



NOW APPROVED TRUQAP + abiraterone/prednisone

Dosing and AR Management Handbook

A helpful tool for identifying, monitoring, and managing your patients' adverse reactions

*Per the Prostate Cancer Working Group 4 guidelines.¹

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

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.

Please see additional Important Safety Information throughout, and full Prescribing Information, including Patient Information for TRUQAP.

How to use this handbook

This handbook was designed to inform and educate you on the ARs associated with TRUQAP® (capivasertib) + abiraterone/prednisone and how to manage them.

To better understand the AR management guidance in this handbook, the safety profile from the CAPItello-281 trial and dosing schedule for TRUQAP + abiraterone/prednisone have been provided as well. With this knowledge, you'll be able to **identify and address signs and symptoms early**.



Patient evaluation and monitoring guidance



Dosing



Safety and tolerability



Frequency and severity of ARs



AR management and dose modification information

At AstraZeneca, we're committed to the partnership with you and your patients

Together, as a **TEAM**, we can help your patients' treatment experiences on TRUQAP + abiraterone/prednisone.

▶ Talk

to your patients about what treatment with TRUQAP + abiraterone/prednisone may look like

▶ Evaluate

your patients' medical histories and prepare for potential ARs associated with TRUQAP²

▶ Advise

your patients on helpful tips and what to have available if they begin experiencing symptoms²

▶ Monitor

your patients during treatment and check for symptoms of ARs, and manage ARs as clinically indicated in the Prescribing Information for TRUQAP²



▶ **Learn more about TRUQAP and download additional resources**

Evaluate your patients before starting TRUQAP® (capivasertib) + abiraterone/prednisone

Before starting treatment with TRUQAP, schedule an evaluation to determine if they have certain conditions.

▶ **Diabetes/hyperglycemia**²⁻⁴

Severe hyperglycemia, including diabetic ketoacidosis and fatal outcomes, can occur in patients treated with TRUQAP.²

Evaluate FG (FPG or FBG) and HbA1C levels, and optimize FG prior to starting TRUQAP.²

Patients with a history of diabetes mellitus or risk factors for hyperglycemia such as obesity (BMI ≥ 30 kg/m²), elevated FG, HbA1C at or above the ULN, and use of concomitant systemic corticosteroids or infections should be closely monitored.^{3,4} 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.²

▶ **Hepatic impairment**²

No dose adjustments are required for patients with mild hepatic impairment (bilirubin $\leq$ ULN and AST $>$ ULN, or bilirubin >1 to 1.5 X ULN and any AST).

Monitor patients with moderate hepatic impairment (bilirubin >1.5 to 3 X ULN and any AST) for adverse reactions due to potential increased exposure to TRUQAP.

TRUQAP has not been studied in patients with severe hepatic impairment (bilirubin >3 X ULN and any AST).



▶ **Testing for these conditions** can help determine if your patients may require additional monitoring while taking TRUQAP²



▶ **Encourage your patients to report** adverse reactions when they occur and to share the frequency of them during office visits⁵

► Renal impairment²

No dose modification is recommended for patients with mild to moderate renal impairment (creatinine clearance 30 to 89 mL/min).

TRUQAP has not been studied in patients with severe renal impairment (creatinine clearance 15 to 29 mL/min).

► Contraception²

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.



**Download resources
for your patients**

In combination with abiraterone/prednisone,

TRUQAP[®] (capivasertib) dosing schedule²

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

TRUQAP dosing schedule

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
 AM					NO TRUQAP Dose	NO TRUQAP Dose	NO TRUQAP Dose
 PM							

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 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 ARs²

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[®]
capiwasertib
160 mg • 200 mg tablets

Adverse reactions were mostly Grade 1 or 2²

Proactive AR management is important: Encourage patients to report AR symptoms;
Promptly intervene; Empower patients with management strategies⁵

ARs ≥10% in patients

Adverse reaction ²	TRUQAP + abi/pred (n=503)		Placebo + abi/pred (n=503)	
	All Grades (%)	Grade 3-4 (%)	All Grades (%)	Grade 3-4 (%)
Gastrointestinal disorders				
Diarrhea	53	6	9	0.4
Nausea	13	0.6	5	0.2
Skin and subcutaneous tissue disorders				
Cutaneous adverse reactions*	53	17	16	0.4
General disorders and administration site conditions				
Fatigue†	26	1.2	19	1.2
Pyrexia†	11	1.2	3.2	0
Infections and Infestations				
Urinary tract infection†	16	4.2	12	1.8
Pneumonia†	11	6	6	2.4
Metabolism and nutrition disorders				
Decreased appetite	10	1	4.2	0

