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*)

HYPERGLYCEMIA

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 hyperglycemia associated with TRUQAP + abiraterone/prednisone and how to manage it.

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

- Frequency and severity of hyperglycemia
- Early and consistent monitoring guidance
- Dosing
- Expert insights for managing hyperglycemia

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

Hyperglycemia is an on-target effect of PI3K/AKT/PTEN pathway inhibitors such as TRUQAP.[3]

Hyperglycemia in patients receiving TRUQAP + abiraterone/prednisone (n=503) in CAPItello-281[1]

Median time to first occurrence of hyperglycemia

71 days

(range: 1-1454 days)

Frequency of increased fasting glucose (FG) from baseline

All grades	Grade 2 (FG >160 to 250 mg/dL)	Grade 3 (FG >250 to 500 mg/dL)	Grade 4 (FG >500 mg/dL)
70%	**25%**	**12%**	**1.2%**

2.4%

Discontinuation rate with TRUQAP + abiraterone/prednisone due to hyperglycemia of any grade[1]

8.7%

Dose reduction rate of TRUQAP + abiraterone/prednisone due to hyperglycemia of any grade[1]

- **Primary prophylaxis for hyperglycemia was not permitted in CAPItello-281.**[4] 41% (204/503) of patients had an anti-hyperglycemic medication regimen either initiated or changed during the CAPItello-281 study, including treatment with insulin in 16% (81/503) of patients[1]
- **Severe hyperglycemia, including diabetic ketoacidosis (DKA) and fatal outcomes, can occur in patients treated with TRUQAP**[1]
- Patients were excluded if they had clinically significant abnormalities of glucose metabolism (defined as patients with diabetes mellitus Type 1 or Type 2 requiring insulin treatment, or HbA1C ≥8%)

AKT=serine/threonine protein kinase; HbA1C=glycated hemoglobin; PI3K=phosphoinositide 3-kinase.

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

Truqap® capivasertib
160 mg • 200 mg tablets

Proactive monitoring and patient counseling may help support hyperglycemia management during treatment[1]

Before starting treatment with TRUQAP, schedule an evaluation to determine whether your patient has certain conditions or is at risk for abnormalities in glucose metabolism and/or hyperglycemia.

Early and consistent proactive monitoring may help manage hyperglycemia during TRUQAP treatment[1]

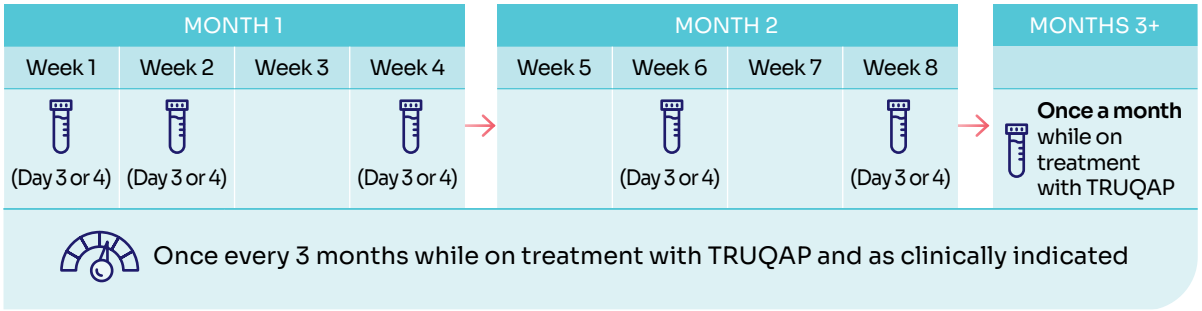
Before TRUQAP initiation

- Test fasting glucose and HbA1C levels
- Optimize fasting glucose

During TRUQAP treatment

- Monitor or self-monitor fasting glucose and HbA1C levels according to the recommended schedule below

  -Fasting glucose should be monitored on Day 3 or 4 of the dosing week during Weeks 1, 2, 4, 6, and 8; then monthly while on treatment and as clinically indicated



Upon onset of hyperglycemia

- Patients with the following characteristics may have a higher risk of hyperglycemia[5]

  -History of diabetes mellitus
  -Obesity (BMI ≥30 kg/m^2)
  -Elevated FG and/or HbA1C levels
  -Use of concomitant systemic corticosteroids
  -Infections

- For patients who experience hyperglycemia during treatment with TRUQAP, monitor fasting glucose at least twice weekly, on days on and off TRUQAP, until return to baseline levels
- During treatment with anti-diabetic medications, monitor fasting glucose at least once a week for 2 months, followed by once every 2 weeks, or as clinically indicated
- Patients with a history of well-controlled Type 2 diabetes mellitus may require intensified anti-hyperglycemic treatment and close monitoring of fasting glucose levels

Consider consulting an HCP with expertise in treating hyperglycemia and initiation of FG monitoring at home for patients who have risk factors for or who experience hyperglycemia[1]

Educating your patients about the signs of hyperglycemia may help in management[1]

Inform your patients to tell you if they experience signs and symptoms of hyperglycemia or ketoacidosis[1]

- excessive thirst
- dry mouth
- more frequent urination than usual or a bigger amount of urine than normal
- blurred vision
- increased appetite with weight loss
- stomach area (abdominal) pain
- unusual tiredness
- confusion
- nausea
- vomiting
- fruity odor on breath
- dry or flushed skin
- difficulty breathing
- sleepiness

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

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

Advise patients how changes to diet and lifestyle may help manage treatment-related hyperglycemia[1,5,6]

Get regular exercise

Limit use of alcohol and tobacco

Maintain a healthy diet (low in sugar and fat) and weight

Reduce/manage stress levels

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

Truqap® capivasertib
160 mg • 200 mg tablets

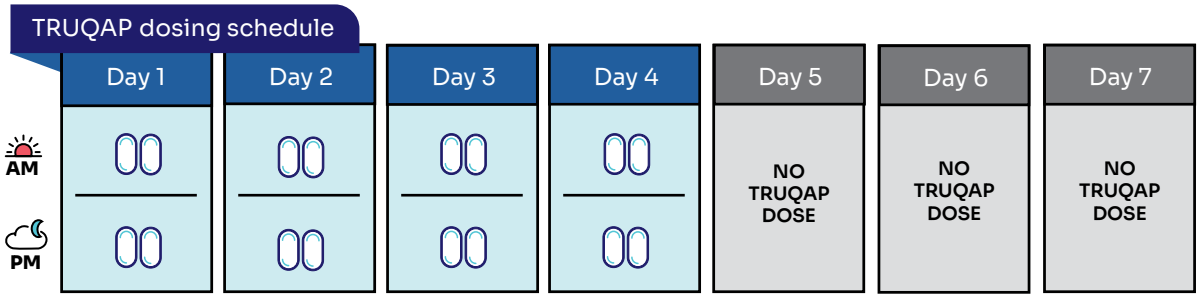
TRUQAP recommended dosing and dose modification for adverse reactions (ARs)[1]

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.[1]

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

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

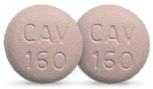
In combination with abiraterone/prednisone,

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.

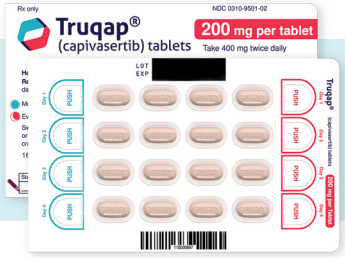
Second dose reduction

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.

Truqap® capivasertib
160 mg • 200 mg tablets

PI-recommended dose modifications and expert insights for managing hyperglycemia[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 hyperglycemia and are not a substitute for the TRUQAP Prescribing Information recommendations.**

FASTING GLUCOSE	PRIMARY MANAGEMENT
>ULN to 160 mg/dL (>ULN to 8.9 mmol/L) or HbA1C >7%	**Consider oral anti-diabetic treatment** (initiation or intensification)[1] **Initiate metformin and escalate as needed/tolerated**[3] ▪ Extended-release metformin (first-line treatment)[†]: 500 mg QD if not already initiated as prophylaxis with escalation to 2000 mg QD as needed/tolerated *OR* ▪ Standard-release metformin[†]: initiate at 500 mg QD, and escalate to 1000 mg BID as needed/tolerated
161 to 250 mg/dL (9 to 13.9 mmol/L)	**Withhold TRUQAP until FG decrease ≤160 mg/dL** (or ≤8.9 mmol/L)[1] **Initiate metformin and escalate as needed/tolerated**[3] ▪ Extended-release metformin (first-line treatment)[†]: 500 mg QD if not already initiated as prophylaxis with escalation to 2000 mg QD as needed/tolerated *OR* ▪ Standard-release metformin[†]: initiate at 500 mg QD, and escalate to 1000 mg BID as needed/tolerated
251 to 500 mg/dL (14 to 27.8 mmol/L)	**Withhold TRUQAP until FG decrease ≤160 mg/dL** (or ≤8.9 mmol/L)[1] **Initiate metformin and escalate as needed/tolerated**[3] ▪ Extended-release metformin (first-line treatment)[†]: 500 mg QD if not already initiated as prophylaxis with escalation to 1000 mg QD as needed/tolerated *OR* ▪ Standard-release metformin[†]: initiate at 500 mg QD, and escalate to 1000 mg BID as needed/tolerated
>500 mg/dL (>27.8 mmol/L) or life-threatening sequelae of hyperglycemia at any fasting glucose level	**Withhold TRUQAP**[1] **Start aggressive hydration and initiate insulin**[3] ▪ Include electrolyte management, as clinically indicated ▪ Continue insulin (0.1 U/kg/h) for shortest required duration to normalize blood glucose before optimizing other agents ▪ Once blood glucose stabilizes, optimize FG with metformin and second-line agents

Withhold TRUQAP immediately when ketoacidosis is suspected. If ketoacidosis is confirmed, permanently discontinue TRUQAP[1]

[†]In patients with estimated glomerular filtration rate <30 mL/min/1.73 m^2, or as indicated per local institutional protocols, withhold metformin prior to and 48 hours after contrast imaging to minimize the risk of acute kidney injury.[3]

[‡]Monitor for euglycemic DKA (checking urine or blood ketone levels) in patients receiving SGLT2i and advise urgent care if DKA symptoms appear.[3]

SGLT2=sodium-glucose cotransporter 2; ULN=upper limit of normal.

KEY: PI-recommended | Expert Insights*

SECONDARY MANAGEMENT	TRUQAP DOSING AT RECOVERY
	Maintain same dose of TRUQAP[1]
Consider second-line agent if FG remains high despite metformin, and endocrinology consultation[3] ▪ SGLT2 inhibitors‡ ▪ Thiazolidinedione ▪ α-glucosidase inhibitors	Maintain same dose of TRUQAP if recovery ≤28 days[1] Resume TRUQAP at one lower dose if recovery >28 days[1]
Consider second-line agent if FG remains high despite metformin, and endocrinology consultation[3] ▪ SGLT2 inhibitors‡ ▪ Thiazolidinedione ▪ α-glucosidase inhibitors Initiate insulin for FG >400 mg/dL[3] ▪ Continue for shortest required duration to normalize blood glucose before optimizing other agents	Resume TRUQAP at one lower dose if recovery ≤28 days[1] Permanently discontinue TRUQAP if recovery >28 days[1]
	Permanently discontinue TRUQAP for life-threatening sequelae of hyperglycemia or if FG persists at ≥500 mg/dL after 24 hours[1] If FG ≤500 mg/dL (or ≤27.8 mmol/L) within 24 hours, follow guidance for relevant grade[1]

Additional HCP intervention[3]

Consider other complications of hyperglycemia, including DKA
- Evaluate serum bicarbonate, electrolytes, ketones, anion gap, and white blood cell count as clinically appropriate

Counsel patients on diet and physical activity
- Tailor to patient's individual needs and metabolic status

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

Truqap® capivasertib
160 mg • 200 mg tablets

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.** Data on file. REF-345381. AstraZeneca Pharmaceuticals LP. **5.** Yale Medicine. Hyperglycemia: Symptoms, Causes, and Treatments. Accessed July 8, 2026. https://www.yalemedicine.org/conditions/hyperglycemia-symptoms-causes-treatments **6.** Sampayo V, Tofthagen C. Hyperglycemia and cancer: an algorithm to guide oncology nurses. *Clin J Oncol Nurs*. 2017;21(3):345-352. doi:10.1188/17.CJON345-352

Truqap® capivasertib
160 mg • 200 mg tablets

HYPERGLYCEMIA

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

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

Hyperglycemia was **mostly Grade 1-2**

2.4% discontinued TRUQAP due to hyperglycemia

Counsel patients at treatment initiation[1]

Evaluate **FG**, **HbA1C**, concurrent medications,* and your patients' medical histories

Consider consulting an HCP with expertise in treating hyperglycemia

Advise patients on signs and symptoms, as well as diet and lifestyle changes

Monitor patients periodically during therapy[1]

Monitor FG per recommendations and as clinically indicated

Test HbA1C every 3 months during treatment and as clinically indicated

Upon onset of hyperglycemia during treatment with TRUQAP, monitor fasting glucose at least twice weekly, on days on and off TRUQAP, until return to baseline levels

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

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

*Patients should avoid concomitant use of TRUQAP with strong or moderate CYP3A inducers.[1]

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%).

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

AstraZeneca

Truqap® capivasertib
160 mg • 200 mg tablets