RASONQUE™
(daraxonrasib) tablets 100 mg 150 mg

# Dermatologic Reactions Management Guide

## INDICATION

RASONQUE is indicated for the treatment of adult patients with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy or who are not candidates for multiagent systemic therapy.

## SELECT IMPORTANT SAFETY INFORMATION

RASONQUE is associated with the following **Warnings and Precautions:** Dermatologic and Soft Tissue Toxicity, Stomatitis and Oral Disorders, Diarrhea, Gastrointestinal Perforation, Interstitial Lung Disease (ILD)/Pneumonitis, and Embryo-Fetal Toxicity.

Serious adverse reactions occurred in 30% of patients treated with RASONQUE. Serious adverse reactions occurring in ≥ 2% of patients treated with RASONQUE were diarrhea (3.7%), pyrexia (3.3%), sepsis (2.9%), fatigue (2.1%), and hemorrhage (2.1%).

The most common (≥ 20%) adverse reactions in patients treated with RASONQUE were rash, diarrhea, stomatitis, nausea, fatigue, vomiting, abdominal pain, edema, decreased appetite, and hemorrhage.

**Please see additional Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Introduction

Managing adverse reactions (ARs) is key to your patient's treatment experience with RASONQUE. Dermatologic reactions are common with RASONQUE, but proper prophylaxis and management can help your patients.[1]

**This guide provides information specifically about dermatologic reactions associated with RASONQUE and how to manage them. It includes the following information:**

- A characterization of the dermatologic reactions seen in RASolute 302
  - RASolute 302 was a global, randomized, head-to-head, open-label, Phase 3 trial evaluating the efficacy and safety of RASONQUE monotherapy vs SOC combination chemotherapy in adult patients with metastatic pancreatic adenocarcinoma who had received at least 1 prior systemic therapy[1,2]
- Descriptions and images of common types of dermatologic reactions
- Education on prophylaxis and management
- Suggestions for engaging with your patients around dermatologic reactions

**Proactive discussions about dermatologic reaction management are important throughout your patient's treatment with RASONQUE[1]**

SOC=standard of care.

# Prophylaxis and management summary

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

## When initiating RASONQUE and throughout treatment, prophylactic and concomitant medications are recommended to reduce the risk of dermatologic reactions[1]

### PROPHYLAXIS RECOMMENDATIONS[1,3-5]

- **Topical corticosteroids:** eg, hydrocortisone 2.5% BID for face and/or triamcinolone 0.1% BID for chest
- **Fragrance-free, emollient moisturizing cream**
- **Sunscreen** (SPF ≥30) applied ≥30 minutes before sun exposure. Advise patients to reapply every 2 hours and to avoid direct sun exposure
- **Consider oral antibiotics:** eg, doxycycline 100 mg BID or minocycline 50 mg BID initiated prior to the first dose of RASONQUE and as clinically indicated throughout treatment

### RECOMMENDATIONS FOR MANAGEMENT[1,3,4]

| GRADE | ACTION | CONSIDERATION |
|---|---|---|
| **Grade 1** or **pruritus** | • Continue dermatologic medication regimen<br>• Initiate supportive measures, as necessary<br>• Continue RASONQUE treatment at same dose | • Optimize for scalp involvement, as clinically indicated (eg, betamethasone dipropionate 0.05% lotion BID or fluocinolone 0.01% oil BID) |
| **Grade 2** or pruritus **+ pain*** | • Continue dermatologic medication regimen<br>• Consider withholding RASONQUE until recovery to ≤ Grade 1<br>• Initiate supportive measures, as necessary<br>• Resume RASONQUE at the same dose level or the next lower dose level | • Optimize for scalp involvement, as clinically indicated (see above)<br>• Topical corticosteroids, as clinically indicated (eg, triamcinolone 0.1% cream or ointment for face for 2 weeks) |
| **Grade 3** or pruritus + pain* **+ bleeding** | • Continue dermatologic medication regimen<br>• Withhold RASONQUE until recovery to ≤ Grade 1<br>• Initiate supportive measures, as necessary<br>• Resume RASONQUE at the next lower dose level | • Optimize for scalp involvement, as clinically indicated (see above)<br>• Topical corticosteroids, as clinically indicated (eg, triamcinolone 0.1% cream or ointment for face for 2 weeks)<br>• Systemic corticosteroids, as clinically indicated (eg, oral prednisone taper: 40 mg x 5 days, 20 mg x 5 days, 10 mg x 5 days)<br>• Dermatology consultation |
| **Grade 4** or **life-threatening consequences** | **Permanently discontinue RASONQUE treatment** | |

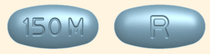
Refer to NCI CTCAE for grading scale.