▶ The safety profile observed in CAPItello-281 was generally consistent with the established safety profile of TRUQAP¹

Clinically relevant ARs occurring in <10% of patients or <5% difference by arm treated with TRUQAP included vomiting, stomatitis, decreased weight, dyspepsia, dysgeusia, hypersensitivity, and diabetic ketoacidosis.²

In CAPItello-281, Safety and tolerability profile

The most common laboratory abnormalities $\geq 10\%$ were[‡]: increased fasting glucose (70%), decreased hemoglobin (61%), decreased lymphocytes (58%), decreased potassium (51%), increased creatinine (49%), increased non-fasting glucose (49%), increased alanine aminotransferase (38%), increased triglycerides (37%), increased aspartate aminotransferase (36%), and decreased sodium (30%).²

Serious adverse reactions occurred in 47% of patients receiving TRUQAP with abiraterone.²

The most common serious adverse reactions ($\geq 2\%$) were: pneumonia (7%), cutaneous adverse reactions (5%), hyperglycemia (5%), hemorrhage (3.4%), urinary tract infection (3.2%), ischemic cerebro-/cardiovascular events (3.2%), acute kidney injury (2.2%), and hypokalemia (2.2%).²

See full Prescribing Information for full safety and tolerability profile.

Rates of dose discontinuation/reduction due to ARs

▶ **TRUQAP discontinuation due to ARs occurred in 20% of patients**

- The most frequent ($\geq 2\%$) ARs leading to treatment discontinuation were cutaneous adverse reactions (8%) and hyperglycemia (2.4%)

▶ **Dose reductions of TRUQAP due to ARs occurred in 32% of patients**

- The most frequent ($\geq 2\%$) ARs leading to dose reduction were cutaneous adverse reactions (12%), hyperglycemia (9%), diarrhea (5%), and fatigue (2%)

Trial design^{2,6}

TRUQAP + abiraterone/prednisone was studied in CAPItello-281, a global, phase 3, randomized (1:1), double-blind, placebo-controlled, multicenter trial with 1,012 adult patients with *de novo* PTEN-deficient mHSPC. In the trial, 507 patients received TRUQAP 400 mg and 505 received placebo, administered orally twice daily for 4 days on, 3 days off, every week. All patients received abiraterone, 1000 mg daily plus ADT and were treated until disease progression or unacceptable toxicity.

Among 503 patients who received TRUQAP, 74% were exposed for 6 months or longer, and 58% were exposed for greater than 1 year.²

*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, skin exfoliation, skin fissures, skin ulcer, stoma site rash, urticaria, and urticaria papular.

[‡]Includes other related terms.

[‡]The denominator used to calculate the rate varied from 472 to 500 based on the number of patients with a baseline value and at least one post-treatment value. The denominator used to calculate the rate varied from 485 to 500 based on the number of patients with a baseline value and at least one post-treatment value.

 **Truqap[®]**
capivasertib
160 mg • 200 mg tablets

Management strategies for hyperglycemia

▶ **TRUQAP® (capivasertib) can cause severe hyperglycemia, including diabetic ketoacidosis and fatal outcomes**

CAPitello-281 allowed for patients with HbA1C <8% and diabetes not requiring insulin.

Frequency and severity:



70% experienced any grade

14% experienced Grade 3 or 4



71 days (range: 1-1,454 days) median time to first occurrence



2.4% discontinued TRUQAP due to hyperglycemia

8.7% required dose reduction of TRUQAP

Primary prophylaxis for hyperglycemia was not permitted in CAPitello-281. 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

▶ **Counsel patients at treatment initiation**^{2,3,7}

- Evaluate FG, HbA1C, concurrent medications,* and your patients' medical histories. 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
- **Inform your patients to seek medical help** if they experience signs and symptoms of hyperglycemia or ketoacidosis, which include but are not limited to:
 - Excessive thirst
 - Increased appetite
 - Confusion
 - Dry or flushed skin
 - Dry mouth
 - Nausea or vomiting
 - Difficulty breathing
 - Increased urination
 - Abdominal pain
 - Fruity odor on breath
 - Sleepiness
 - Blurred vision
 - Unusual tiredness
- **Advise patients on how changes to diet and lifestyle may help** in the overall approach to managing treatment-related hyperglycemia: get regular exercise; limit use of alcohol, tobacco, and/or other substances; maintain a healthy diet (low in sugar and fat) and weight; and reduce/manage stress levels
- **Withhold TRUQAP in clinical situations known to increase the risk of severe hyperglycemia or ketoacidosis** (e.g., suspected serious infection or acute illness).
- **Withhold TRUQAP immediately when ketoacidosis is suspected.** If ketoacidosis is confirmed, permanently discontinue TRUQAP
- **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

