NCCN RECOMMENDED

National Comprehensive Cancer Network® (NCCN®)–recommended treatment option

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend pralsetinib (GAVRETO) as an NCCN Category 2A*:

- preferred first-line treatment option for RET fusion-positive metastatic NSCLC[2]
- systemic treatment option for structurally persistent/recurrent locoregional or distant metastatic RET fusion-positive PTC not amenable to RAI therapy[3]

*See the NCCN Guidelines® for NSCLC and thyroid carcinoma for detailed recommendations, including other preferred treatment options. NCCN makes no warranties of any kind whatsoever regarding their content, use, or application, and disclaims any responsibility for their application or use in any way.
PTC=papillary thyroid cancer; RAI=radioactive iodine.

INDICATIONS

GAVRETO (pralsetinib) is indicated for the treatment of:

- Adult patients with metastatic rearranged during transfection (RET) fusion-positive non-small cell lung cancer (NSCLC) as detected by an FDA-approved test
- Adult and pediatric patients 12 years of age and older with advanced or metastatic RET fusion-positive thyroid cancer who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate)†

†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 confirmatory trial(s).

SELECT SAFETY INFORMATION

Serious and sometimes fatal adverse reactions occurred with GAVRETO. Warnings and precautions include **interstitial lung disease/pneumonitis, hypertension, hepatotoxicity, hemorrhagic events, tumor lysis syndrome, risk of impaired wound healing, and embryo-fetal toxicity**.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO was studied in first-line and previously treated RET+ mNSCLC patient populations similar to those seen in real-world practice[1,4]

ARROW study design in the NSCLC population[1,5]

Efficacy and safety with GAVRETO (400 mg orally once daily) were evaluated in patients with RET fusion-positive mNSCLC in the ARROW study, a phase 1/2, nonrandomized, open-label, single-arm, multicohort, multicenter clinical trial.[1,5] Patients with asymptomatic CNS metastases, including patients with stable or decreasing steroid use within 2 weeks prior to study entry, were enrolled.[1]

Demographic characteristics in the NSCLC population at baseline[1]

	Treatment-naïve patients (n=107)	Previously platinum-treated patients (n=130)
Median age	62 years (30-87)	59 years (26-85)
Gender	53% female 47% male	51% female 49% male
Race/ethnicity	49% White 45% Asian 3% Hispanic/Latino	40% White 50% Asian 5% Hispanic/Latino
ECOG status		
0-1	99%	95%
2	-	4%
History of or current CNS metastases at baseline	28%	41%
RET fusion partner		
KIF5B	71%	70%
CCDC6	18%	19%
Prior therapy type*		
PD-1/PD-L1 inhibitor	-	42%
Kinase inhibitors	-	27%
Patient identification	68% NGS • 30% tumor sample • 17% blood or plasma • 22% unknown 19% FISH	80% NGS • 37% tumor sample • 15% blood or plasma • 28% unknown 13% FISH 2% other

*Previously platinum-treated patients received a median of 2 prior systemic therapies (range 1-6).
CNS=central nervous system; ECOG=Eastern Cooperative Oncology Group; FISH=fluorescence in situ hybridization; NGS=next-generation sequencing; PD-1=programmed cell-death protein 1; PD-L1=programmed death-ligand 1.

SELECT SAFETY INFORMATION

Interstitial Lung Disease (ILD)/Pneumonitis: Severe, life-threatening, and fatal ILD/pneumonitis can occur in patients treated with GAVRETO. Pneumonitis occurred in 12% of patients who received GAVRETO, including 3.3% with Grade 3-4, and 0.2% with fatal reactions. Monitor for pulmonary symptoms indicative of ILD/pneumonitis. Withhold GAVRETO and promptly investigate for ILD in any patient who presents with acute or worsening of respiratory symptoms (e.g., dyspnea, cough, and fever). Withhold, reduce dose or permanently discontinue GAVRETO based on severity of confirmed ILD.