*Pain may be secondary to dry, inflamed skin, which may be cracked or secondary to deep-set nodules.[4]
BID=twice a day; NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events; SPF=sun protection factor.

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

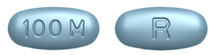
# RASONQUE: Oral, once-daily dosing[1]

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

| | DOSE | SCHEDULE |
|---|---|---|
| **RECOMMENDED DOSAGE** | **300 MG**<br>(two 150-mg tablets)<br>  | **ORALLY, ONCE DAILY** |

Tablets not actual size.

## DOSE MODIFICATION FOR ARs[1]

| | DOSE | SCHEDULE |
|---|---|---|
| **FIRST REDUCTION**<br>Note: The tablet strength is reduced to 100 mg, but administration remains 2 tablets per day. | **200 MG**<br>(two 100-mg tablets)<br>  | **ORALLY, ONCE DAILY** |
| **SECOND REDUCTION**<br>Note: The tablet strength is increased to 150 mg, and the administration is reduced to 1 tablet per day. | **150 MG**<br>(one 150-mg tablet)<br>  | **ORALLY, ONCE DAILY** |

Treat until disease progression or unacceptable toxicity.[1]

Tablets not actual size.

## RASONQUE administration[1]

- **RASONQUE can be taken with or without food.** Tablets should be swallowed whole. They should not be chewed, crushed, or split
- RASONQUE should be taken at the same time each day
  - If a dose is missed for more than 4 hours, skip the missed dose, and take the next dose at the next regularly scheduled time
  - If vomiting occurs after taking the dose, do not take an additional dose. Resume dosing at the next regularly scheduled time
- RASONQUE is available as 150-mg and 100-mg tablets

## The majority of TRAEs were managed with dose interruptions rather than dose reductions[2]

TRAEs=treatment-related adverse events.

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Dermatologic reactions

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

### Monitoring and onset in RASolute 302*

- Safety assessments for patients receiving RASONQUE were performed every 2 weeks and as clinically indicated[3]

### Profile

- Rash is a common, expected side effect that was seen in patients treated with RASONQUE from the RASolute 302 trial[1]
  - The majority of cases were Grade 1 or Grade 2 in severity
- It is typically an acneiform rash[4]
- In clinical trials of patients with pancreatic adenocarinoma[1†]:
  - Median time to first onset of dermatologic toxicity was 13 days (range: 1 to 106 days)
  - Median time to improvement of dermatologic toxicity from Grade 3 to Grade 1 or resolution was 16 days (range: 8 to 218 days)

### Rash of any grade occurred in 87% of patients who received RASONQUE in RASolute 302[1‡]

| Dermatologic reactions occurring in ≥10% of patients who received RASONQUE in RASolute 302[1] | | |
|---|---|---|
| | GRADES 1 OR 2 | GRADES 3 OR 4 |
| Rash[§] | 74% | 13% |
| Dry skin | 14% | 0% |
| Pruritus | 10.6% | 0.4% |

### Dose interruptions, modifications, and permanent discontinuations in patients who received RASONQUE in RASolute 302[1]

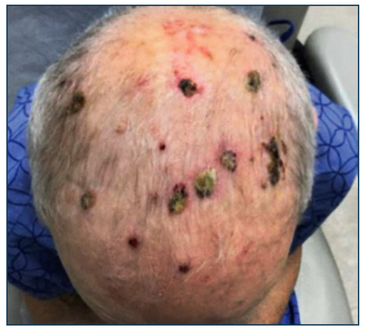
- Dose interruptions in ≥5% of patients: 27% due to rash
- Dose reductions in ≥5% of patients: 18% due to rash
- Permanent discontinuations in 2.9% of patients: 0.8% due to rash

*Prophylaxis for dermatologic reactions was recommended but not required in RASolute 302.[3]
†The pooled safety population of RASONQUE reflects exposure to RASONQUE 300 mg once daily in 241 patients with pancreatic adenocarcinoma enrolled in RASolute 302 and 184 patients with pancreatic adenocarcinoma enrolled in the open-label trial RMC-6236-001.[1]
‡Graded per NCI CTCAE Version 5.0.[1]
§Includes multiple related terms.[1]

