RASONQUE™
(daraxonrasib) tablets 100 mg 150 mg

Dosing & Adverse Reaction 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 22-23 and full Prescribing Information, including Medication Guide.

Introduction

Managing adverse reactions (ARs) is key to your patient's treatment experience with RASONQUE. This guide provides information about ARs associated with RASONQUE and how to manage them.

Use this guide to learn about prophylactic measures that should be initiated before your patients start RASONQUE and about how to manage ARs during treatment.

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Proactive discussions about AR management are important throughout your patient's treatment with RASONQUE

Please see Important Safety Information on pages 22-23 and full Prescribing Information, including Medication Guide.

RASolute 302: Evaluating the first and only approved RAS(ON) multi-selective inhibitor vs SOC combination chemotherapy[1]

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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]

Key eligibility criteria[1]

- Confirmed metastatic pancreatic adenocarcinoma
- Documented RAS status (mutant or wild-type)*
- Disease progression after 1 previous line of systemic therapy†
- ECOG PS of 0 or 1

Overall population (ITT; N=500)

- RAS G12
- Non–RAS G12
  - Other RAS mutations‡
  - No RAS mutation identified

RAS G12 population (n=459)

RANDOMIZED§ 1:1

RASONQUE (N=248)
300 mg orally once daily

OR

Physician's choice SOC combination chemotherapy‖ (N=252)

Patients were treated until disease progression or unacceptable toxicity

Primary endpoints[1]

RAS G12 population

- Overall survival (OS)
- Progression-free survival (PFS)¶

Overall population (ITT)

- OS
- PFS¶

Select secondary endpoints[1,2]

RAS G12 population and **overall population (ITT)**

- Objective response rate (ORR)#
- Safety, including ARs
- Time to response (TTR)#
- Patient-reported outcomes (PROs)**
  - Time to deterioration (TTD) in pain
  - TTD in global health status

*RAS mutation status was determined by a locally available test using archival tumor tissue or circulating tumor DNA.[1,3]
†A fluoropyrimidine-based or gemcitabine-based regimen in the metastatic setting or in the neoadjuvant or adjuvant setting if metastatic disease was diagnosed <6 months after the last dose.[2]
‡Included KRAS, NRAS, and HRAS mutations at positions G13 or Q61.[2]
§Randomization was stratified by RAS mutation status (RAS G12D/V mutation, other RAS G12 mutation, or RAS G13 or Q61 mutation, or no RAS mutation identified), liver metastases at baseline (present or absent), and ECOG PS at baseline (0 or 1).[2]
‖SOC combination chemotherapy included mFOLFIRINOX, gemcitabine + nab-paclitaxel, FOLFOX, or liposomal irinotecan + 5-FU/leucovorin.[1]
¶Per RECIST v1.1, as assessed by BICR.[2]
#As assessed by BICR and by the investigator.[3]
**Defined as TTD as assessed on the basis of pain (time to an increase of ≥10 points from baseline in score on the EORTC QLQ-PAN26 pain scale or death, whichever occurred first) and TTD as assessed on the basis of global health status–QoL (time to a decrease of ≥10 points from baseline in score on the EORTC QLQ-C30 global health status–QoL score or death, whichever occurred first) in the RAS G12 and overall populations.[2]
5-FU=5-fluorouracil; BICR=blinded independent central review; DNA=deoxyribonucleic acid; ECOG PS=Eastern Cooperative Oncology Group performance status; EORTC QLQ-C30=European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30; EORTC QLQ-PAN26=European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Pancreatic Cancer Module; FOLFOX=leucovorin + 5-FU + oxaliplatin; HRAS=Harvey rat sarcoma; ITT=intent-to-treat; KRAS=Kirsten rat sarcoma; mFOLFIRINOX=modified leucovorin + 5-FU + irinotecan + oxaliplatin; NRAS=neuroblastoma rat sarcoma; QoL=quality of life; RAS=rat sarcoma; RECIST=Response Evaluation Criteria in Solid Tumors; SOC=standard of care.

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Unprecedented overall survival (OS) was observed in patients, regardless of RAS mutation status[1,4]

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Primary endpoints[1,2]

OS (RAS G12 POPULATION)	RASONQUE (n=228)	SOC combination chemotherapy* (n=231)
mOS	**13.2 months**	6.6 months

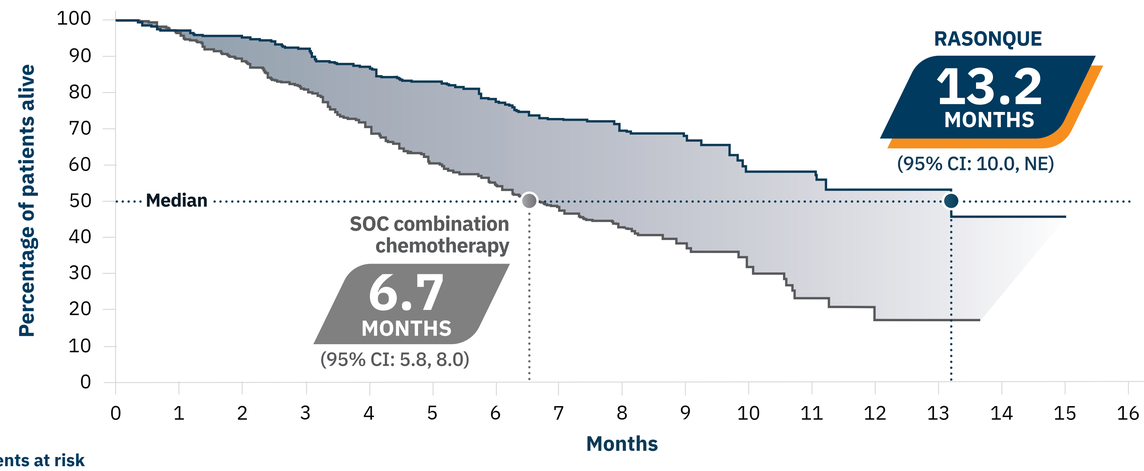
HR=0.40 (95% CI: 0.30, 0.54)†; *p*<0.0001‡

