

NASDAQ: MRTX

MIRATI

THERAPEUTICS

Targeting the genetic and
immunological drivers of cancer

KRAZATI™ Launch Investor Event

December 13, 2022

Agenda

Opening Remarks

David Meek (Chief Executive Officer)

KRAZATI (adagrasib) Data & Label

Chuck Baum, M.D., Ph.D. (President, Founder and Head of Research & Development)

Alan Sandler, M.D. (Chief Medical Officer)

KOL Perspective

Dr. Alexander Spira, M.D., Ph.D., FACP (Virginia Cancer Specialists Research Institute)

Commercialization Strategy

Ben Hickey (Chief Commercial Officer)

Closing Remarks

David Meek (Chief Executive Officer)

Q&A Session

All, Joined by:

Laurie Stelzer (Chief Financial Officer)



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Opening Remarks and Introduction

KRAZATI™ (adagrasib) | 200 mg TABLETS

NOW FDA APPROVED!

For adult patients with locally advanced or metastatic NSCLC with a KRAS^{G12C} mutation as determined by an FDA-approved test, after first-line therapy.

This indication is approved under accelerated approval based on ORR and DOR. Continued approval for this indication may be contingent upon verification of a clinical benefit in a confirmatory trial.



NSCLC = non-small cell lung cancer; ORR= objective response rate; DOR=duration of response



KRAZATI (adagrasib) Data & Label

KRYSTAL-1 (849-001)¹ Phase 2 Cohort A Study Design

Phase 2 NSCLC Monotherapy Treatment

Key Eligibility Criteria

- NSCLC with KRAS^{G12C} mutation²
- Unresectable or metastatic disease
- Prior treatment with a PD-1/L1 inhibitor in combination or in sequence with chemotherapy
- Treated, stable CNS metastases were allowed

adagrasib 600 mg BID
(Capsule, Fasted)

Study Objectives

- Primary endpoint:
ORR (RECIST 1.1) per BICR
- Secondary endpoints:
DOR, PFS, OS, safety

Phase 2 cohort evaluating adagrasib 600 mg BID in
previously treated patients with NSCLC harboring a KRAS^{G12C} mutation (N=116)

¹ClinicalTrials.gov. NCT03785249

²KRAS^{G12C} mutation detected in tumor tissue by sponsor-approved local laboratory testing

NSCLC = non-small cell lung cancer; PD-1 = programmed cell death ligand 1; CNS = central nervous system; ORR = objective response rate; BICR = blinded independent central review; RECIST = response evaluation criteria in solid tumors; DOR = duration of response; PFS = progression free survival; OS = overall survival; BID = twice daily

KRAZATI (adagrasib) Select Study Findings

Primary Endpoint¹

43% ORR

(n=112; 95% CI: 33.5-52.6)

KRYSTAL-1 Phase 2 registrational cohort of 112 evaluable patients

Prespecified endpoints included DOR, PFS, and OS (based on BICR)

KRYSTAL-1 Pooled Analysis²

14.1 months OS

(median, N=132; 95% CI: 9.2-19.2)

Analysis combining the Phase 1/1b and Phase 2 NSCLC cohorts of the KRYSTAL-1 study receiving KRAZATI 600 mg BID

KRYSTAL-1 Phase 2 Retrospective Analysis³

**Intracranial
33% ORR³**

42/116 patients had stable, adequately treated brain metastases at baseline as identified by BICR

Intracranial ORR cannot be attributed to KRAZATI alone given brain metastases were stable and adequately treated

¹Objective responses were observed in 43% (95% CI, 33.5–52.6)