Hypertension: Occurred in 35% of patients, including Grade 3 hypertension in 18% of patients. Overall, 8% had their dose interrupted and 4.8% had their dose reduced for hypertension. Treatment-emergent hypertension was most commonly managed with anti-hypertension medications. Do not initiate GAVRETO in patients with uncontrolled hypertension. Optimize blood pressure prior to initiating GAVRETO. Monitor blood pressure after 1 week, at least monthly thereafter and as clinically indicated. Initiate or adjust anti-hypertensive therapy as appropriate.
Withhold, reduce dose, or permanently discontinue GAVRETO based on the severity.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

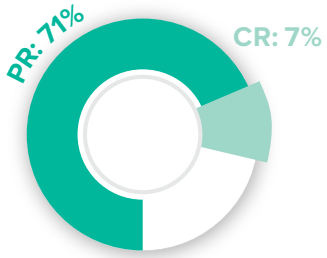
GAVRETO® pralsetinib 100mg capsules

GAVRETO demonstrated robust and durable response in RET+ mNSCLC patients[1]

Efficacy results with GAVRETO in treatment-naïve patients[1,6]

The major efficacy outcome measures were overall response rate (ORR) and duration of response (DoR), as assessed by a blinded independent central review (BICR) according to RECIST v1.1.

Overall Response Rate (n=107)



78% ORR

(95% CI: 68%-85%)

Duration of and Time to Response (n=83)

Median DoR: 13.4 months (9.4 months-23.1 months)

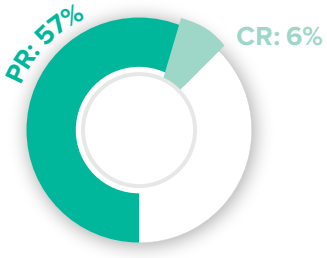
0 6 12 18 24

Median DoR follow-up: 20.2 months
(16.6 months-21.4 months)[6]

- 45% of patients continued to respond to treatment at ≥12 months*
- Median time to first response was 1.8 months (range: 0.9 months-6.1 months)[6]

Efficacy results in previously platinum-treated patients[1,6]

Overall Response Rate (n=130)



63% ORR

(95% CI: 54%-71%)

Duration of and Time to Response (n=82)

Median DoR: 38.8 months (14.8 months-NE)

0 10 20 30 40

Median DoR follow-up: 29.3 months
(24.1 months-33.1 months)[6]

- 66% of patients continued to respond to treatment at ≥12 months*
- Median time to first response was 1.8 months (range: 1.3 months-11.4 months)[6]

Consistent responses were observed with GAVRETO, including CNS activity, across previously treated subgroups[1]

CNS ACTIVITY

Brain metastases at baseline (n=10)†:

70% of patients with measurable disease had a response

2 had CR

DoR ≥6 months: 71%

PRIOR PD-1/PD-L1 INHIBITOR EXPLORATORY ANALYSIS

(n=54):

59% ORR

(95% CI: 45%-72%)

Median DoR: 22.3 months
(95% CI: 8.0 months-NE)

Patients enrolled by July 11, 2019. Data cutoff: March 4, 2022.
*Based on observed DoR.
†No patients received radiation therapy to the brain within 2 months prior to study entry.
CI=confidence interval; CR=complete response; NE=not estimable; PR=partial response.

SELECT SAFETY INFORMATION

Hepatotoxicity: Serious hepatic adverse reactions occurred in 1.5% of patients treated with GAVRETO. Increased aspartate aminotransferase (AST) occurred in 49% of patients, including Grade 3 or 4 in 7% and increased alanine aminotransferase (ALT) occurred in 37% of patients, including Grade 3 or 4 in 4.8%. The median time to first onset for increased AST was 15 days (range: 5 days to 2.5 years) and increased ALT was 24 days (range: 7 days to 3.7 years). Monitor AST and ALT prior to initiating GAVRETO, every 2 weeks during the first 3 months, then monthly thereafter and as clinically indicated. Withhold, reduce dose or permanently discontinue GAVRETO based on severity.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