PFS (RAS G12 POPULATION)	RASONQUE (n=228)	SOC combination chemotherapy* (n=231)
mPFS	**7.3 months**	3.5 months

HR=0.45 (95% CI: 0.34, 0.59)†; *p*<0.0001‡

Secondary endpoint

OS (ITT POPULATION)[1]



No. of patients at risk																
RASONQUE	248	240	237	225	208	188	165	125	90	62	37	24	11	7	4	1	0
SOC combination chemotherapy	252	235	217	193	161	126	108	78	53	35	21	10	5	2	0		

60% REDUCTION IN THE RISK OF DEATH[1]

HR=0.40 (95% CI: 0.30, 0.53)†; *p*<0.0001‡

More than half of patients receiving RASONQUE were still alive at 12 months[2§]

In the ITT population, 105 patients (42.3%) continued to receive RASONQUE and 35 (13.9%) continued to receive SOC combination chemotherapy at the time of data cutoff (February 10, 2026).[2]
*SOC combination chemotherapy included mFOLFIRINOX, gemcitabine + nab-paclitaxel, FOLFOX, or liposomal irinotecan + 5-FU/leucovorin.[1]
†Based on the stratified Cox proportional hazard model.[1]
‡Two-sided *p*-value based on stratified log-rank test.[1,2]
§The 12-month OS was 53.2% in the RASONQUE group and 17.3% in the SOC combination chemotherapy group.[2]
CI=confidence interval; HR=hazard ratio; mOS=median overall survival; mPFS=median progression-free survival; NE=not estimable.

SELECT IMPORTANT SAFETY INFORMATION

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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.

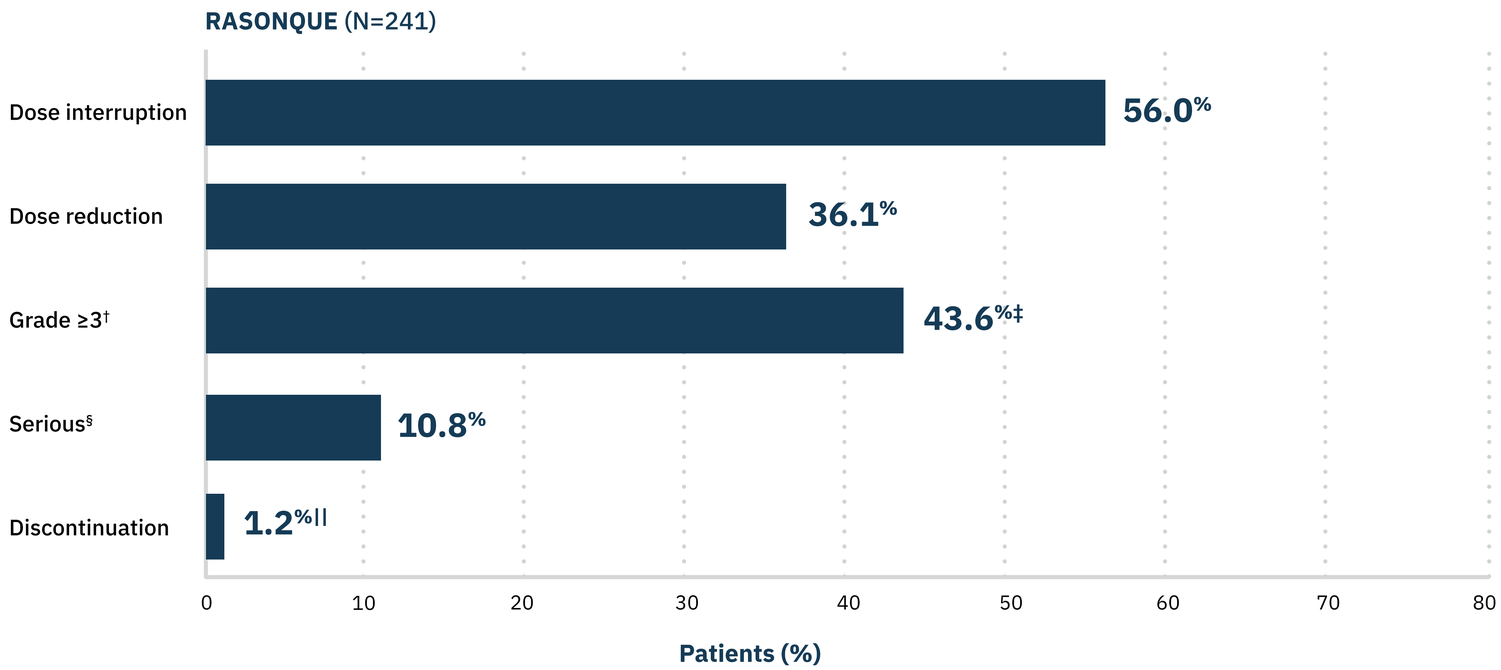
Please see additional Important Safety Information on pages 22-23 and full Prescribing Information, including Medication Guide.