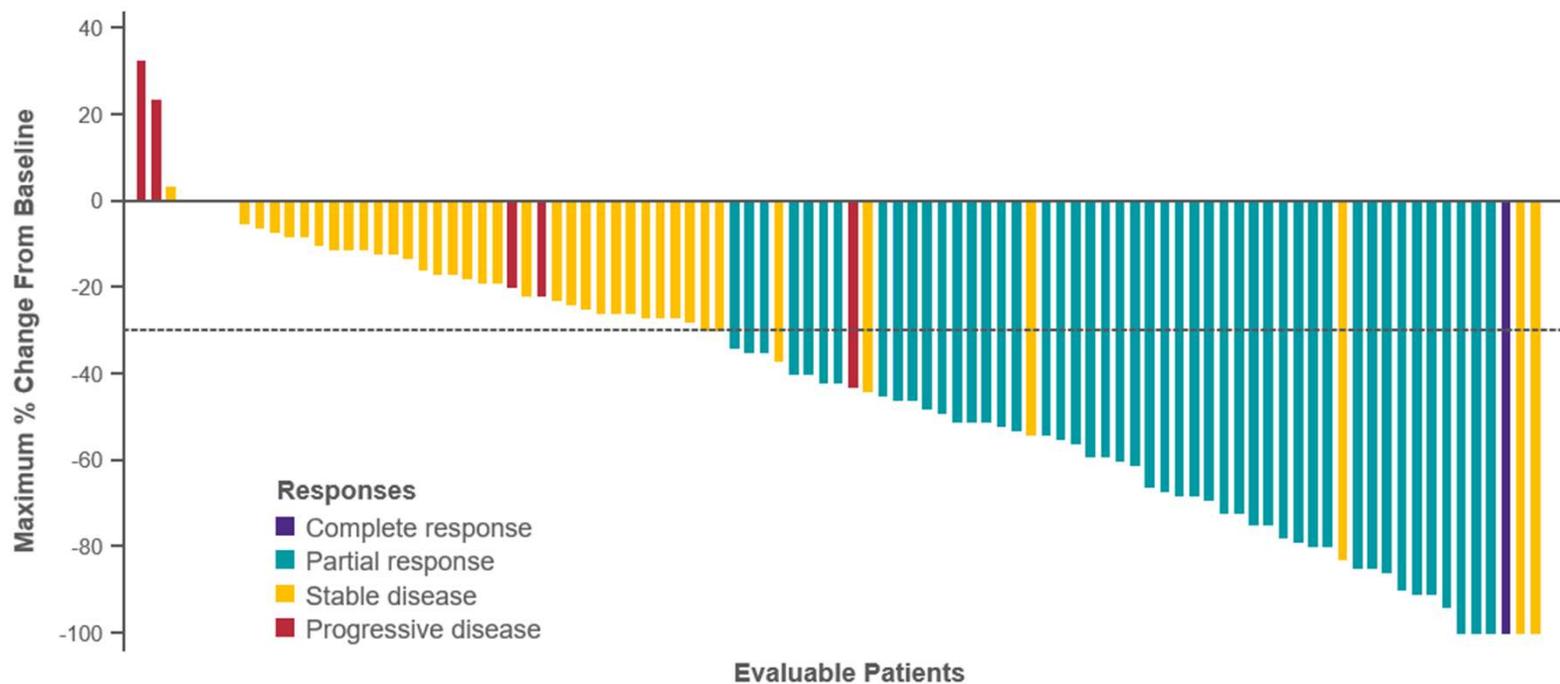
²Single-arm trials do not adequately characterize time-to-event endpoints such as OS. Thus, these data from KRYSTAL-1 cannot be directly interpreted as having an OS benefit

³In patients with stable, adequately treated brain metastases

NSCLC = non-small cell lung cancer; ORR = objective response rate; BICR = blinded independent central review; DOR = duration of response; PFS = progression free survival, OS = overall survival; BID = twice daily; CI = confidence interval



KRAZATI (adagrasib) in Previously Treated Patients with KRAS^{G12C}-mutated NSCLC: Best Tumor Change from Baseline^{1,2}



- Objective responses were observed in 43% (95% CI, 33.5–52.6)
- Responses were deep with 75% of responders achieving >50% tumor reduction

¹All results are based on blinded independent central review. Responses include target lesion tumor regression, as well as non-target lesion assessment

²Data as of October 15, 2021 (median follow-up: 12.9 months)

NSCLC = non-small cell lung cancer; CI = confidence interval

KRAZATI (adagrasib) U.S. Label

Highlights of Prescribing Information^{1,2}

INDICATIONS AND USAGE KRAZATI is an inhibitor of the RAS GTPase family indicated for the treatment of adult patients with KRAS^{G12C}-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an FDA approved test, who have received at least one prior systemic therapy.

DOSAGE AND ADMINISTRATION The recommended dosage of KRAZATI is 600 mg administered orally twice daily with or without food.

DOSAGE FORMS AND STRENGTHS Tablet: 200 mg. Dose reductions recommendations are available in the case of adverse events.

WARNINGS AND PRECAUTIONS

Monitor patients for diarrhea, nausea and vomiting and provide supportive care as needed. Withhold, reduce the dose or permanently discontinue based on severity.

Avoid concomitant use of KRAZATI with other products with a known potential to prolong the QTc interval. Monitor ECG and electrolytes in patients at risk, and in patients taking medications known to prolong the QT interval. Withhold, reduce the dose, or permanently discontinue based on severity.

Monitor liver laboratory tests prior to the start of KRAZATI and monthly for 3 months after and as clinically indicated. Reduce the dose, withhold, or permanently discontinue based on severity.

Monitor for new or worsening respiratory symptoms. Withhold KRAZATI for suspected ILD/pneumonitis and permanently discontinue if no other potential causes of ILD/pneumonitis are identified.

ADVERSE REACTIONS

The most common adverse reactions ($\geq 25\%$) are nausea, diarrhea, vomiting, fatigue, musculoskeletal pain, hepatotoxicity, renal impairment, edema, dyspnea, and decreased appetite.

¹All results are based on BICR. Responses include target lesion tumor regression, as well as non-target lesion assessment

²Data as of October 15, 2021 (median follow-up: 12.9 months)

RAS = rat sarcoma virus; GTP = guanosine triphosphate; QTc = interval corrected for heart rate; ECG = electrocardiogram; ILD = interstitial lung disease

KRAZATI



KRAZATI (adagrasib) Safety Summary

KRAZATI was generally well tolerated with primarily mild to moderate events upon evaluation in 260 adult patients with NSCLC and other solid tumors

- In KRYSTAL-1, 116 patients with KRAS^{G12C}-mutated advanced NSCLC received KRAZATI 600 mg orally BID.
- 77.5% of patients had grade 3 or higher adverse reaction, and the most common ($\geq 5.0\%$) were lipase increase (6.0%) and anemia (5.2%).
- Adverse events of laboratory abnormalities (all grades) that occurred in $\geq 25\%$ of patients and worsened in patients were decreased lymphocyte count, increased AST, increased ALT, increased amylase, increased blood alkaline phosphatase, increased blood creatinine, hyponatremia, and increased lipase.
- 11% of patients were characterized as having a Grade 5 adverse reaction

Adverse Reaction		Grade 1(%)	Grade 2(%)	Grade 3(%)	Grade 4(%)
GI Disorders	Diarrhea	54.3	14.7	0.9	0
	Nausea	40.5	24.1	4.3	0
	Vomiting	39.7	15.5	0.9	0
	Constipation	18.1	4.3	0	0
	Abdominal Pain	12.1	8.6	0	0
General Disorders	Fatigue ¹	22.4	29.3	6.9	0
	Edema	26.7	5.2	0	0
Respiratory	Dyspnea	9.5	15.5	8.6	1.7
	Cough	15.5	7.8	0.9	0
Musculoskeletal and Connective Tissue Disorders	Musculoskeletal Pain	19.8	14.7	6.9	0
Hepatobiliary Disorders	Hepatotoxicity	12.9	13.8	9.5	0.9
Renal and Urinary Disorders	Renal Impairment	23.3	6.9	6.0	0
Metabolism and Nutrition Disorders	Decreased Appetite	13.8	12.1	4.3	0
Infections & Infestations	Pneumonia	1.7	3.4	16.4	0.9
Nervous System Disorders	Dizziness ²	18.1	4.3	0.9	0
Cardiac Disorders	Electrocardiogram QT prolonged	9.5	4.3	6.0	0

¹Includes both fatigue and asthenia.

²Includes both dizziness and vertigo.

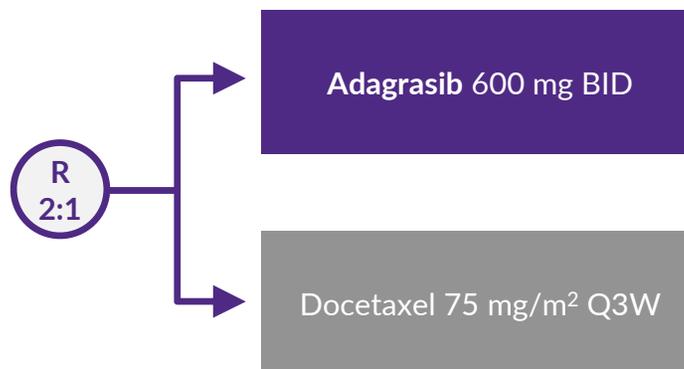
NSCLC = non-small cell lung cancer; ALT = alanine aminotransferase; AST= aspartate aminotransferase; BID=twice-daily; GI=gastrointestinal



KRYSTAL-12 (849-012): A Randomized Phase 3 Study of Adagrasib vs. Docetaxel in Patients with Previously Treated NSCLC with a KRAS^{G12C} Mutation

Key Eligibility Criteria

- NSCLC with KRAS^{G12C} mutation¹
- Unresectable or metastatic disease
- Prior treatment with platinum regimen and checkpoint inhibitor
- Treated, stable CNS metastases allowed (no active brain mets)
- No prior KRAS inhibitor