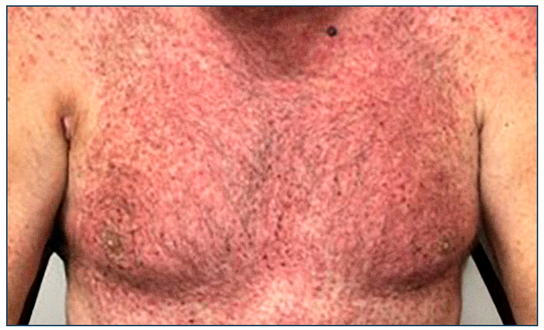
**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Dermatologic reactions seen in RASolute 302

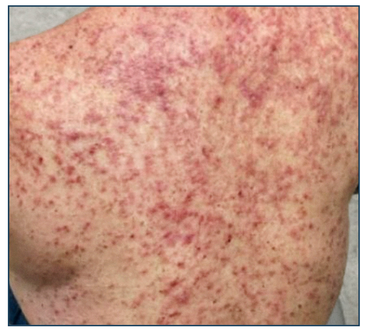




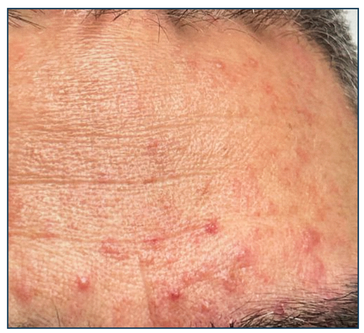
Maculo-papular rash



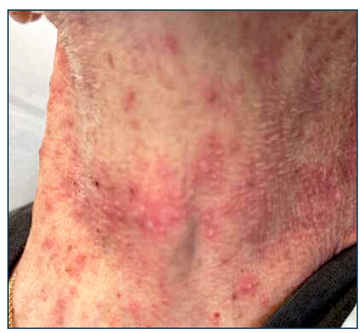
Maculo-papular rash



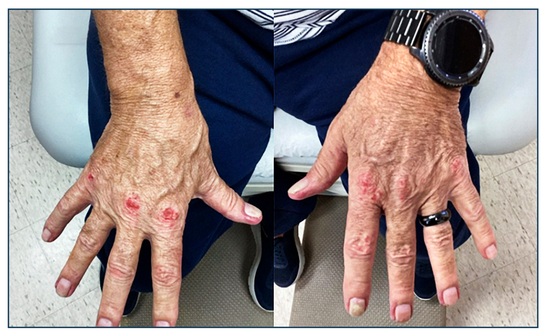
Maculo-papular rash



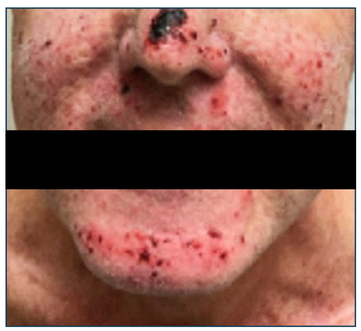
Acneiform eruption



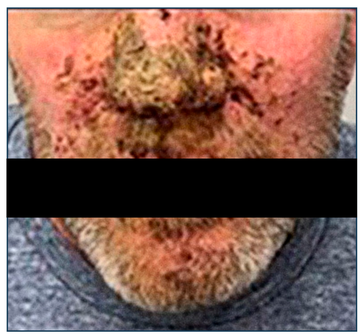
Acneiform eruption



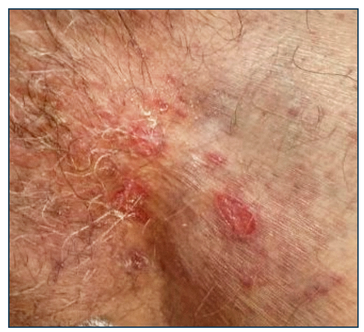
Purpura



Purpura with hemorrhaging



Skin ulceration



Skin ulceration with hypergranulation tissue

# Dermatologic grading system as used in RASolute 302[1,6]*

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

| CTCAE TERM | GRADE 1 | GRADE 2 | GRADE 3 | GRADE 4 |
|---|---|---|---|---|
| **Pruritus:** Intense itching sensation | Mild or localized; topical indicated | Widespread and intermittent; skin changes from scratching (eg, edema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL | Widespread and constant; limiting self-care ADL or sleep; systemic corticosteroid or immunosuppressive therapy indicated | |
| **Purpura:** Hemorrhagic areas of the skin and mucous membrane | Combined area of lesions covering **<10% BSA** | Combined area of lesions covering **10%-30% BSA**; bleeding with trauma | Combined area of lesions covering **>30% BSA**; spontaneous bleeding | |
| **Rash acneiform:** An eruption of papules and pustules, typically appearing in face, scalp, upper chest, and back | Papules and/or pustules covering **<10% BSA**, which may or may not be associated with symptoms of pruritus or tenderness | Papules and/or pustules covering **10%-30% BSA**, which may or may not be associated with symptoms of pruritus or tenderness; associated with psychosocial impact; limiting instrumental ADL; papules and/or pustules covering **>30% BSA** with or without mild symptoms | Papules and/or pustules covering **>30% BSA** with moderate or severe symptoms; limiting self-care ADL; associated with local superinfection with oral antibiotics indicated | Life-threatening consequences; papules and/or pustules covering **any % BSA**, which may or may not be associated with symptoms of pruritus or tenderness and are associated with extensive superinfection with IV antibiotics indicated |
| **Rash maculo-papular:** The presence of macules (flat) and papules (elevated). Also known as morbilliform rash | Macules/papules covering **<10% BSA** with or without symptoms (eg, pruritus, burning, tightness) | Macules/papules covering **10%-30% BSA** with or without symptoms (eg, pruritus, burning, tightness); limiting instrumental ADL; rash covering **>30% BSA** with or without mild symptoms | Macules/papules covering **>30% BSA** with moderate or severe symptoms; limiting self-care ADL | |