In RASolute 302

<3% of patients discontinued RASONQUE due to adverse reactions (ARs)[1]*

The majority of dose modifications due to TRAEs for RASONQUE were dose interruptions rather than dose reductions[2]

CHARACTERIZATION OF TRAEs[2]



In patients who received RASONQUE:

- The median dose intensity was 93.1%[2]
- No patients had hematologic toxic effects that led to hospitalization[2]
- Hospitalizations included infections in 0.4% of patients and one Grade 5 pneumonitis[2]
- The most common serious TRAE that led to hospitalization was gastrointestinal events (4.1%)[2]

The FDA defines ARs as any undesirable effects reasonably associated with use of a drug. TRAEs, however, were investigator-assessed as related to use of a drug. As a result, there may be discrepancies in the values reported for ARs and TRAEs.[3,5]

*ARs leading to permanent discontinuation of RASONQUE occurred in 2.9% of patients, including 2 patients who discontinued due to rash (0.8%).[1]

† In clinical trials of patients with metastatic pancreatic adenocarcinoma, 1 patient who received RASONQUE had a Grade 5 event of interstitial lung disease (ILD)/pneumonitis and 1 patient who received RASONQUE had a Grade 5 event of GI perforation.[1]

‡Three patients (1.2%) who received RASONQUE had Grade 4 TRAEs: an increased AST level in 2 patients and a decreased platelet count in 1 patient.[2]

§Serious is defined as resulting in death, being life threatening, requiring inpatient hospitalization or prolongation of existing hospitalization, resulting in persistent or significant disability/incapacity, a congenital anomaly/birth defect, or deemed serious by medical judgment.[3]

‖Two patients had a maculo-papular rash of Grade 3, and 1 patient had an increased ALT level of Grade 3 and an increased AST level of Grade 4.[2]

ALT=alanine aminotransferase; AST=aspartate aminotransferase; GI=gastrointestinal; TRAEs=treatment-related adverse events.

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The majority of ARs in patients who received RASONQUE were Grade 1 or 2[1]

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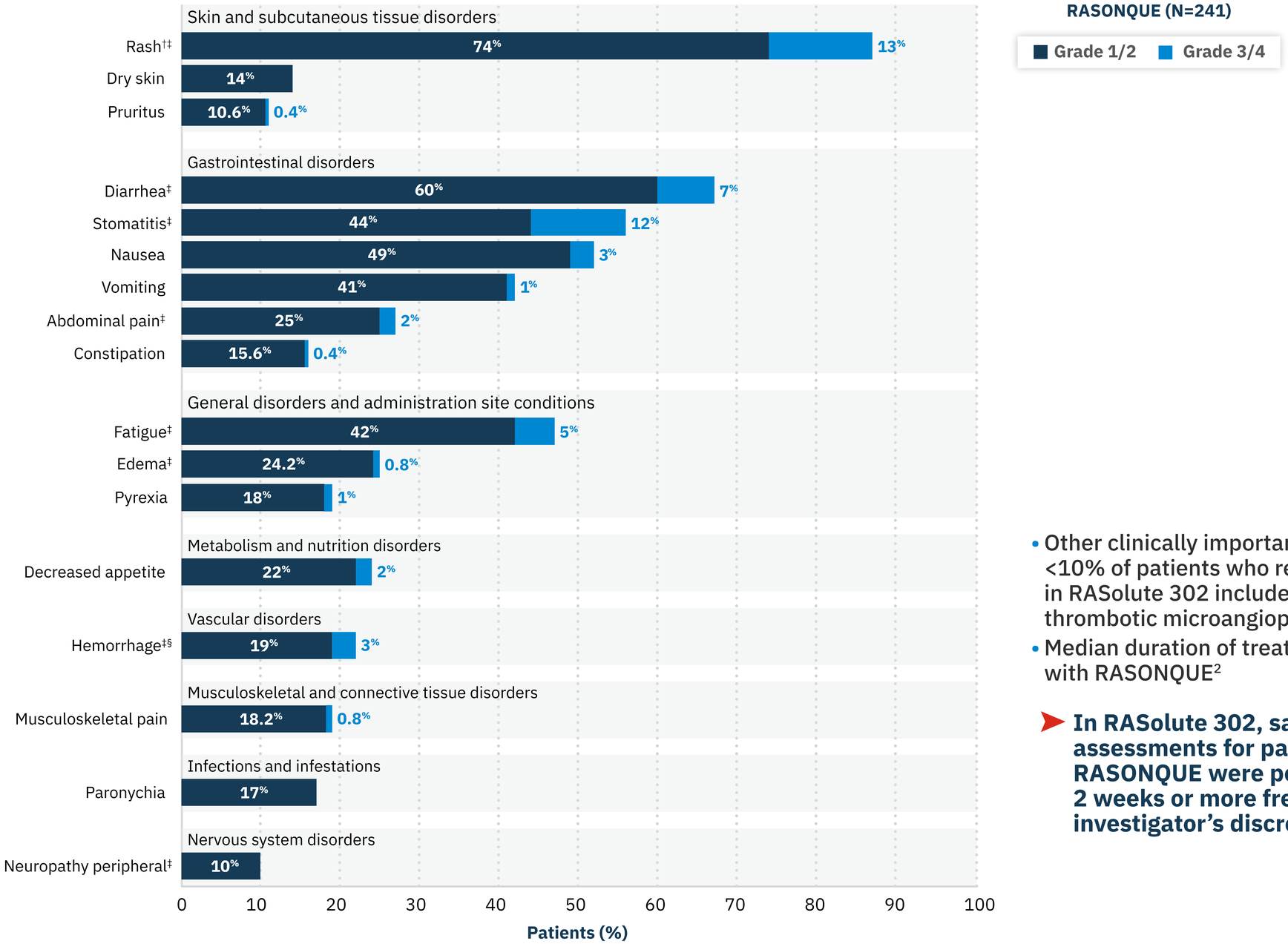
ARs (≥10%) IN PATIENTS WHO RECEIVED RASONQUE[1]*