GAVRETO was generally well tolerated in RET+ mNSCLC[1]

Adverse reactions (≥15%) in RET fusion-positive mNSCLC patients who received GAVRETO in ARROW[1]

Adverse Reaction	GAVRETO (N=281)	
	Grades 1-4 (%)	Grades 3-4 (%)
Gastrointestinal disorders		
Constipation	45	0.7
Diarrhea	30	2.5
Nausea	19	0
Dry mouth	17	0
General disorders and administration site conditions		
Edema*	44	0
Fatigue*	42	2.5
Pyrexia	29	0.7
Musculoskeletal and connective tissue disorders		
Musculoskeletal pain*	44	2.5
Increased blood creatine phosphokinase	19	9
Vascular		
Hypertension*	38	18

Adverse Reaction	GAVRETO (N=281)	
	Grades 1-4 (%)	Grades 3-4 (%)
Respiratory, thoracic and mediastinal disorders		
Cough*	36	0.4
Dyspnea	21	2.1
Infection and infestations		
Pneumonia*	24	13
Urinary tract infection	16	3.6
Metabolism and nutrition disorders		
Decreased appetite	18	1.1
Nervous system disorders		
Taste disorder*	17	0
Headache*	15	1.1
Skin and subcutaneous tissue disorders		
Rash*	17	0

Clinically relevant adverse reactions occurring in <15% of patients included pneumonitis (14%), vomiting (14%), abdominal pain (14%), and stomatitis (6%).

*For grouped terms, please refer to the U.S. Prescribing Information (USPI).

20% of patients permanently discontinued GAVRETO due to any adverse reaction; **9.6%** discontinued due to adverse reactions considered treatment-related by the trial investigator[1,6]

- Serious adverse reactions occurred in 65% of patients who received GAVRETO
- The most frequent serious adverse reactions (in ≥2% of patients) were pneumonia, anemia, pneumonitis, pyrexia, sepsis, urinary tract infection, coronavirus infection, pleural effusion, dyspnea, musculoskeletal pain, pulmonary embolism, and seizure
- Fatal adverse reactions occurred in 7% of patients; fatal adverse reactions that occurred in >1 patient included pneumonia (n=8), sepsis (n=3), and COVID (n=3)

SELECT SAFETY INFORMATION

Hemorrhagic Events: Serious, including fatal, hemorrhagic events can occur with GAVRETO. Grade ≥3 events occurred in 4.1% of patients treated with GAVRETO including one patient with a fatal hemorrhagic event. Permanently discontinue GAVRETO in patients with severe or life-threatening hemorrhage.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

Safety of GAVRETO was evaluated in 281 patients with RET+ mNSCLC[1]

Dose reductions, interruptions, and discontinuations due to adverse reactions while taking GAVRETO[1]

Adverse reactions resulting in permanent discontinuation, which occurred in ≥2% of patients, included pneumonitis (3.2%) and pneumonia (2.8%).

51% of patients treated with GAVRETO experienced dose reductions due to adverse reactions

- Adverse reactions requiring dosage reductions in ≥2% of patients included anemia, neutropenia, pneumonitis, increased blood creatine phosphokinase, leukopenia, hypertension, fatigue, pneumonia, and lymphopenia

73% of patients treated with GAVRETO experienced dosage interruptions due to an adverse reaction

- Adverse reactions requiring dosage interruption in ≥2% of patients included anemia, pneumonia, pneumonitis, neutropenia, hypertension, increased blood creatine phosphokinase, fatigue, pyrexia, increased aspartate aminotransferase (AST), increased alanine aminotransferase (ALT), coronavirus infection, diarrhea, hypophosphatemia, musculoskeletal pain, thrombocytopenia, dyspnea, hemorrhage, leukopenia, lymphopenia, edema, sepsis, and vomiting

Select laboratory abnormalities (≥20%) worsening from baseline in patients who received GAVRETO in ARROW[1]