*Graded per NCI CTCAE Version 5.0[1]
ADL=activities of daily living; BSA=body surface area; IV=intravenous.

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Dermatologic grading system as used in RASolute 302[1,6]* (cont'd)

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

| CTCAE TERM | GRADE 1 | GRADE 2 | GRADE 3 | GRADE 4 |
|---|---|---|---|---|
| **Eczema:** Characterized by skin which becomes itchy, red, inflamed, crusty, thick, scaly, and/or forms blisters | Asymptomatic or mild symptoms; additional medical intervention over baseline not indicated | Moderate; topical or oral intervention indicated; additional medical intervention over baseline indicated | Severe or medically significant but not immediately life-threatening; IV intervention indicated | |
| **Erythema multiforme:** Target lesions (a pink-red ring around a pale center) | Target lesions covering **<10% BSA** and not associated with skin tenderness | Target lesions covering **10%-30% BSA** and associated with skin tenderness | Target lesions covering **>30% BSA** and associated with oral or genital erosions | Target lesions covering **>30% BSA**; associated with fluid or electrolyte abnormalities; ICU care or burn unit indicated |
| **Skin ulceration:** Circumscribed, erosive lesions on the skin | Combined area of ulcers **<1 cm**; nonblanchable erythema of intact skin with associated warmth or edema | Combined area of ulcers **1-2 cm**; partial-thickness skin loss involving skin or subcutaneous fat | Combined area of ulcers **>2 cm**; full-thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to fascia | Any size ulcer with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full-thickness skin loss |

*Graded per NCI CTCAE Version 5.0.[1]
ICU=intensive care unit.

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Initiate prophylactic measures prior to the first dose to reduce the risk of moderate to severe dermatologic reactions[1]

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

## Prophylactic and proactive dermatologic reaction management is important to support patients[1]*

Monitor for signs and symptoms and treat as medically appropriate.

### Topical corticosteroids[1,3,4]

- Face: eg, hydrocortisone 2.5% BID
- Chest: eg, triamcinolone 0.1% BID

+

### Emollient cream[1,3,4]

- Fragrance-free, emollient moisturizing cream

+

### Sunscreen[1,3-5]

- SPF ≥30 applied ≥30 minutes before sun exposure. Advise patients to reapply every 2 hours

+

### Oral antibiotics[1,3,4]

**Consider:**

- Eg, doxycycline 100 mg BID or minocycline 50 mg BID
- Initiate prior to first dose of RASONQUE and as clinically indicated throughout treatment

➤ **Advise patients to limit sun exposure and wear protective clothing, including a hat, if they are in the sun[1,7]**

*Prophylaxis for dermatologic reactions was recommended but not required in RASolute 302.[3]

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Managing dermatologic reactions[1,3,4]

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

| RECOMMENDATIONS FOR MANAGEMENT | | |
|---|---|---|
| **GRADE** | **ACTION** | **CONSIDERATION** |
| **Grade 1** or **pruritus** | • Continue dermatologic medication regimen<br>• Initiate supportive measures, as necessary<br>• Continue RASONQUE treatment at same dose | • Optimize for scalp involvement, as clinically indicated (eg, betamethasone dipropionate 0.05% lotion BID or fluocinolone 0.01% oil BID) |
| **Grade 2** or pruritus + **pain*** | • Continue dermatologic medication regimen<br>• Consider withholding RASONQUE until recovery to ≤ Grade 1<br>• Initiate supportive measures, as necessary<br>• Resume RASONQUE at the same dose level or the next lower dose level | • Optimize for scalp involvement, as clinically indicated (see above)<br>• Topical corticosteroids, as clinically indicated (eg, triamcinolone 0.1% cream or ointment for face for 2 weeks) |
| **Grade 3** or pruritus + pain* **+ bleeding** | • Continue dermatologic medication regimen<br>• Withhold RASONQUE until recovery to ≤ Grade 1<br>• Initiate supportive measures, as necessary<br>• Resume RASONQUE at the next lower dose level | • Optimize for scalp involvement, as clinically indicated (see above)<br>• Topical corticosteroids, as clinically indicated (eg, triamcinolone 0.1% cream or ointment for face for 2 weeks)<br>• Systemic corticosteroids, as clinically indicated (eg, oral prednisone taper: 40 mg x 5 days, 20 mg x 5 days, 10 mg x 5 days)<br>• Dermatology consultation |
| **Grade 4** or **life-threatening consequences** | **Permanently discontinue RASONQUE treatment** | |

Refer to NCI CTCAE for grading scale.

**See prophylaxis and management summary on page 3**

*Pain may be secondary to dry, inflamed skin, which may be cracked or secondary to deep-set nodules.[4]

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Tips to help patients and caregivers with day-to-day management of dermatologic reactions

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

Dermatologic reactions may make activities such as bathing and dressing more difficult.[8]

### Skin hygiene[4,9]

- Keep skin clean with mild soap
- Avoid hot water
- Gently pat skin dry
- Consider an OTC antiseptic spray (eg, hypochlorous acid; AM/PM)

### Clothing and toiletries[9]

- Wear loose, soft, comfortable clothing
- Avoid strong perfumes or irritating chemicals

### Self-check[9]

- Perform full-body exams frequently to monitor for new or worsening reactions

### Sun protection[1,4,7,9]

- Avoid direct sun exposure
- Use sunscreen that is SPF 30 or higher, applied at least 30 minutes before sun exposure
- Wear protective clothing, hats, and gloves

OTC=over the counter.

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Supporting patients experiencing dermatologic reactions

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

## Every patient will likely approach the experience of dermatologic reactions differently

- Understanding each patient's perspective is important to managing the physical and psychosocial impact of dermatologic reactions[8]

**Encourage your patients and their caregivers to engage in an open, honest, and ongoing dialogue about dermatologic reactions**

### At each visit, remind patients and caregivers[1]:

- ✔ About the importance of continuing with the prophylaxis regimen
- ✔ To take photographs of any dermatologic reactions that occur, so that they can share them with you
- ✔ To contact the care team immediately if the patient experiences dermatologic reactions
- ✔ That management strategies are available for dermatologic reactions


## The Patient Welcome Kit may be available for eligible patients who have been prescribed RASONQUE

The Patient Welcome Kit includes a variety of resources to support your patients and help them get started on treatment with RASONQUE:

- RASONQUE Brochure
- Side Effect Management Guide
- Care Team Discussion Guide
- Caregiver Support Guide
- Treatment Journal
- Wallet Card
- Rash Management Card
- Selected products for rash prophylaxis

➤ **Learn more by contacting your representative at hcp.RASONQUE.com**

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**

# Indication and Important Safety Information

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

## INDICATION

RASONQUE is indicated for the treatment of adult patients with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy or who are not candidates for multiagent systemic therapy.

