LUMAKRAS™ is indicated for the treatment of adult patients with *KRAS G12C*-mutated locally advanced or metastatic non-small cell lung cancer, as determined by an FDA-approved test, who have received at least one prior systemic therapy.

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).

ONCE-DAILY ORAL

LUMAKRAS™

(sotorasib) 120 mg tablets

Now Approved

LUMAKRAS™ is a first-in-class, highly selective* $KRAS^{G12C}$ inhibitor designed for patients with locally advanced metastatic NSCLC[1]

Approximately 5,000 NSCLC *KRAS G12C* patients progress to 2L therapy annually[2]

Guidelines recommend testing for *KRAS G12C* at diagnosis in all advanced NSCLC patients[3]

KRAS G12C is already included in numerous NGS panels and can be detected by currently available single gene *KRAS* tests[4]

The *KRAS G12C* driver mutation is now actionable[1]

LUMAKRAS™ is an oral targeted therapy that has demonstrated efficacy in the CodeBreaK 100 trial[1]

Objective response rate[1,5,†]	Stable disease[5]	Disease control rate[5]	Median duration of response[1,†]
36%	**44%**	**81%**	**10 months**
n=45 (95% CI: 28-45)	n=55	n=100 (95% CI: 73-87)	(1.3+, 11.1)
2% CR (n=2) | **35% PR** (n=43)		Disease control rate = CR + PR + stable disease	58%‡ of patients responded for ≥ 6 months[1]

CodeBreaK 100 was a single-arm, open-label, global, multicenter clinical trial with the Phase 2 portion evaluating LUMAKRAS™ in 126 patients with locally advanced or metastatic *KRAS G12C*-mutated NSCLC who progressed on prior therapy. Major efficacy outcomes in patients with ≥1 measurable lesions (BICR according to RECIST v1.1; n=124) were objective response rate, and duration of response.[1,5]

Important Considerations

- CodeBreaK 100 was a phase 2, single-arm, open-label, global, multicenter clinical trial.
- LUMAKRAS™ is approved under accelerated approval based on overall response rate (ORR) and duration of response.
- Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

*Cysteine proteome analysis of 6,451 peptides showed sotorasib only covalently engages with Cys12 of $KRAS^{G12C}$. Preclinical studies in 22 cell lines and xenograft models demonstrated that sotorasib does not inhibit *KRAS* wild-type or non-*KRAS G12C* lines/tumors

+ symbol indicates censoring; †As determined by BICR according to RECIST v1.1[1]; ‡Observed proportion of patients with duration of response beyond landmark time

BICR = blinded independent central review; CI = confidence interval; CR = complete response; FDA = Food and Drug Administration; *KRAS* = Kirsten rat sarcoma viral oncogene homolog; NGS = next generation sequencing; NSCLC = non-small cell lung cancer; PR = partial response; RECIST = Response Evaluation Criteria in Solid Tumors

Important Safety Information:

Hepatotoxicity

- LUMAKRAS™ can cause hepatotoxicity, which may lead to drug-induced liver injury and hepatitis.
- Among 357 patients who received LUMAKRAS™ in CodeBreaK 100, hepatotoxicity occurred in 1.7% (all grades) and 1.4% (Grade 3). A total of 18% of patients who received LUMAKRAS™ had increased alanine aminotransferase (ALT)/increased aspartate aminotransferase (AST); 6% were Grade 3 and 0.6% were Grade 4. In addition to dose interruption or reduction, 5% of patients received corticosteroids for the treatment of hepatotoxicity.
- Monitor liver function tests (ALT, AST, and total bilirubin) prior to the start of LUMAKRAS™, every 3 weeks for the first 3 months of treatment, then once a month or as clinically indicated, with more frequent testing in patients who develop transaminase and/or bilirubin elevations.
- Withhold, dose reduce or permanently discontinue LUMAKRAS™ based on severity of adverse reaction.

Please see additional Important Safety Information on page 2.

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- Withhold, dose reduce or permanently discontinue LUMAKRAS™ based on severity of adverse reaction.

Interstitial Lung Disease (ILD)/Pneumonitis

- LUMAKRAS can cause ILD/pneumonitis that can be fatal. Among 357 patients who received LUMAKRAS™ in CodeBreaK 100 ILD/pneumonitis occurred in 0.8% of patients, all cases were Grade 3 or 4 at onset, and 1 case was fatal. LUMAKRAS™ was discontinued due to ILD/pneumonitis in 0.6% of patients.
- Monitor patients for new or worsening pulmonary symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever). Immediately withhold LUMAKRAS™ in patients with suspected ILD/pneumonitis and permanently discontinue LUMAKRAS™ if no other potential causes of ILD/pneumonitis are identified.

Most common adverse reactions

- The most common adverse reactions ≥ 20% were diarrhea, musculoskeletal pain, nausea, fatigue, hepatotoxicity, and cough.

Drug interactions

- Advise patients to inform their healthcare provider of all concomitant medications, including prescription medicines, over-the-counter drugs, vitamins, dietary and herbal products.
- Inform patients to avoid proton pump inhibitors and H_2 receptor antagonists while taking LUMAKRAS™.
- If coadministration with an acid-reducing agent cannot be avoided, inform patients to take LUMAKRAS™ 4 hours before or 10 hours after a locally acting antacid.

Please see accompanying LUMAKRAS™ full Prescribing Information.

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REFERENCES

1. LUMAKRAS™ (sotorasib) prescribing information, Amgen; **2.** Data on file, Amgen; 2020; **3.** Lindeman NI, et al. *J Thorac Oncol*. 2018;13:323-358; **4.** Sherwood JL, et al. *ESMO Open*. 2017;2:e000235. **5.** Sotorasib CSR. Amgen; 2021.