- Other clinically important ARs occurring in <10% of patients who received RASONQUE in RASolute 302 included renal-limited thrombotic microangiopathy (0.4%)[1]
- Median duration of treatment: 6.2 months with RASONQUE[2]

In RASolute 302, safety assessments for patients receiving RASONQUE were performed every 2 weeks or more frequently at the investigator's discretion[3]

*Graded per National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) Version 5.0.[1]
†Prophylaxis guidelines are available to help support rash management.
‡Includes multiple related terms.[1]
§Hemorrhage consists of multiple related terms. In the RASONQUE arm of RASolute 302, 22% of patients experienced hemorrhage of any grade. 9.5% of hemorrhage was Grade 1 epistaxis. Grade 3 or higher GI hemorrhage events were reported in 6/241 (2.5%) of patients total: gastric (n=1), GI (n=2), rectal (n=1), and small intestinal (n=2). No CNS hemorrhages were reported in the RASONQUE arm of the study.[6]
CNS=central nervous system.

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Laboratory abnormalities[1]

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SELECT LABORATORY ABNORMALITIES (≥20%) THAT WORSENED FROM BASELINE IN PATIENTS WHO RECEIVED RASONQUE*

	RASONQUE	
LABORATORY ABNORMALITY†	**All grades (%)**	**Grade 3 or 4 (%)**
Chemistry		
Albumin decreased	71	3
Calcium (corrected) decreased	64	2
Aspartate aminotransferase increased	51	3
Alanine aminotransferase increased	36	4
Sodium decreased	36	6
Magnesium decreased	34	1
Alkaline phosphatase increased	29	2
Creatinine increased	24	0.8
Potassium decreased	20	3
Hematology		
Hemoglobin decreased	52	10
Lymphocyte cell count decreased	49	11
Platelet count decreased	45	3
White blood cell count decreased	35	3

*The denominator used to calculate the percentage varied from 234 to 237 in the RASONQUE arm, based on the number of patients with a baseline value and at least one post-baseline value.[1]
†Graded per NCI CTCAE Version 5.0.[1]

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Discussing prophylaxis and ARs with patients and caregivers is an important first step in their treatment with RASONQUE

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When initiating RASONQUE and throughout treatment, prophylactic and concomitant medications (eg, topical corticosteroids, emollient creams, sunscreen, oral antibiotics) are recommended to reduce the risk of dermatologic reactions[1]*

ADDITIONAL PROPHYLAXIS AND PATIENT EDUCATION[1,3,6,7]*	
Dermatologic reactions	• **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
Nausea/vomiting	• **Antiemetic medication** prior to the first dose of RASONQUE and for at least the first 3 days of treatment
Stomatitis/ mucositis	• **Oral hygiene routine at least twice a day** (eg, tooth brushing, flossing, and bland rinsing with normal saline or salt and baking soda) • **Modified diet** to limit incidental trauma by avoiding rough and sharp-edged food • **Avoid tobacco and alcohol** (eg, beverages or alcohol-containing mouthwashes)
Diarrhea	• **Educate** patients about the proper use of antidiarrheal medication • **Consider the BRAT diet,** if needed (banana, rice, applesauce, toast)

➤ **Please see the following pages for drug-drug interactions and dosing considerations**

Encourage your patients to contact you if they experience ARs

*Prophylaxis for dermatologic reactions was recommended but not required in RASolute 302.[3]
BID=twice a day; SPF=sun protection factor.

Please see Important Safety Information on pages 22-23 and full Prescribing Information, including Medication Guide.

Drug-drug interactions[1]

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Effects of other drugs on RASONQUE

STRONG OR MODERATE CYP3A INHIBITORS WITH OR WITHOUT P-gp INHIBITION	
Prevention or management	• Strong CYP3A inhibitors with P-gp inhibition: Avoid concomitant use • Strong CYP3A inhibitors without P-gp inhibition: Reduce RASONQUE dosage to 150 mg once daily • Moderate CYP3A inhibitors with P-gp inhibition: Reduce RASONQUE dosage to 100 mg once daily • Moderate CYP3A inhibitors without P-gp inhibition: Reduce RASONQUE dosage to 200 mg once daily
Mechanism and clinical effect	Daraxonrasib is a CYP3A and P-gp substrate. Moderate or strong CYP3A inhibitors with or without P-gp inhibition increase daraxonrasib exposure, which may increase the risk of ARs.
P-gp INHIBITORS	
Prevention or management	Reduce RASONQUE dosage to 150 mg once daily.
Mechanism and clinical effect	Daraxonrasib is a P-gp substrate. P-gp inhibitors increase daraxonrasib exposure, which may increase the risk of ARs.
CYCLOSPORINE A	
Prevention or management	Avoid concomitant use of RASONQUE with systemic cyclosporine A or its derivatives.
Mechanism and clinical effect	Cyclosporine A or its derivatives and daraxonrasib bind to cyclophilin A. Coadministration of systemic cyclosporine A or its derivatives and RASONQUE may have the potential to alter daraxonrasib pharmacokinetics, efficacy, and safety.
STRONG OR MODERATE CYP3A INDUCERS	
Prevention or management	• Strong CYP3A inducers: Avoid concomitant use. If concomitant use cannot be avoided, increase RASONQUE dosage to 400 mg once daily • Moderate CYP3A inducers: Increase RASONQUE dosage to 400 mg once daily
Mechanism and clinical effect	Daraxonrasib is a CYP3A substrate. Strong CYP3A inducers reduce daraxonrasib exposure, which may reduce the effectiveness of RASONQUE.

Effects of RASONQUE on other drugs

P-gp substrates

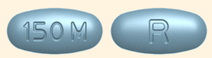
Take a P-gp substrate at least 4 hours apart from RASONQUE.

Daraxonrasib is a P-gp inhibitor. Coadministration with RASONQUE increases exposure of P-gp substrates, which may increase the risk of ARs related to these substrates.

CYP3A=cytochrome P450 3A; P-gp=P-glycoprotein.

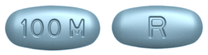
Please see Important Safety Information on pages 22-23 and full Prescribing Information, including Medication Guide.

RASONQUE: Oral, once-daily dosing[1]

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

Tablets not actual size.

DOSE MODIFICATIONS FOR ARs[1]

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

Please see Important Safety Information on pages 22-23 and full Prescribing Information, including Medication Guide.

Dermatologic reactions

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[6]
- In clinical trials of patients with pancreatic adenocarcinoma[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]

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Dermatologic reactions seen in RASolute 302

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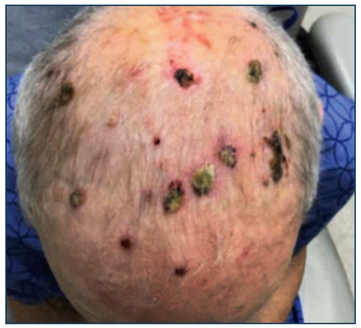
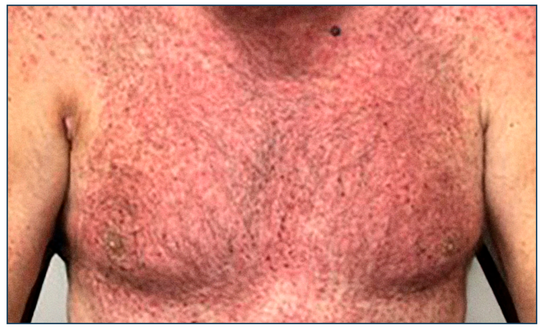
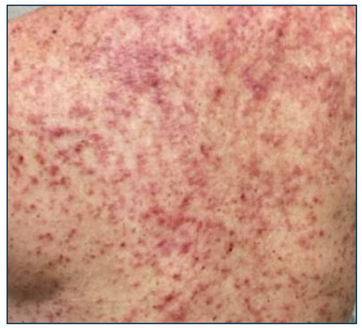


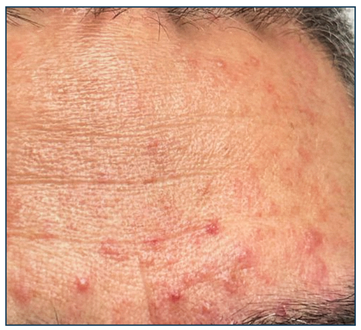
Maculo-papular rash



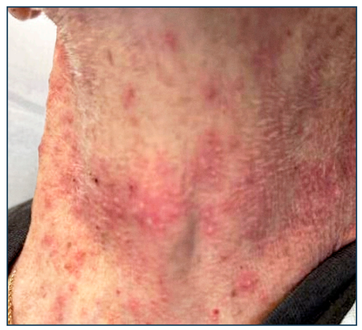
Maculo-papular rash



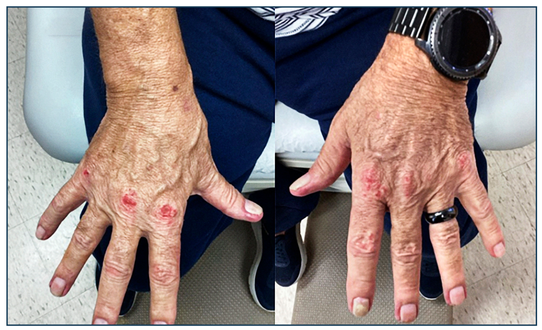
Maculo-papular rash



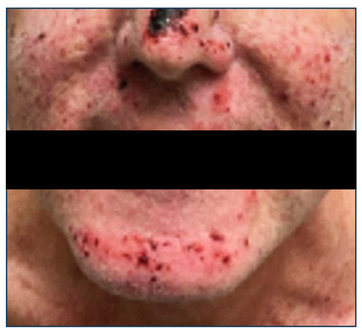
Acneiform eruption



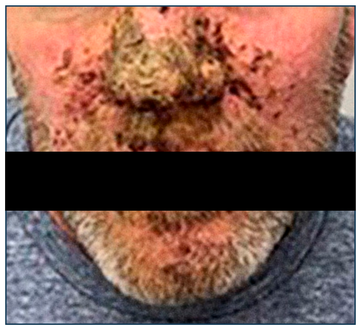
Acneiform eruption



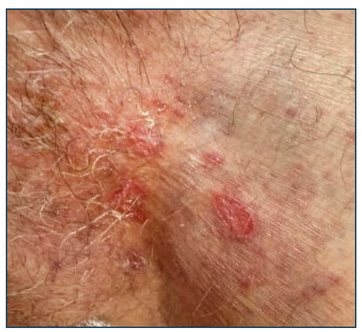
Purpura



Purpura with hemorrhaging



Skin ulceration



Skin ulceration with hypergranulation tissue

Dermatologic grading system as used in RASolute 302[1,8]*

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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.

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Dermatologic grading system as used in RASolute 302[1,8]* (cont'd)

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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.

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[1,3,6]

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

+

Emollient cream[1,3,6]

- Fragrance-free, emollient moisturizing cream

+

Sunscreen[1,3,6,7]

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

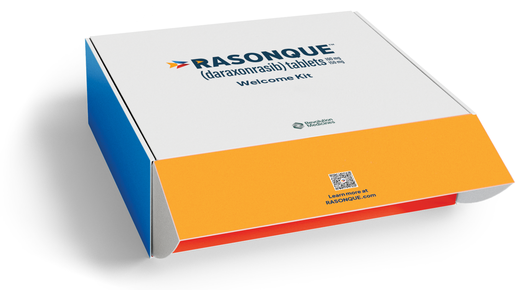
+

Oral antibiotics[1,3,6]

Consider:

- Eg, doxycycline 100 mg BID or minocycline 50 mg BID
- Initiated prior to the 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[1,9]**



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**

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

Please see Important Safety Information on pages 22-23 and full Prescribing Information, including Medication Guide.

Managing dermatologic reactions[1,3,6]

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RECOMMENDATIONS FOR MANAGEMENT		
GRADE	**ACTION**	**CONSIDERATION**
Grade 1 or **pruritus**	• Continue dermatologic medication regimen • Initiate supportive measures, as necessary • 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 • Consider withholding RASONQUE until recovery to ≤ Grade 1 • Initiate supportive measures, as necessary • Resume RASONQUE at the same dose level or the next lower dose level	• Optimize for scalp involvement, as clinically indicated (see above) • 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 • Withhold RASONQUE until recovery to ≤ Grade 1 • Initiate supportive measures, as necessary • Resume RASONQUE at the next lower dose level	• Optimize for scalp involvement, as clinically indicated (see above) • Topical corticosteroids, as clinically indicated (eg, triamcinolone 0.1% cream or ointment for face for 2 weeks) • Systemic corticosteroids, as clinically indicated (eg, oral prednisone taper: 40 mg x 5 days, 20 mg x 5 days, 10 mg x 5 days) • 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.[6]

Stomatitis/mucositis incidence and patient education

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

Profile

- Stomatitis/mucositis is inflammation or irritation of the mucous membranes in the mouth, characterized by redness, ulcers, and white patches. Stomatitis includes aphthous ulcer, mucosal inflammation, mucosal ulceration, and stomatitis[2,10]

In clinical trials of patients with pancreatic adenocarcinoma[1]*:

- Median time to first onset of stomatitis was 22 days (range: 1 to 343 days)
- Median time to improvement of stomatitis from Grade 3 to Grade 1 or resolution was 12 days (range: 1 to 127 days)

Stomatitis of any grade occurred in 56% of patients who received RASONQUE in RASolute 302[1†]

GRADES 1 OR 2	GRADES 3 OR 4
44%	12%

Dose interruptions and reductions in patients who received RASONQUE in RASolute 302[1]

- Dose interruptions in ≥5% of patients: 20% due to stomatitis
- Dose reductions in ≥5% of patients: 8% due to stomatitis

Educate patients on managing stomatitis/mucositis[‡]

Oral hygiene[3,6,11]

- Brush and floss at least twice a day
- Use a saline (salt water) rinse
- Avoid mouthwashes with alcohol

Consider[§]:

- Keeping lips moisturized with a lip balm
- Using a soft-bristled toothbrush

Diet[3,6,11,12]

- Avoid rough and sharp foods

Consider[§]:

- Avoiding foods that are hot in temperature
- Avoiding acidic fruits and juices
- Eating chilled foods and drinking chilled fluids
- Eating soft foods that are not too dry and that are easy to swallow

Lifestyle[3,6]

- Avoid alcohol and tobacco

*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]
‡Prophylaxis for stomatitis was recommended but not required in RASolute 302.[3]
§These recommendations are adapted from the American Cancer Society and the National Cancer Institute.

Please see Important Safety Information on pages 22-23 and full Prescribing Information, including Medication Guide.

Managing stomatitis/mucositis[3,6]

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

RECOMMENDATIONS FOR MANAGEMENT		
GRADE	**ACTION**	**CONSIDERATION**
Grade 1 or **asymptomatic/ mild symptoms**	• Initiate a steroid-containing mouthwash as clinically indicated • Continue RASONQUE treatment at same dose	• Steroid-containing mouthwash (eg, dexamethasone 0.5 mg per 5 mL) mouthwash, 10 mg TID • Clotrimazole lozenges, 10 mg TID
Grade 2 or **moderate pain or ulcer; does not interfere with oral intake**	• Consider withholding RASONQUE until recovery to ≤ Grade 1 • Initiate supportive measures, as necessary • Resume RASONQUE at the same dose level or the next lower dose level	• Steroid-containing mouthwash & clotrimazole lozenges (see above) • Other topical treatments as clinically indicated (eg, chlorhexidine mouthwash, 2% lidocaine viscous)
Grade 3 or **severe pain; interfering with oral intake**	• Withhold RASONQUE until recovery to ≤ Grade 1 • Resume RASONQUE at the next lower dose level	• Steroid-containing mouthwash & clotrimazole lozenges (see above) • Other topical treatments as clinically indicated (eg, chlorhexidine mouthwash, 2% lidocaine viscous, nystatin suspension 30mL, every 4–6 hours) • Systemic steroids as clinically indicated
Grade 4 or **life-threatening consequences**	**Permanently discontinue RASONQUE treatment**	

Refer to NCI CTCAE for grading scale.

TID=three times daily.