## IMPORTANT SAFETY INFORMATION

RASONQUE is associated with the following **Warnings and Precautions**: Dermatologic and Soft Tissue Toxicity, Stomatitis and Oral Disorders, Diarrhea, Gastrointestinal Perforation, Interstitial Lung Disease (ILD)/Pneumonitis, and Embryo-Fetal Toxicity.

## WARNINGS AND PRECAUTIONS

**Dermatologic and Soft Tissue Toxicity**

RASONQUE can cause dermatologic toxicity, which may be severe. Clinical manifestations included, but were not limited to, rash, pruritus, paronychia, dry skin, and skin fissures. In clinical trials of patients with pancreatic adenocarcinoma, dermatologic toxicity occurred in 86% of patients treated with RASONQUE, of which 10% were Grade 3. The median time to first onset was 13 days (range: 1 to 106 days). The median time to improvement from Grade 3 to Grade 1 or resolution was 16 days (range: 8 to 218 days). Dermatologic toxicity led to interruption of RASONQUE in 24% of patients, dose reduction in 16% of patients, and dose discontinuation in 0.5% of patients.

Monitor patients who develop dermatologic or soft tissue toxicities while receiving RASONQUE. Initiate prophylactic measures (e.g., topical corticosteroids, emollient creams, sunscreen, oral antibiotics) prior to the first dose of RASONQUE to reduce the risk of moderate to severe dermatologic reactions. Advise patients to limit sun exposure while taking RASONQUE. Initiate supportive measures (e.g., oral corticosteroids) as clinically indicated, and consider dermatologic consultation. Withhold, reduce the dose, or permanently discontinue RASONQUE based on severity.

**Stomatitis and Oral Disorders**

RASONQUE can cause stomatitis, including mouth ulcers and oral mucositis. In clinical trials of patients with pancreatic adenocarcinoma, stomatitis occurred in 57% of patients, of which 9% were Grade 3. The median time to first onset was 22 days (range: 1 to 343 days). The median time to improvement from Grade 3 to Grade 1 or resolution was 12 days (range: 1 to 127 days). Stomatitis led to interruption of RASONQUE in 17% of patients and dose reduction in 8% of patients.

Monitor patients for signs and symptoms of stomatitis while receiving RASONQUE. Initiate a steroid-containing mouthwash for treatment of stomatitis and administer other topical treatments (e.g., chlorhexidine mouthwash, 2% lidocaine viscous) as clinically indicated. Withhold, reduce the dose, or permanently discontinue RASONQUE based on severity.

**Diarrhea**

RASONQUE can cause diarrhea. In clinical trials of patients with pancreatic adenocarcinoma, diarrhea occurred in 63% of patients, of which 6% were Grade 3. The median time to first onset was 3 days (range: 1 to 260 days). The median time to improvement from Grade 3 to Grade 1 or resolution was 3 days (range: 1 to 21 days). Diarrhea led to interruption of RASONQUE in 8% of patients and dose reduction in 4% of patients.

If diarrhea occurs, administer antidiarrheal treatment as clinically indicated. Withhold, reduce the dose, or permanently discontinue RASONQUE based on severity.

**Gastrointestinal Perforation**

RASONQUE can cause gastrointestinal perforation. In clinical trials of patients with pancreatic adenocarcinoma, gastrointestinal perforation occurred in 0.9% of patients treated with RASONQUE, of which 0.5% were Grade 3, one event was Grade 4, and one event was fatal. The median time to first onset was 134 days (range: 17 to 254 days). The median time to improvement from Grade ≥ 3 to resolution was 8 days (range: 7 to 9 days).

Monitor patients for gastrointestinal perforation. Withhold RASONQUE if gastrointestinal perforation is suspected. Reduce the dose or permanently discontinue RASONQUE if no other potential causes of gastrointestinal perforation are identified.

**Please see additional Important Safety Information on page 14 and full Prescribing Information, including Medication Guide.**

# Indication and Important Safety Information (cont'd)

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

## WARNINGS AND PRECAUTIONS (cont'd)

**Interstitial Lung Disease (ILD)/Pneumonitis**

RASONQUE can cause interstitial lung disease or pneumonitis. In clinical trials of patients with pancreatic adenocarcinoma, ILD/pneumonitis occurred in 2.4% of patients treated with RASONQUE, of which 0.9% were Grade 3, and one event was fatal. The median time to first onset was 111 days (range: 22 to 242 days). The median time to improvement from Grade 3 to resolution was 12 days (range: 12 to 47 days).

Monitor patients for new or worsening pulmonary symptoms. Withhold RASONQUE if ILD/pneumonitis is suspected. Reduce the dose or permanently discontinue RASONQUE if no other potential causes of ILD/pneumonitis are identified.

**Embryo-Fetal Toxicity**

Based on findings in animals, RASONQUE can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment with RASONQUE and for 1 week after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with RASONQUE and for 1 week after the last dose.

## ADVERSE REACTIONS

Serious adverse reactions occurred in 30% of patients treated with RASONQUE. Serious adverse reactions occurring in ≥ 2% of patients treated with RASONQUE were diarrhea (3.7%), pyrexia (3.3%), sepsis (2.9%), fatigue (2.1%), and hemorrhage (2.1%).

Adverse reactions leading to permanent discontinuation of RASONQUE occurred in 2.9% of patients, including two patients who discontinued due to rash (0.8%).

The most common (≥ 20%) adverse reactions in patients treated with RASONQUE were rash, diarrhea, stomatitis, nausea, fatigue, vomiting, abdominal pain, edema, decreased appetite, and hemorrhage.

## DRUG INTERACTIONS

- Strong CYP3A Inhibitors with P-gp Inhibition: Avoid concomitant use.
- Strong CYP3A Inhibitors without P-gp Inhibition: Reduce RASONQUE dosage.
- Moderate CYP3A Inhibitors with or without P-gp Inhibition: Reduce RASONQUE dosage.
- P-gp Inhibitors: Reduce RASONQUE dosage.
- Cyclosporine A: Avoid concomitant use.
- Strong CYP3A Inducers: Avoid concomitant use. Increase RASONQUE dosage if concomitant use cannot be avoided.
- Moderate CYP3A Inducers: Increase RASONQUE dosage.
- P-gp Substrates: Take at least 4 hours apart from RASONQUE.

## PROPHYLACTIC MEASURES

When initiating RASONQUE and throughout treatment, prophylactic and concomitant medications are recommended to reduce the risk of dermatologic reactions:

- administer a topical corticosteroid (applied to the face and chest) and emollient creams
- advise patients to limit sun exposure and use broad-spectrum sunscreen (SPF 30 or higher)
- consider prophylactic oral antibiotics (e.g., doxycycline or minocycline)

**Please see additional Important Safety Information on page 13 and full Prescribing Information, including Medication Guide.**

# References

**1.** RASONQUE. Prescribing information. Revolution Medicines, Inc.; 2026. **2.** O'Reilly EM, Wainberg ZA, Hendifar AE, et al; RASolute 302 Trial Investigators. Daraxonrasib or chemotherapy in previously treated metastatic pancreatic cancer. *N Engl J Med*. Published online May 31, 2026. doi:10.1056/NEJMoa2605555 **3.** Protocol for: O'Reilly EM, Wainberg ZA, Hendifar AE, et al; RASolute 302 Trial Investigators. Daraxonrasib or chemotherapy in previously treated metastatic pancreatic cancer. *N Engl J Med*. Published online May 31, 2026. doi:10.1056/NEJMoa2605555 **4.** Data on file. Revolution Medicines, Inc.; 2026. **5.** Kaminsky A, Suhl S, Sacknovitz Y, Schwartz GK, Deverapalli S, Geskin LJ. Skin health in oncology: evidence-based skin care for cancer patients. *Oncologist*. 2026;31(7):oyag194. doi:10.1093/oncolo/oyag194 **6.** US Department of Health and Human Services. Common terminology criteria for adverse events (CTCAE), version 5.0. November 27, 2017. https://dctd.cancer.gov/research/ctep-trials/for-sites/adverse-events/ctcaev5-5x7.pdf **7.** RASONQUE. Medication guide. Revolution Medicines, Inc.; 2026. **8.** Almeida V, Pires D, Silva M, et al. Dermatological side effects of cancer treatment: psychosocial implications—a systematic review of the literature. *Healthcare (Basel)*. 2023;11(19):2621. doi:10.3390/healthcare11192621 **9.** Rashes and skin changes. Atlanta: American Cancer Society, 2026. Accessed July 5, 2026. https://www.cancer.org/cancer/managing-cancer/side-effects/hair-skin-nails/rashes-skin-changes.html

**Please see Important Safety Information on pages 13-14 and full Prescribing Information, including Medication Guide.**