▶ Monitor patients periodically during therapy²

Test FG

- Monitor or self-monitor FG 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
- Patients with a history of well-controlled type 2 diabetes mellitus may require intensified anti-hyperglycemic treatment and close monitoring of fasting glucose levels
- If hyperglycemia develops after initiating TRUQAP, monitor FG at least twice weekly, on days on and off TRUQAP until FG decreases to baseline levels
- For patients on anti-diabetic medication, monitor FG at least once a week for 2 months, followed by once every 2 weeks, or as clinically indicated

▶ Monitor patients periodically during therapy (continued)

Test HbA1C²

- Every 3 months during treatment and as clinically indicated

⚠ Patients with the following characteristics may have a higher risk of hyperglycemia^{3,4}:

- History of diabetes mellitus
- Obesity (BMI ≥ 30 kg/m²)
- Elevated FG and/or HbA1C levels
- Use of concomitant systemic corticosteroids
- Infections

Recommended dose modifications for hyperglycemia²

FG >ULN-160 mg/dL or FG >ULN-8.9 mmol/L or HbA1C >7%	Consider initiation or intensification of oral antidiabetic treatment
FG 161-250 mg/dL or FG 9-13.9 mmol/L	Withhold TRUQAP until FG decrease ≤ 160 mg/dL (or ≤ 8.9 mmol/L) If recovery occurs in ≤ 28 days, resume TRUQAP at same dose If recovery occurs in >28 days, resume TRUQAP at one lower dose
FG 251-500 mg/dL or FG 14-27.8 mmol/L	Withhold TRUQAP until FG decrease ≤ 160 mg/dL (or ≤ 8.9 mmol/L) If recovery occurs in ≤ 28 days, resume TRUQAP at one lower dose If recovery occurs in >28 days, permanently discontinue TRUQAP
FG >500 mg/dL or FG >27.8 mmol/L or life-threatening sequelae of hyperglycemia at any FG level	Withhold TRUQAP For life-threatening sequelae of hyperglycemia, or if FG persists at ≥ 500 mg/dL after 24 hours, permanently discontinue TRUQAP If FG ≤ 500 mg/dL (or ≤ 27.8 mmol/L) within 24 hours, follow the guidance earlier in the table for the relevant grade



**Withhold TRUQAP immediately when ketoacidosis is suspected.
If ketoacidosis is confirmed, permanently discontinue TRUQAP.²**

- **Severe hyperglycemia**, including diabetic ketoacidosis and fatal outcomes, can occur in patients treated with TRUQAP²

*Patients should avoid concomitant use of TRUQAP with strong or moderate CYP3A inducers.²
BMI=body mass index.

Management strategies for diarrhea

▶ TRUQAP® (capivasertib) can cause severe diarrhea associated with dehydration

Frequency and severity²:



53% experienced any grade

6.2% experienced Grade 3 or 4



12 days (range: 3–48 days) median time to first occurrence



1.2% discontinued TRUQAP due to diarrhea

5% required dose reduction of TRUQAP

Primary prophylaxis for diarrhea was not permitted in CAPItello-281. 64% (170/264) of patients who experienced diarrhea were managed with antidiarrheal medications²

▶ Counsel patients at treatment initiation^{2,8-10}

- Tell your patients that taking TRUQAP with food may reduce the risk of diarrhea*
- If diarrhea symptoms occur, instruct your patients to start antidiarrheal treatment, increase oral fluids to maintain hydration and electrolyte balance, and use skin barrier creams to prevent/reduce skin irritation
- **Inform your patients to seek medical attention if they have:**
 - Dark urine
 - Dry mouth and skin
 - Moderate to severe abdominal pain
 - Black stools
 - Rapid/irregular heartbeat
 - Fever (100.5 °F or higher)
 - Dizziness
 - Blood in stools
- Advise patients to consider dietary modifications, such as eliminating food with lactose, avoiding spicy foods, reducing intake of insoluble fiber, limiting caffeine and alcohol intake, and staying hydrated

 Monitor patients periodically during therapy for^{2,9}:

- Loose, watery stools
- Dehydration
- Frequent bowel movements

How to grade diarrhea^{1†}

Grade 1	Increase of <4 stools per day over baseline; mild increase in ostomy output compared to baseline
Grade 2	Increase of 4-6 stools per day over baseline; moderate increase in ostomy output compared to baseline; limiting instrumental activities of daily living (ADL)
Grade 3	Increase of ