Truqap®
capivasertib
160 mg • 200 mg tablets

In combination with abiraterone and prednisone for patients with PTEN-deficient metastatic APMN/S prostate cancer[1]
(mAPMN/S is also known as mHSPC*)

CUTANEOUS ADVERSE REACTIONS

Best practices for monitoring and management during treatment

PI and Expert-led Guidance

*Per the Prostate Cancer Working Group 4 guidelines.[2]

mAPMN/S=metastatic androgen pathway modulation-naïve or -sensitive; mHSPC=metastatic hormone-sensitive prostate cancer; PTEN=phosphatase and tensin homolog.

IMPORTANT PRODUCT INFORMATION

Select Safety Information About TRUQAP® (capivasertib) tablets

TRUQAP is contraindicated in patients with severe hypersensitivity to TRUQAP or any of its components.

Serious adverse reactions include hyperglycemia, including diabetic ketoacidosis and fatal outcomes; diarrhea; and cutaneous adverse reactions. Monitor fasting glucose and hemoglobin A1C levels regularly. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRUQAP and for 4 months after the last dose. Among the 503 patients who received TRUQAP in CAPItello-281, the most common (≥20%) adverse reactions including laboratory abnormalities were increased fasting glucose (70%), decreased hemoglobin (61%), decreased lymphocytes (58%), cutaneous adverse reactions (53%), diarrhea (53%), decreased potassium (51%), increased creatinine (49%), increased non-fasting glucose (49%), increased alanine aminotransferase (38%), increased triglycerides (37%), increased aspartate aminotransferase (36%), decreased sodium (30%), and fatigue (26%).

Indication and Usage

TRUQAP in combination with abiraterone and prednisone is indicated for the treatment of adult patients with metastatic androgen pathway modulation-naïve or -sensitive (mAPMN/S) prostate cancer that is PTEN-deficient as detected by an FDA-authorized test.

Please see Important Safety Information on pages 10-11 and full Prescribing Information, including Patient Information for TRUQAP.

How to use this brochure

This brochure was designed to inform and educate you on cutaneous adverse reactions associated with TRUQAP + abiraterone/prednisone and how to manage them.

The following PI guidance and expert insights are provided to help with monitoring and managing cutaneous adverse reactions during treatment.

Frequency and severity of cutaneous adverse reactions

Early and consistent monitoring guidance

Dosing

Expert insights for managing rash

Appropriate clinical intervention may help manage cutaneous adverse reactions while on TRUQAP + abiraterone/prednisone[1,3]

Cutaneous adverse reactions are an on-target effect of PI3K/AKT/PTEN pathway inhibitors such as TRUQAP.[3]

Cutaneous adverse reactions (including rash) in patients receiving TRUQAP + abiraterone/prednisone (n=503)[1]

- 53% of patients experienced any grade and 17.2% experienced Grade 3 or 4

Rash (a cutaneous adverse reaction) in patients receiving TRUQAP + abiraterone/prednisone (n=503) in CAPItello-281[1,4]

Median time to first occurrence

13 days

(range: 11-63 days)

Frequency of rash	
All grades	Grade 3-4
35.4%	**12.3%**

8%

Discontinuation rate
of TRUQAP due to rash of any grade[1]

12%

Dose reduction rate
of TRUQAP due to rash of any grade[1]

- **Primary prophylaxis for cutaneous adverse reactions (including rash) was not permitted in CAPItello-281.**[5] 80% of the 265 patients who experienced cutaneous adverse reactions were managed with topical or systemic corticosteroid treatment[1†]
- Monitor patients for signs and symptoms of cutaneous adverse reactions[1]
- Early consultation with a dermatologist is recommended[1]
- Withhold, reduce dose, or permanently discontinue TRUQAP based on severity[1]

*Cutaneous adverse reaction includes brachioradial pruritus, dermatitis, dermatitis acneiform, dermatitis allergic, dermatitis atopic, dermatitis exfoliative, dermatitis exfoliative generalized, drug eruption, dry skin, eczema, eczema asteatotic, eczema nummular, erythema, erythema ab igne, erythema multiforme, exfoliative rash, eye pruritus, eyelids pruritus, genital erythema, mucocutaneous rash, palmar-plantar erythrodysesthesia syndrome, pruritus, pruritus allergic, pruritus genital, purpura, rash, rash erythematous, rash macular, rash maculo-papular, rash papular, rash pruritic, rash pustular, skin exfoliation, skin fissures, skin ulcer, stoma site rash, urticaria, and urticaria papular.

†54% (115/212) were treated with topical corticosteroids and 25% (54/212) with systemic corticosteroids.

AKT=serine/threonine protein kinase; PI3K=phosphoinositide 3-kinase.

Please see Important Safety Information on pages 10-11 and full Prescribing Information, including Patient Information for TRUQAP.

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Proactive monitoring and patient counseling may help support rash management during treatment[1,3,6,7]

Before TRUQAP initiation

- **Counsel patients that cutaneous adverse reactions, including rash, may occur—discuss median time to onset within first 2 weeks (range: 11-63 days)[1]**
  - -Instruct patients to notify the healthcare team at the first occurrence of rash[3]
  - -Encourage patients to capture photos of their rash and share via electronic medical records or the patient portal, when possible[3]
- **Inform your patients to seek medical attention if they experience[6]:**
  - -Itching, pain, or other troubling symptoms accompanying rash
  - -Rash in the mouth or nose
  - -Fever (100.5 °F or higher)
  - -New or worsening rash
  - -Blistering/peeling/open areas in the skin
  - -Signs of an allergic reaction (swelling, chest pain, or difficulty breathing)
- **Advise your patients to report any signs or symptoms to their healthcare team as soon as they occur. Counsel patients to consider lifestyle changes to help prevent or avoid exacerbating CARs[1,6]*:**
  - -Use mild soaps and lotions without perfumes
  - -Be gentle when washing and drying the skin
  - -Protect skin from the sun (sunscreen or protective clothing)
  - -Wear loose, nonirritating clothing
- **Consider an early consultation with a dermatologist**

During TRUQAP treatment

- **Monitor patients periodically during therapy[1]**
  - -Reddening of the skin
  - -Skin peeling
  - -Blistering on skin, lips, eyes, or mouth
  - -Fever
  - -Dry skin
  - -New or worsening rash

Upon onset of rash

Assess: color, moisture, morphology, and distribution[3]

Estimate body surface area (BSA) using palm method **(1 palm + fingers = 1% BSA)**[3]

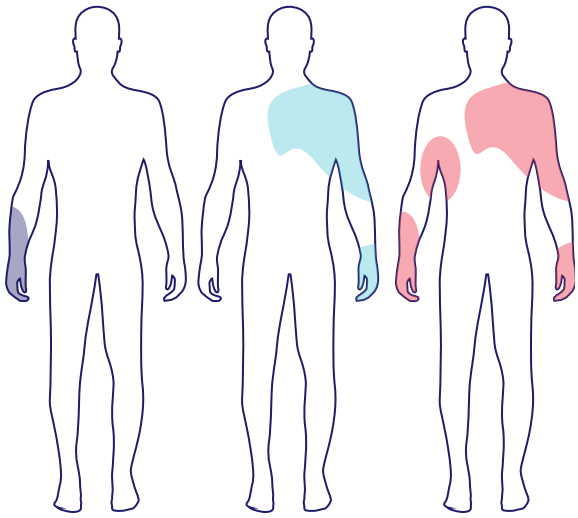
Estimate BSA to guide grade-based treatment selection, such as antihistamines and topical or systemic steroids[3†]

Recommendations for rash monitoring and management are based on PI guidance and expert opinion articles.

***Cutaneous adverse reactions (CARs), which can be severe, including erythema multiforme (EM), palmar-plantar erythrodysesthesia, and drug reaction with eosinophilia and systemic symptoms (DRESS), occurred in patients who received TRUQAP. Monitor patients for signs and symptoms of cutaneous adverse reactions. Early consultation with a dermatologist is recommended. Withhold, reduce dose, or permanently discontinue TRUQAP based on severity.[1]**

[†]Use caution with systemic corticosteroids due to the potential for hyperglycemia; may require increased glucose monitoring 1-2 days after initiation and close follow-up thereafter.[3]

Grading will depend on the types of cutaneous adverse reactions[7]



Distribution of cutaneous adverse reactions on the body will vary by case.

How to grade rash maculopapular:

Grade 1

Macules/papules covering <10% BSA with or without symptoms

Grade 2

Macules/papules covering 10%-30% BSA with or without symptoms; limiting instrumental ADL; rash covering >30% BSA with or without mild symptoms

Grade 3

Macules/papules covering >30% BSA with moderate or severe symptoms; limiting self-care ADL

For additional resources to help your patients during treatment, visit https://www.truqaphcp.com/prostate-cancer/resources

ADL=activities of daily living; CARs=cutaneous adverse reactions.

Please see Important Safety Information on pages 10–11 and full Prescribing Information, including Patient Information for TRUQAP.

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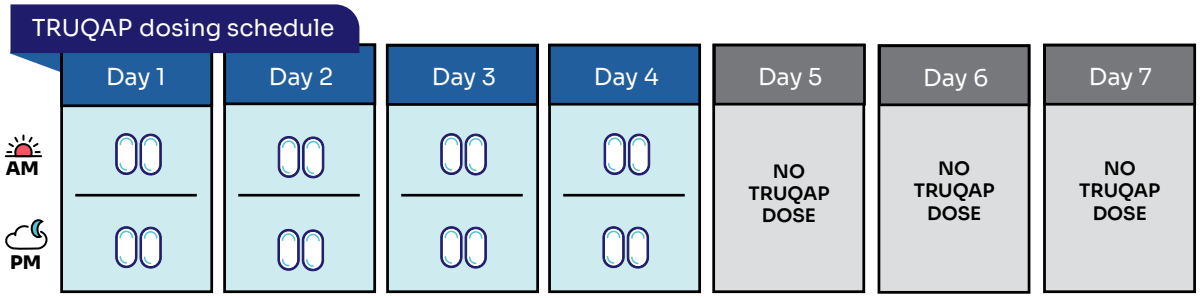
TRUQAP recommended dosing and dose modification for adverse reactions (ARs)[1]

In combination with abiraterone/prednisone,

TRUQAP dosing schedule[1]

Designed to achieve a positive benefit-risk balance

The recommended starting dose of TRUQAP is 400 mg taken orally twice daily, approximately 12 hours apart, 4 consecutive days on, 3 days off, every week



Select patients based on an FDA-authorized test for detection of PTEN deficiency.

TRUQAP is taken in combination with other agents

Abiraterone 1000 mg taken orally, once daily + Prednisone 5 mg, once daily + ADT therapy*

For dosing instructions for combination agents administered with TRUQAP, refer to the respective manufacturers' Prescribing Information.

*Patients with mAPMN/S prostate cancer should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had a bilateral orchiectomy.

Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRUQAP and for 4 months after the last dose. Based on findings in animal studies, TRUQAP can cause fetal harm.

Advise patients on the following when taking TRUQAP:

- Can be taken with or without food
- Do not chew, crush, or split tablets prior to swallowing. Do not take tablets that are broken, cracked, or otherwise not intact
- Swallow whole with water
- Do not consume grapefruit products

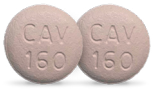
In combination with abiraterone/prednisone,

Recommended dosage modification of TRUQAP for ARs[1]

No matter the dose, the dosing schedule remains the same: 4 consecutive days on, 3 days off, every week

First dose reduction

320 mg twice daily for 4 consecutive days followed by 3 days off



Two 160-mg tablets BID

Not actual size.

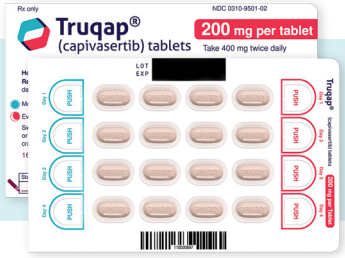
Second dose reduction

200 mg twice daily for 4 consecutive days followed by 3 days off

One 200-mg tablet BID

Not actual size.

- Permanently discontinue TRUQAP if unable to tolerate the second dose reduction
- **Avoid concomitant use with strong CYP3A inhibitors.** If concomitant use with a strong CYP3A inhibitor cannot be avoided, reduce the dosage of TRUQAP to 320 mg orally twice daily for 4 days followed by 3 days off
- When concomitantly used with a moderate CYP3A inhibitor, reduce the dosage of TRUQAP to 320 mg orally twice daily for 4 days followed by 3 days off
- After discontinuation of a strong or moderate CYP3A inhibitor, resume the TRUQAP dosage (after 3 to 5 half-lives of the inhibitor) that was taken prior to initiating the strong or moderate CYP3A inhibitor
- **Avoid concomitant use of TRUQAP with strong or moderate CYP3A inducers**



Not actual size.

Available in blister packs to help patients track 4 consecutive days on treatment

ADT=androgen deprivation therapy; BID=bis in die (twice daily); CYP3A=cytochrome P450 3A.

If a patient misses a dose within 4 hours of the scheduled time, instruct the patient to take the missed dose. If a patient misses a dose by more than 4 hours of the scheduled time, instruct the patient to skip the dose and take the next dose at its usual scheduled time

If a patient vomits a dose, instruct the patient not to take an additional dose and to take the next dose at its usual scheduled time

Continue treatment until disease progression or unacceptable toxicity occurs.

Please see Important Safety Information on pages 10–11 and full Prescribing Information, including Patient Information for TRUQAP.

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PI-recommended dose modifications and expert insights for managing rash[1,3]

***The expert insights below are derived from a manuscript developed with funding from AstraZeneca. They represent the authors' clinical opinions and interpretations and are not part of the TRUQAP Prescribing Information. These considerations are for informational purposes only to support the management of rash and are not a substitute for the TRUQAP Prescribing Information recommendations.**

GRADE† (see page 5 for more information)	PRIMARY MANAGEMENT
Grade 1	**Continue as prescribed[1]** **Start H1 antihistamines and escalate as needed[3]** ▪ AM: nonsedating (cetirizine 10 mg, levocetirizine 5 mg, loratadine 10 mg); escalate as needed ▪ PM: sedating for pruritus (diphenhydramine 25–50 mg or hydroxyzine 25–50 mg) **Consider H2 blocker[3]** ▪ eg, famotidine 40 mg daily
Grade 2	**Withhold TRUQAP until recovery to Grade ≤1[1]** **Start H1 antihistamines and escalate as needed[3]** ▪ AM: nonsedating (cetirizine 10 mg, levocetirizine 5 mg, loratadine 10 mg); escalate as needed ▪ PM: sedating for pruritus (diphenhydramine 25–50 mg or hydroxyzine 25–50 mg) **Consider H2 blocker[3]** ▪ eg, famotidine 40 mg daily
Grade 3	**Withhold TRUQAP until recovery to Grade ≤1[1]** **Initiate/escalate antihistamines[3]** ▪ AM: nonsedating (dosed up to cetirizine 40 mg/day, levocetirizine 15 mg/day, loratadine 20 mg/day, fexofenadine 360 mg/day) ▪ PM: sedating for pruritus (diphenhydramine 25–50 mg or hydroxyzine 25–50 mg) **Consider H2 blocker[3]** ▪ eg, famotidine 40 mg daily
Grade 4	**Permanently discontinue TRUQAP[1]** **Initiate/escalate antihistamines[3]** ▪ AM: nonsedating (dosed up to cetirizine 40 mg/day, levocetirizine 15 mg/day, loratadine 20 mg/day, fexofenadine 360 mg/day) ▪ PM: sedating for pruritus (diphenhydramine 25–50 mg or hydroxyzine 25–50 mg) **Consider H2 blocker[3]** ▪ eg, famotidine 40 mg daily

†Grading is for maculopapular rash; PI recommendations provided encompass the group term of cutaneous adverse reactions.[1,3]

Please see Important Safety Information on pages 10–11 and full Prescribing Information, including Patient Information for TRUQAP.

KEY: PI-recommended | Expert Insights*

SECONDARY MANAGEMENT	TRUQAP DOSING AT RECOVERY
Topical corticosteroids (BID) if inadequate response/ pruritus/patient request[3] ▪ Low (face/groin/axilla): hydrocortisone 1% or 2.5%, triamcinolone 0.025% ▪ Med–high (trunk/extremities): amcinonide 0.1%, fluocinonide 0.1%, triamcinolone 0.5%, betamethasone 0.05% ▪ Very high (palms/soles): clobetasol 0.05%, augmented betamethasone 0.05% **Oral/systemic steroids if uncontrolled[3]** ▪ Prednisone 0.5 mg/kg/day → taper 7–10 days (extend per response)	**Maintain same dose of TRUQAP[1]**
Topical corticosteroids (BID) if inadequate response/ pruritus/patient request[3] ▪ Low (face/groin/axilla): hydrocortisone 1% or 2.5%, triamcinolone 0.025% ▪ Med–high (trunk/extremities): amcinonide 0.1%, fluocinonide 0.1%, triamcinolone 0.5%, betamethasone 0.05% ▪ Very high (palms/soles): clobetasol 0.05%, augmented betamethasone 0.05% **Oral/systemic steroids if uncontrolled[3]** ▪ Prednisone 0.5 mg/kg/day → taper 7–10 days (extend per response)	**Resume TRUQAP at same dose[1]** **Resume TRUQAP at one lower dose if persistent or recurrent Grade 2[1]**
Topical corticosteroids (BID)[3] ▪ Low (face/groin/axilla): hydrocortisone 1% or 2.5%, triamcinolone 0.025% ▪ Med–high (trunk/extremities): amcinonide 0.1%, fluocinonide 0.1%, triamcinolone 0.5%, betamethasone 0.05% ▪ Very high (palms/soles): clobetasol 0.05%, augmented betamethasone 0.05% **Oral/systemic steroids (if needed)[3]** ▪ Prednisone 1 mg/kg/day → taper 7–10 days (extend per response)	**Resume TRUQAP at same dose if recovery ≤28 days[1]** **Resume TRUQAP at one lower dose if recovery >28 days[1]** **Permanently discontinue TRUQAP if recurrent Grade 3[1]**
Topical corticosteroids (BID)[3] ▪ Low (face/groin/axilla): hydrocortisone 1% or 2.5%, triamcinolone 0.025% ▪ Med–high (trunk/extremities): amcinonide 0.1%, fluocinonide 0.1%, triamcinolone 0.5%, betamethasone 0.05% ▪ Very high (palms/soles): clobetasol 0.05%, augmented betamethasone 0.05% **Oral/systemic steroids (if needed)[3]** ▪ Prednisone 1 mg/kg/day → taper 7–10 days (extend per response)	**Permanently discontinue TRUQAP[1]**

ADDITIONAL HCP CONSIDERATIONS[3]
- Continue antihistamines, evaluating for de-escalation, as clinically indicated
- Consider a dermatology consultation for persistent or recurrent grade ≥2 rash
- **Use caution with systemic corticosteroids due to potential for hyperglycemia; may require increased glucose monitoring 1–2 days after initiation and close follow-up thereafter**

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Important Safety Information and Indication

IMPORTANT SAFETY INFORMATION ABOUT TRUQAP® (capivasertib) tablets

TRUQAP is contraindicated in patients with severe hypersensitivity to TRUQAP or any of its components.

Hyperglycemia

TRUQAP can cause severe hyperglycemia, including diabetic ketoacidosis and fatal outcomes.

Increased fasting glucose (FG) from baseline occurred in 69% of patients treated with TRUQAP, including 25% of patients with Grade 2 (FG >160 to 250 mg/dL), 12% with Grade 3 (FG >250 to 500 mg/dL), and 1.2% of patients with Grade 4 (FG >500 mg/dL) events. The median time to first occurrence of hyperglycemia was 71 days (range: 1 to 1454). Dose reduction for hyperglycemia was required in 8.7% of patients and permanent discontinuation was required in 2.4% of patients. Diabetic ketoacidosis occurred in 1.2% of patients.

In the study, 41% (204/503) of patients who received TRUQAP had an anti-hyperglycemic medication regimen either initiated or changed, including treatment with insulin in 16% (81/503) of patients.

The safety of TRUQAP has not been established in patients with Type 1 diabetes or Type 2 diabetes that is uncontrolled or requiring insulin at baseline as these patients were excluded from clinical studies. Before initiating treatment with TRUQAP, test fasting glucose levels (FPG or FBG), HbA1C levels, and optimize fasting glucose. After initiating treatment with TRUQAP, monitor or self-monitor FG levels on Day 3 or 4 of the dosing week during weeks 1, 2, 4, 6, and 8; then monthly while on treatment with TRUQAP; and as clinically indicated. Monitor HbA1C levels every 3 months during treatment with TRUQAP and as clinically indicated. Patients with a history of well-controlled Type 2 diabetes mellitus may require intensified anti-hyperglycemic treatment and close monitoring of FG levels.

For patients who experience hyperglycemia during treatment with TRUQAP, monitor FG at least twice weekly, on days on and off TRUQAP, until FG decreases to baseline levels. During treatment with anti-diabetic medications, monitor FG at least once a week for 2 months, followed by once every 2 weeks, or as clinically indicated. Consider consultation with a healthcare practitioner with expertise in the treatment of hyperglycemia and initiation of FG monitoring at home for patients who have risk factors for hyperglycemia or who experience hyperglycemia. Advise patients on the signs and symptoms of hyperglycemia and counsel patients on lifestyle changes.

Withhold TRUQAP immediately when ketoacidosis is suspected. If ketoacidosis is confirmed, permanently discontinue TRUQAP. Withhold TRUQAP in clinical situations known to increase the risk of severe hyperglycemia or ketoacidosis (eg, suspected serious infection or acute illness). Based on the severity of hyperglycemia, withhold, reduce dose, or permanently discontinue TRUQAP.

Diarrhea

TRUQAP can cause severe diarrhea associated with dehydration.

Diarrhea of any grade occurred in 264 (52%) patients. Grade 3 occurred in 31 (6%) patients and Grade 4 occurred in 1 (0.2%) patient. The median time to first occurrence was 12 days (range: 3 to 48). In the study, dose reductions were required in 26 (5%) patients and 6 (1.2%) patients discontinued TRUQAP due to diarrhea. In the 264 patients with diarrhea, anti-diarrheal medication was required in 64% (170/264) of patients to manage diarrhea symptoms.

Monitor patients for signs and symptoms of diarrhea. Advise patients to increase oral fluids and start anti-diarrheal treatment at the first sign of diarrhea while taking TRUQAP. Withhold, reduce dose, or permanently discontinue TRUQAP based on severity.

Cutaneous Adverse Reactions

TRUQAP can cause cutaneous adverse reactions, which can be severe, including erythema multiforme (EM), palmar-plantar erythrodysesthesia (PPE), and drug reaction with eosinophilia and systemic symptoms (DRESS).

Cutaneous adverse reactions occurred in 53% of patients. Grade 3 cutaneous adverse reactions occurred in 84 (17%) patients and Grade 4 occurred in 1 (0.2%) patient. The median time to onset of rash was 13 days (range: 11 to 63 days). In the study, dose reduction was required in 58 (12%) patients and 38 (8%) patients discontinued TRUQAP due to rash. Among the 265 patients with cutaneous adverse reactions, 80% (212/265) required treatment and 91% (242/265) recovered in the study. Of these, 54% (115/212) were treated with topical corticosteroids and 25% (54/212) with systemic corticosteroids.

Monitor patients for signs and symptoms of cutaneous adverse reactions. Early consultation with a dermatologist is recommended. Withhold, reduce dose, or permanently discontinue TRUQAP based on severity.

Embryo-Fetal Toxicity

Based on findings from animals and mechanism of action, TRUQAP can cause fetal harm when administered to a pregnant woman. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRUQAP and for 4 months after the last dose.

TRUQAP is used in combination with abiraterone. Refer to the full Prescribing Information of abiraterone for pregnancy and contraception information.

ADVERSE REACTIONS

Among the 503 patients who received TRUQAP in CAPItello-281, the most common (≥20%) adverse reactions including laboratory abnormalities were increased fasting glucose (70%), decreased hemoglobin (61%), decreased lymphocytes (58%), cutaneous adverse reactions (53%), diarrhea (53%), decreased potassium (51%), increased creatinine (49%), increased non-fasting glucose (49%), increased alanine aminotransferase (38%), increased triglycerides (37%), increased aspartate aminotransferase (36%), decreased sodium (30%), and fatigue (26%).

In the 503 patients treated with TRUQAP + abiraterone and prednisone, dose reductions due to adverse reactions were reported in 32% of patients. Permanent TRUQAP discontinuation due to an adverse reaction occurred in 20% of patients. Dose interruptions of TRUQAP occurred in 65% of patients.

DRUG INTERACTIONS

Strong CYP3A Inhibitors: Avoid concomitant use with a strong CYP3A inhibitor. If concomitant use cannot be avoided, reduce the dose of TRUQAP and monitor patients for adverse reactions.

Moderate CYP3A Inhibitors: When concomitantly used with a moderate CYP3A inhibitor, reduce the dose of TRUQAP and monitor patients for adverse reactions.

Strong or Moderate CYP3A Inducers: Avoid concomitant use of TRUQAP with strong or moderate CYP3A inducers.

INDICATION AND USAGE

TRUQAP in combination with abiraterone and prednisone is indicated for the treatment of adult patients with metastatic androgen pathway modulation-naïve or -sensitive (mAPMN/S) prostate cancer that is PTEN-deficient as detected by an FDA-authorized test.

Please see full Prescribing Information, including Patient Information for TRUQAP or scan here.

You may report side effects related to AstraZeneca products.

References: 1. TRUQAP® (capivasertib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2026. **2.** Armstrong AJ, Morris MJ, Abida W, et al. Trial design and objectives for patients with prostate cancer: recommendations from the Prostate Cancer Working Group 4. *J Clin Oncol*. 2026;44(13):1249-1265. doi:10.1200/JCO-25-02834 **3.** Iyengar NM, O'Shaughnessy JA, Moore HN, et al. Optimizing clinical monitoring and management guidelines for capivasertib in HR-positive/HER2-negative advanced breast cancer: expert opinion. *NPJ Breast Cancer*. 2025;12(1):16. doi:10.1038/s41523-025-00864-2 **4.** Fizazi K, Clarke NW, DeSantis M, et al. Capivasertib plus abiraterone in PTEN-deficient metastatic hormone-sensitive prostate cancer: CAPItello-281 phase III study. *Ann Oncol*. 2026;37(1):53-68. doi:10.1016/j.annonc.2025.10.004 **5.** Data on file. REF-345381. AstraZeneca Pharmaceuticals LP. **6.** ChemoCare. Rash and Chemotherapy. Accessed July 24, 2026. https://chemocare.com/sideeffect/rash **7.** US Department of Health and Human Services. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0. November 27, 2017. Accessed July 24, 2026. https://dctd.cancer.gov/research/ctep-trials/for-sites/adverse-events/ctcae-v5-5x7.pdf

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CUTANEOUS ADVERSE REACTIONS

PI recommendations and expert insights may help manage rash with TRUQAP + abiraterone/prednisone[1,3]

Discontinuation rate due to ARs occurred in 20% of patients[1]

13 days (range: 11 to 63 days) median time to first occurrence

8% discontinued TRUQAP due to rash

Counsel patients at treatment initiation[1,3]

Educate on warning signs and **advise** on skin care

Instruct patients to **report rash** at first sign and **take photos** to share with their care team

Monitor patients periodically during treatment[1,3]

Assess upon rash onset

Follow PI-based recommendations for dose modifications

Learn more about managing rash in patients treated with TRUQAP + abiraterone/prednisone. Download the Dosing and AR Management Handbook

Recommendations for rash management are from organizations outside of AstraZeneca and should be considered along with the complete Prescribing Information and physicians' own clinical experience.

IMPORTANT PRODUCT INFORMATION

Select Safety Information About TRUQAP® (capivasertib) tablets

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Serious adverse reactions include hyperglycemia, including diabetic ketoacidosis and fatal outcomes; diarrhea; and cutaneous adverse reactions. Monitor fasting glucose and hemoglobin A1C levels regularly. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRUQAP and for 4 months after the last dose. Among the 503 patients who received TRUQAP in CAPItello-281, the most common (≥20%) adverse reactions including laboratory abnormalities were increased fasting glucose (70%), decreased hemoglobin (61%), decreased lymphocytes (58%), cutaneous adverse reactions (53%), diarrhea (53%), decreased potassium (51%), increased creatinine (49%), increased non-fasting glucose (49%), increased alanine aminotransferase (38%), increased triglycerides (37%), increased aspartate aminotransferase (36%), decreased sodium (30%), and fatigue (26%).

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