Laboratory Abnormality	GAVRETO (N=281)	
	Grades 1-4 (%)	Grades 3-4 (%)
Chemistry		
Increased AST	80	3.2
Increased ALT	58	3.9
Decreased albumin	52	0
Decreased calcium (corrected)	50	1.8
Decreased phosphate	50	17
Increased creatinine	45	1.4
Increased alkaline phosphatase	43	2.5
Decreased sodium	42	10
Decreased potassium	27	4.6
Increased potassium	27	1.8
Decreased magnesium	25	0
Increased bilirubin	20	1.8
Hematology		
Decreased leukocytes	79	11
Decreased hemoglobin	78	18
Decreased lymphocytes	73	32
Decreased neutrophils	70	21
Decreased platelets	33	5

Clinically relevant laboratory abnormalities in <20% of patients who received GAVRETO included increased magnesium (14%).

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

GAVRETO was studied in patients with advanced thyroid cancers[1]

ARROW study design in the thyroid cancer population[1,7]

Efficacy and safety with GAVRETO (400 mg orally once daily) were evaluated in patients with advanced or metastatic RET fusion-positive thyroid cancer in the ARROW study, a phase 1/2, nonrandomized, open-label, single-arm, multicohort, multicenter clinical trial.[1,7] All patients must also have had an ECOG performance status (PS) of 0-1.[8]

The major efficacy outcome measures were overall response rate (ORR) and duration of response (DoR), as assessed by a blinded independent central review (BICR) according to RECIST v1.1.

Demographic characteristics in the advanced thyroid cancer population at baseline[1]

RET fusion-positive thyroid cancer patients* (n=9)					
Median age	**Gender**	**Race/ ethnicity**	**ECOG status**	**History of or current CNS metastases at baseline**	**Patient identification**
61 years (46-74)	33% female 67% male	78% White 22% Asian 11% Hispanic/Latino	0-1: 100%	56%	89% NGS 11% FISH

*All patients had PTC. All patients had metastatic disease. Patients had received a median of 2 prior therapies (range 1-8). Prior systemic treatments included prior RAI (100%) and prior sorafenib and/or lenvatinib (56%).

Efficacy results with GAVRETO in advanced or metastatic RET fusion-positive thyroid cancer[1,6]

Overall Response Rate (n=9)

89% ORR

(95% CI: 52%-100%)

Duration of and Time to Response (n=8)

Median DoR: NR (NE-NE)

- 100% of patients continued to respond to treatment at 6 months†
- Median time to first response was 1.9 months (range: 1.8 months-5.5 months)[6]

Patients enrolled by July 11, 2019. Data cutoff: May 22, 2020.
†Based on an observed DoR.
NR=not reached.

SELECT SAFETY INFORMATION

Tumor Lysis Syndrome (TLS): Cases of TLS have been reported in patients with medullary thyroid carcinoma receiving GAVRETO. Patients may be at risk of TLS if they have rapidly growing tumors, a high tumor burden, renal dysfunction, or dehydration. Closely monitor patients at risk, consider appropriate prophylaxis including hydration, and treat as clinically indicated.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

Safety of GAVRETO was evaluated in 138 patients with RET+ thyroid cancer[1]

Adverse reactions (≥15%) in RET-altered thyroid cancer patients who received GAVRETO in ARROW[1]

Adverse Reaction	GAVRETO (N=138)*	
	Grades 1-4 (%)	Grades 3-4 (%)
Musculoskeletal		
Musculoskeletal pain†	42	0.7‡
Gastrointestinal		
Constipation	41	0.7‡
Diarrhea†	34	5‡
Abdominal pain†	17	0.7‡
Dry mouth	17	0
Stomatitis†	17	0.7‡
Nausea	17	0.7‡
Vascular		
Hypertension	40	21‡
General		
Fatigue†	38	6‡
Edema†	29	0
Pyrexia	22	2.2‡
Respiratory		
Cough†	27	1.4‡
Dyspnea†	22	2.2‡
Nervous system		
Headache†	24	0
Peripheral neuropathy†	20	0
Dizziness†	19	0.7‡
Dysgeusia†	17	0
Skin and subcutaneous		
Rash†	24	0
Metabolism and nutrition		
Decreased appetite	15	0

*Includes 19 patients with RET fusion-positive thyroid cancer.
†For grouped terms, please refer to the USPI.
‡Only includes a Grade 3 adverse reaction.

