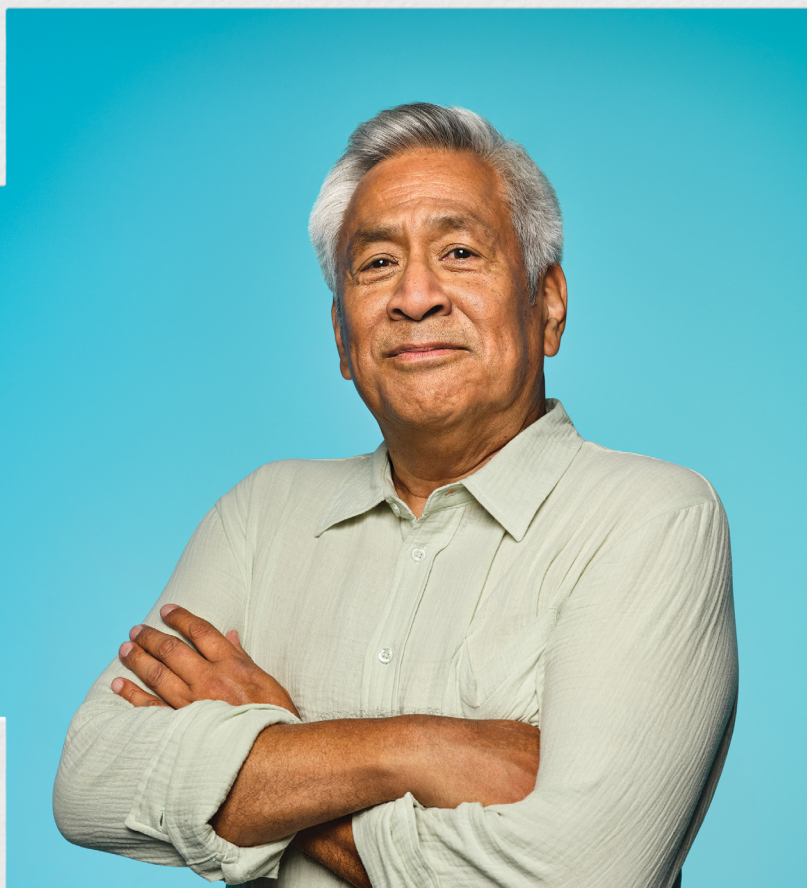
Please see full Prescribing Information.

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7. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis V.2.2026. © National Comprehensive Cancer Network, Inc. 2026. All rights reserved. Accessed July 29, 2026. To view the most recent and complete version of the guideline, go online to [NCCN.org](https://www.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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Claudin 18.2+

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