Dear patient,

Your LUMAKRAS medication may now be dispensed by:

LUMAKRAS® (sotorasib) 120 mg tablets 320 mg tablets

Specialty Pharmacy: _____ .

Phone #: _____

A member of the specialty pharmacy staff will call you to provide more details about your medication. Should you need to contact the specialty pharmacy, their contact information is listed above.

Should you have any questions for our office, please use the contact information below:

Office Name: _____

Point of Contact: _____

Phone #: _____

Please see the next page for full Indication and Important Safety Information.

Click here for full Prescribing Information.

The information on this website is reported by independent third-party specialty pharmacies. It is not comprehensive of all sites that handle the therapies listed and Amgen does not confirm accuracy or otherwise endorse any specialty pharmacies.

AMGEN®

© 2023 Amgen Inc.
All rights reserved. USA-OCF-82126 02/23

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

LUMAKRAS® is indicated for the treatment of adult patients with *KRAS* G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), 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 (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).

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.

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 (eg, 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 full Prescribing Information.

AMGEN®

© 2023 Amgen Inc.
All rights reserved. USA-OCF-82126 02/23

LUMAKRAS® (sotorasib) 120 mg tablets 320 mg tablets