Clinically relevant adverse reactions in <15% of patients who received GAVRETO included tumor lysis syndrome and increased creatine phosphokinase.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

GAVRETO was generally well tolerated in RET+ thyroid cancer[1*]

9% of patients permanently discontinued GAVRETO due to any adverse reaction;
3.6% discontinued due to adverse reactions considered treatment-related by the trial investigator[1,6]

- Serious adverse reactions occurred in 39% of patients who received GAVRETO
- The most frequent serious adverse reactions (in ≥2% of patients) were pneumonia, pneumonitis, urinary tract infection, pyrexia, fatigue, diarrhea, dizziness, anemia, hyponatremia, and ascites
- Fatal adverse reactions occurred in 2.2% of patients; fatal adverse reactions that occurred in >1 patient included pneumonia (n=2)

Dose reductions, interruptions, and discontinuations due to adverse reactions while taking GAVRETO[1]

Adverse reactions resulting in permanent discontinuation, which occurred in >1 patient, included fatigue, pneumonia, and anemia.

44% of patients treated with GAVRETO experienced dose reductions due to adverse reactions

- Adverse reactions requiring dosage reductions in ≥2% of patients included neutropenia, anemia, hypertension, increased blood creatine phosphokinase, decreased lymphocyte count, pneumonitis, fatigue, and thrombocytopenia

67% of patients treated with GAVRETO experienced dosage interruptions due to an adverse reaction

- Adverse reactions requiring dosage interruption in ≥2% of patients included neutropenia, hypertension, diarrhea, fatigue, pneumonitis, anemia, increased blood creatine phosphokinase, pneumonia, urinary tract infection, musculoskeletal pain, vomiting, pyrexia, increased AST, dyspnea, hypocalcemia, cough, thrombocytopenia, abdominal pain, increased blood creatinine, dizziness, headache, decreased lymphocyte count, stomatitis, and syncope

*Includes 19 patients with RET fusion-positive thyroid cancer.

SELECT SAFETY INFORMATION

Risk of Impaired Wound Healing: Impaired wound healing can occur in patients who receive drugs that inhibit the vascular endothelial growth factor (VEGF) signaling pathway. Therefore, GAVRETO has the potential to adversely affect wound healing. Withhold GAVRETO for at least 5 days prior to elective surgery. Do not administer for at least 2 weeks following major surgery and until adequate wound healing. The safety of resumption of GAVRETO after resolution of wound healing complications has not been established.

Embryo-Fetal Toxicity: Based on findings from animal studies and its mechanism of action, GAVRETO can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective non-hormonal contraception during treatment with GAVRETO and for 2 weeks after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with GAVRETO and for 1 week after the last dose.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

Laboratory abnormalities in patients who received GAVRETO[1]

Select laboratory abnormalities (≥20%) worsening from baseline in patients who received GAVRETO in ARROW[1]

Laboratory Abnormality*	GAVRETO (N=138)†	
	Grades 1-4 (%)	Grades 3-4 (%)
Chemistry		
Decreased calcium (corrected)	70	9
Increased AST	69	4.3
Increased ALT	43	3.6
Increased creatinine	41	0
Decreased albumin	41	1.5
Decreased sodium	28	2.2
Decreased phosphate	28	8
Decreased magnesium	27	0.7
Increased potassium	26	1.4
Increased bilirubin	24	1.4
Increased alkaline phosphatase	22	1.4
Hematology		
Decreased lymphocytes	67	27
Decreased hemoglobin	63	13
Decreased neutrophils	59	16
Decreased platelets	31	2.9

*Denominator for each laboratory parameter is based on the number of patients with a baseline and post-treatment laboratory value available, which ranged from 135 to 138 patients.
†Includes 19 patients with RET fusion-positive thyroid cancer.

Clinically relevant laboratory abnormalities in patients who received GAVRETO included increased phosphate (40%).

SELECT SAFETY INFORMATION

Common adverse reactions (≥25%) were musculoskeletal pain, constipation, hypertension, diarrhea, fatigue, edema, pyrexia, and cough. **Common Grade 3/4 laboratory abnormalities (≥2%)** were decreased lymphocytes, decreased neutrophils, decreased hemoglobin, decreased phosphate, decreased leukocytes, decreased sodium, increased aspartate aminotransferase (AST), increased alanine aminotransferase (ALT), decreased calcium (corrected), decreased platelets, increased alkaline phosphatase, increased potassium, decreased potassium, and increased bilirubin.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

GAVRETO—the once-daily RET inhibitor[1]

Recommended starting dose: 400 mg once daily

Capsules are not actual size.

Four 100-mg capsules

Patients should take GAVRETO on an empty stomach (no food intake for at least 2 hours before and at least 1 hour after taking GAVRETO).

Continue treatment until disease progression or until unacceptable toxicity.

If a dose of GAVRETO is missed, it can be taken as soon as possible on the same day. Resume the regular daily dose schedule for GAVRETO the next day.

Advise patients not to take an additional dose if vomiting occurs after taking GAVRETO but to continue with the next dose as scheduled.

Select patients for treatment with GAVRETO based on the presence of a RET gene fusion (NSCLC or thyroid cancer).

An FDA-approved test for the detection of RET gene fusion (thyroid cancer) is not currently available.

Recommended dosage reductions for adverse reactions

Dose Reduction	Recommended Dosage
First	300 mg once daily
Second	200 mg once daily
Final	100 mg once daily

Permanently discontinue GAVRETO in patients who are unable to tolerate 100 mg taken orally once daily.

Drug Interactions

- Strong or moderate CYP3A inhibitors and/or P-gp inhibitors: Avoid coadministration. If coadministration cannot be avoided, reduce the dose of GAVRETO (see sections 2.4, 7.1, and 12.3 of the USPI)
- Strong or moderate CYP3A inducers: Avoid coadministration. If coadministration cannot be avoided, increase the dose of GAVRETO (see sections 2.5, 7.1, and 12.3 of the USPI)

CYP=cytochrome P450; P-gp=P-glycoprotein.

GAVRETO is available in a single-dosage strength that allows for dose reductions within an existing bottle.

SELECT SAFETY INFORMATION

Avoid coadministration of GAVRETO with **strong or moderate CYP3A inhibitors, P-gp inhibitors, or combined P-gp and strong or moderate CYP3A inhibitors**. If coadministration cannot be avoided, reduce the GAVRETO dose. Avoid coadministration of GAVRETO with **strong or moderate CYP3A inducers**. If coadministration cannot be avoided, increase the GAVRETO dose.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

Support is available for you and your patients taking GAVRETO

Enroll your current and new patients into RIGEL ONECARE® for ongoing support

RIGEL ONECARE has a staff of nurses fully trained to support patients prescribed GAVRETO, whether their GAVRETO is fulfilled through integrated, in-office dispensing or specialty pharmacies.

Services provided by RIGEL ONECARE include:

- Transitioning existing patients into Rigel network pharmacies
- Benefits investigation, prior authorization, and appeals resources
- Copay assistance*
- Temporary and long-term free drug supply*
- Adherence support and product-education phone calls

Download the Enrollment Form

rigel onecare®

1-833-RIGELOC (1-833-744-3562)
Monday-Friday, 8 am to 8 pm ET

With GAVRETO financial assistance, eligible patients pay as little as $0†

The GAVRETO copay assistance program can help eligible patients with commercial insurance pay as little as $0 per prescription fill. Enroll your patients now by answering a few eligibility questions.

Visit RigelONECARE.com to learn more

*All Rigel programs are subject to eligibility requirements. Restrictions may apply.

†Eligible patients, aged 18 or older and with a valid prescription, may receive GAVRETO at a $0 copay for each prescription fill if they pay through commercial insurance. Full program criteria are not displayed and can be found at RigelONECARE.com.

RIGEL ONECARE is a patient support center sponsored by Rigel Pharmaceuticals, Inc.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

GAVRETO® pralsetinib 100mg capsules

Go with GAVRETO, the only once-daily treatment for RET+ mNSCLC and advanced thyroid cancer[1]

GAVRETO® pralsetinib 100mg capsules

RET+

A once-daily RET-inhibitor therapy that is designed to target RET in RET+ mNSCLC and advanced or metastatic thyroid carcinoma[1]

GAVRETO was **studied across multiple subgroups, including those with a history of CNS metastases** at baseline and prior experience on PD-1/PD-L1 therapy[1]

GAVRETO is available in a single-dosage strength that allows for **dose reductions within an existing bottle**[1]*

In 540 patients with RET-altered solid tumors, the most common adverse reactions (≥25%) were musculoskeletal pain, constipation, hypertension, diarrhea, fatigue, edema, pyrexia, and cough. The most common Grades 3-4 laboratory abnormalities (≥2%) were decreased lymphocytes, decreased neutrophils, decreased hemoglobin, decreased phosphate, decreased leukocytes, decreased sodium, increased AST, increased ALT, decreased calcium (corrected), decreased platelets, increased alkaline phosphatase, increased potassium, decreased potassium, and increased bilirubin[1]

*In the NSCLC population, adverse reactions requiring dosage reductions in ≥2% of patients included anemia, neutropenia, pneumonitis, increased blood creatine phosphokinase, leukopenia, hypertension, fatigue, pneumonia, and lymphopenia. In the thyroid cancer population, adverse reactions requiring dosage reductions in ≥2% of patients included neutropenia, anemia, hypertension, increased blood creatine phosphokinase, decreased lymphocyte count, pneumonitis, fatigue, and thrombocytopenia.

Visit GAVRETO-hcp.com for more information.

SELECT SAFETY INFORMATION

Lactation: Advise women not to breastfeed during treatment with GAVRETO and for 1 week after the last dose.

Pediatric Use: Monitor open growth plates in adolescent patients. Consider interrupting or discontinuing GAVRETO if abnormalities occur.

You may report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information.

References: 1. GAVRETO® [Package insert], South San Francisco, CA: Rigel Pharmaceuticals, Inc. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer V.5.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed April 23, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinoma V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed April 23, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. **4.** Hess LM, Han Y, Zhu YE, Bhandari NR, Sireci A. Characteristics and outcomes of patients with RET-fusion positive non-small lung cancer in real-world practice in the United States. *BMC Cancer*. 2021;21(1):28. **5.** Gainor JF, Curigliano G, Kim DW, et al. Pralsetinib for RET fusion-positive non-small-cell lung cancer (ARROW): a multi-cohort, open-label, phase 1/2 study. *Lancet Oncol*. 2021;22(7):959-969. **6.** GAVRETO: Data on file, Rigel Pharmaceuticals, Inc. June 2024. **7.** Subbiah V, Hu M, Wirth LJ, et al. Pralsetinib for patients with advanced or metastatic RET-altered thyroid cancer (ARROW): a multi-cohort, open-label, registrational, phase 1/2 study. *Lancet Diabetes Endocrinol*. 2021;9(8):491-501. **8.** Phase 1/2 study of the highly-selective RET inhibitor, pralsetinib (BLU-667), in participants with thyroid cancer, non-small cell lung cancer, and other advanced solid tumors (ARROW). ClinicalTrials.gov identifier: NCT03037385. https://clinicaltrials.gov/ct2/show/NCT03037385. Accessed April 23, 2024.

© 2024 Rigel Pharmaceuticals, Inc. All rights reserved. GAV_PAN-24005 0624
GAVRETO and RIGEL ONECARE are registered trademarks of Rigel Pharmaceuticals, Inc.
South San Francisco, CA 94080

rigel®