Study Objectives

- **Dual primary endpoints:** PFS and OS
- **Secondary endpoints:** Safety, ORR, DOR, 1-Year survival rate, time to CNS progression; intracranial activity in patients with brain metastases at baseline (exploratory)
- Crossover allowed upon PFS readout

¹KRAS^{G12C} mutation detected in tumor tissue by sponsor-approved local laboratory testing

NSCLC = non-small cell lung cancer; CNS = central nervous system; ORR = objective response rate; DOR = duration of response; PFS = progression free survival; OS = overall survival; BID = twice daily; Q3W = every 3 weeks



KOL Perspective – Dr. Alexander Spira, M.D., Ph.D., FACP,
Co-Director, Virginia Cancer Specialists Research Institute



Commercialization Strategy & Market Overview

Commercial Launch Strategy: Establish KRAZATI as the 2L Standard of Care for Patients with KRAS^{G12C} Mutation

Generate Unrestricted and Affordable Patient Access

- Competitive pricing \$19,750 for 200mg tablet / 180 count bottle
- Establish KRAZATI's unique clinical profile with payers
- Strong partnerships with community oncology networks & distributors
- Unique Mirati & Me[®] patient support services

Drive KRAZATI Trial and Adoption

- Educate oncologists on unique profile of KRAZATI across academic and community settings
- Continue to educate around the unmet need for ~40% of patients with CNS mets
- Deploy novel customer engagement platform with coordinated in person and digital content
- Deploy industry leading service programs and field expertise to support the complete account

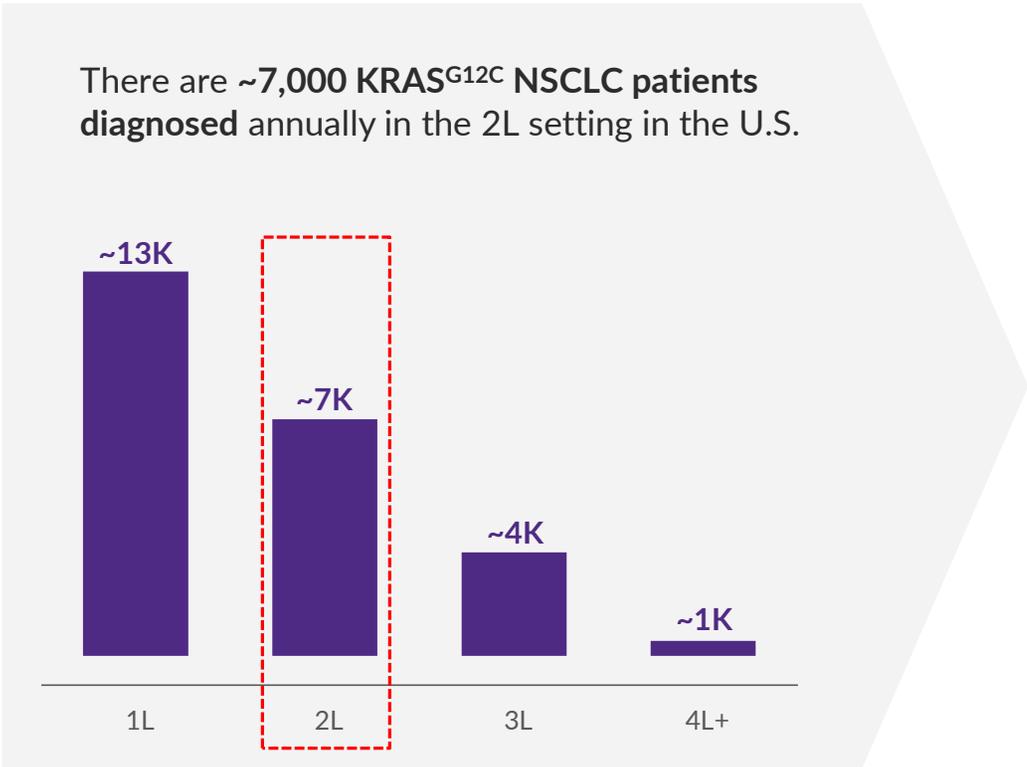
Expand the Eligible 2L G12C Patient Population

- Ensure testing for KRAS for all appropriate NSCLC patients
- Encourage identification of KRAS^{G12C} patients for incorporation into treatment plan
- Generate real world evidence to identify both gaps and solutions



KRAZATI (adagrasib) Market Opportunity & Physician Awareness

Given extensive clinical trial experience and excitement surrounding KRAS, adagrasib and Mirati are already well established



Strong execution of awareness campaign

Metric	Result vs. Target Benchmark
Adagrasib Awareness	✓
High Familiarity With Adagrasib*	✓
Awareness of Mirati	✓

*Awareness of adagrasib among Lumakras prescribers ~ 85%



Experienced Lung Cancer Sales Force, with an Average Industry Tenure of 19 Years

100% Oncology Experience

73% Lung Experience

64% Biotech/Start-up Experience



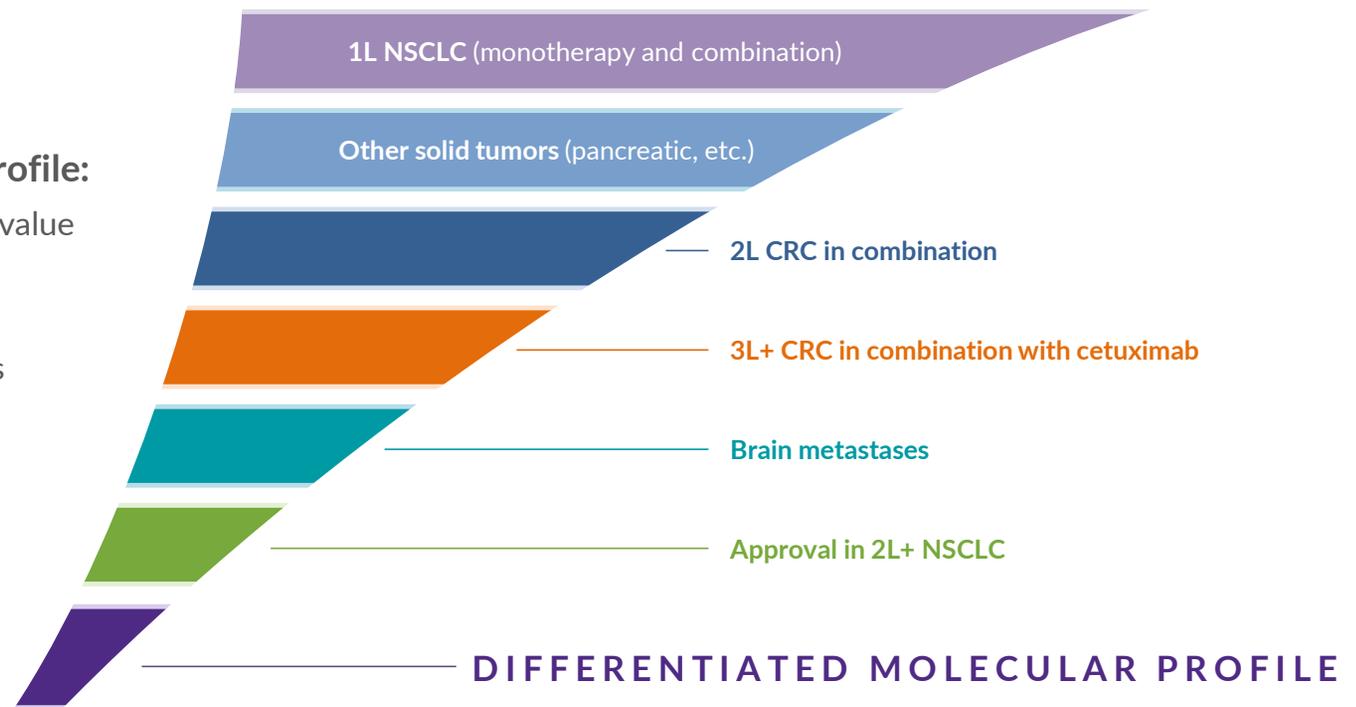


Closing Remarks

KRAZATI Approval is First of Several Exciting Ways Mirati Can Positively Impact Patients with KRAS^{G12C} Mutated Cancers

Adagrasib's clinically meaningful profile:

- Offers multiple paths to long-term value
- Enables both monotherapy and combination approaches
- Provides compelling efficacy across multiple tumor types
- Allows combination with CPI



Pillars to Drive Long-Term Success and Optimization of Mirati's Differentiated Portfolio and Capabilities



PEOPLE

Deeply experienced, fully integrated and highly focused team with expertise across discovery, development, commercial and support functions



PIPELINE

Broad pipeline of novel oncology therapeutics with significant potential across large patient populations



PARTNERING

Engaging in selective partnerships to advance and deliver novel therapeutics to the patients who need them



CAPITAL

Cash runway into 2025 provides sufficient capital to invest in our portfolio and capabilities in a disciplined and data driven way

THANK YOU

...to the over 1,200 patients and their families who participated in our clinical trial program

...to the more than hundreds of clinical investigators, along with their nurses, site coordinators, and support staff

...to the Mirati team who worked tirelessly to deliver an important new medicine



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 Q&A