Diarrhea incidence and patient education

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

Profile

In clinical trials of patients with pancreatic adenocarcinoma[1]*:

- Median time to first onset of diarrhea was 3 days (range: 1 to 260 days)
- Median time to improvement of diarrhea from Grade 3 to Grade 1 or resolution was 3 days (range: 1 to 21 days)

Diarrhea of any grade occurred in 67% of patients who received RASONQUE in RASolute 302[1†]

GRADES 1 OR 2	GRADES 3 OR 4
60%	7%

Serious adverse reaction, dose interruption, and dose reduction rates in patients who received RASONQUE in RASolute 302[1]

- Serious ARs in ≥2% of patients: 3.7% due to diarrhea
- Dose interruptions in ≥5% of patients: 8% due to diarrhea
- Dose reductions in ≥5% of patients: 5% due to diarrhea

Patient education[‡]

Management and reporting[3,6,13,14]

- Educate patients on the proper use of antidiarrheal medication

Consider[§]:

- Encouraging patients to keep track of how often diarrhea occurs
- Pancreatic enzyme replacement therapy, as clinically indicated

Modified diet[3,6,13]

- Consider the BRAT diet, if needed (banana, rice, applesauce, toast)

Consider encouraging patients to[12§]:

- Drink plenty of water and fluids to replace electrolytes
- Eat small meals throughout the day
- Eat foods that are high in sodium and potassium

Consider avoiding[13]

- High-fiber foods
- Food and drinks that can make diarrhea worse, like alcohol, dairy, spicy foods, and caffeine

*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]
‡Prophylaxis for diarrhea was recommended but not required in RASolute 302.[3]
§These recommendations are adapted from the National Cancer Institute.

Please see Important Safety Information on pages 22-23 and full Prescribing Information, including Medication Guide.

Managing diarrhea[1,3,6]

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

RECOMMENDATIONS FOR MANAGEMENT		
GRADE	**ACTION**	**CONSIDERATION**
Grade 1 or **increase of <4 stools per day** over baseline	• Administer antidiarrheal treatment as clinically indicated • Continue RASONQUE treatment at same dose	**Grade 1** or **increase of <4 stools per day** over baseline: **Initiate loperamide per prescribing information** • Eg, initial 4 mg, then 2 mg every 4 hours or after each unformed stool **If no improvement after 24 hours of loperamide treatment:** • Increase loperamide, eg, 2 mg every 2 hours after each unformed stool **If no improvement after 48 hours of loperamide treatment:** • Initiate diphenoxylate/atropine per prescribing information **If no improvement after 24 hours of recommended treatment, consider further evaluation.** **Loperamide instructions:** • Discontinue loperamide after diarrhea-free for 12 hours • Total loperamide dose should not exceed 16 mg over a 24-hour period
Grade 2 or **increase of 4-6 stools per day** over baseline	• Consider withholding RASONQUE until recovery to ≤ Grade 1 • Initiate antidiarrheal treatment • Resume RASONQUE at the same dose level or the next lower dose level	
Grade 3 or **increase of ≥7 stools per day** over baseline	• Consider withholding RASONQUE until recovery to ≤ Grade 1 • Initiate antidiarrheal treatment • Resume RASONQUE at the next lower dose level	
Grade 4 or **life-threatening consequences**	**Permanently discontinue RASONQUE treatment**	

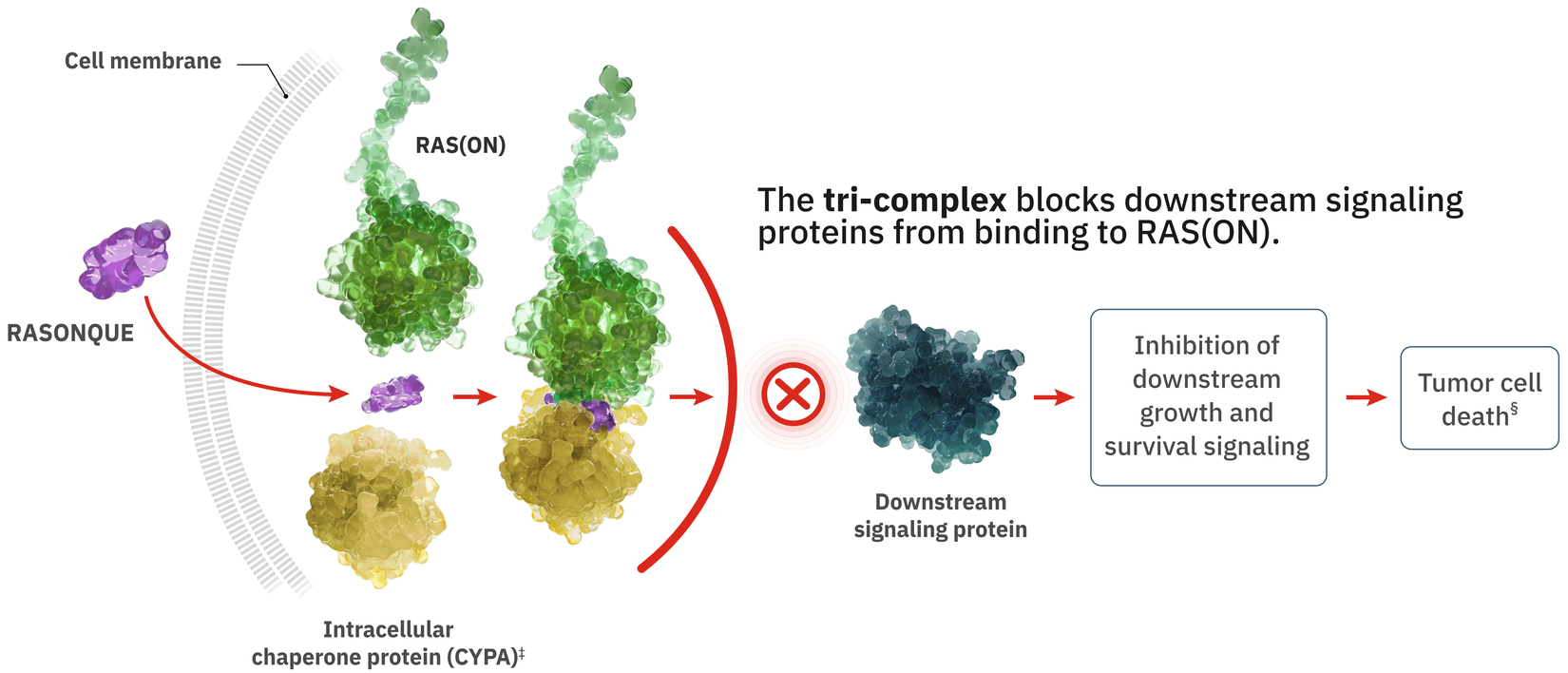
Refer to NCI CTCAE for grading scale.

RASONQUE is the first and only approved RAS(ON) multi-selective inhibitor[1*]

In pancreatic cancer cells, RAS(ON) is the dominant oncogenic driver, making it an ideal therapeutic target[2,15]

- Preclinical studies demonstrated that RASONQUE can bind to both wild-type[†] and mutant RAS(ON) proteins[1‡]

RASONQUE drives the formation of a novel inhibitory tri-complex with a chaperone protein and RAS(ON)[1,16]



RASONQUE is a first-in-class treatment designed to target all forms of RAS(ON)[1]

*RASONQUE is an inhibitor of the RAS GTPase family. RASONQUE binds to cyclophilin A, resulting in a binary complex that binds to the active, GTP-bound state of RAS.[1]
†Wild-type RAS may also play a role in oncogenesis, as many cases of PDAC with wild-type RAS have alterations in other members of the RAS-MAPK pathway.[2]
‡Binds RAS(ON) across wild-type and mutant variants, including those with mutations at positions G12, G13, and Q61 in KRAS, NRAS, and HRAS.[1,2]
§Preclinical studies demonstrated that inhibiting oncogenic RAS signaling with RASONQUE induces tumor cell death.[1]
CYPA=cyclophilin A; MAPK=mitogen-activated protein kinase; PDAC=pancreatic adenocarcinoma.

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 22-23 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 23 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 22 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.** Katayama ES, Hue JJ, Bajor DL, et al. A comprehensive analysis of clinical trials in pancreatic cancer: what is coming down the pike? *Oncotarget*. 2020;11(38):3489-3501. doi:10.18632/oncotarget.27727 **5.** U.S. Food and Drug Administration. Adverse reactions section of labeling for human prescription drug and biological products — content and format. U.S. Department of Health and Human Services; 2026. Accessed August 10, 2026. https://www.fda.gov/media/72139/download **6.** Data on file. Revolution Medicines, Inc.; 2026. **7.** 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 **8.** 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/ctcae-v5-5x7.pdf **9.** RASONQUE. Medication Guide. Revolution Medicines, Inc.; 2026. **10.** Lalla RV, Sonis ST, Peterson DE. Management of oral mucositis in patients who have cancer. *Dent Clin North Am*. 2008;52(1):61-77. doi:10.1016/j.cden.2007.10.002 **11.** Mouth soreness and pain. Atlanta: American Cancer Society, 2026. Accessed April 14, 2026. https://www.cancer.org/cancer/managing-cancer/side-effects/eating-problems/mouth-sores.html **12.** Oral complications of cancer therapies (PDQ®)–health professional version. National Cancer Institute. Accessed June 14, 2026. https://www.cancer.gov/about-cancer/treatment/side-effects/mouth-throat/oral-complications-hp-pdq **13.** Diarrhea and cancer treatment. National Cancer Institute. Accessed June 14, 2026. https://www.cancer.gov/about-cancer/treatment/side-effects/diarrhea **14.** Brennan GT, Saif MW. Pancreatic enzyme replacement therapy: a concise review. *JOP*. 2019;20(5):126-129. **15.** Jiang J, Jiang L, Maldonato BJ, et al. Translational and herapeutic evaluation of RAS-GTP inhibition by RMC-6236 in RAS-driven cancers. *Cancer Discov*. 2024;14(6):OF1-OF24. doi:10.1158/2159-8290.CD-24-0027 **16.** Wolpin BM, Wainberg ZA, Hendifar AE, et al; RASolute 302 investigators. Daraxonrasib, a RAS(ON) multi-selective inhibitor vs chemotherapy in previously treated metastatic pancreatic adenocarcinoma (mPDAC): primary and final analysis from the phase 3 RASolute 302 study. Presented at: ASCO Annual Meeting; May 29-June 2, 2026; Chicago, IL.

Additional resources for your practice and your patients

RASONQUE™ (daraxonrasib) tablets 100 mg 150 mg

For practices and clinicians

- Dermatologic Reactions Management Guide
- Prescribing Information
- Medical Information
- Ordering RASONQUE
- Financial support information

For patients

- Welcome Kit
- Patient Brochure
- Side Effect Management Guide
- Financial support information

Visit hcp.RASONQUE.com to find more resources for your practice and your patients

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

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The majority of ARs in patients who received RASONQUE were Grade 1 or 2[1]

The most common ARs (≥20%) in patients treated with RASONQUE were rash, diarrhea, stomatitis, nausea, fatigue, vomiting, abdominal pain, edema, decreased appetite, and hemorrhage.[1]

Prophylaxis may help to reduce the risk of dermatologic reactions[1]

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

RASONQUE (RAS-ON-cue) | daraxonrasib (da-rak-son-ras-ib)

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 22-23 and full Prescribing Information, including Medication Guide.

Revolution Medicines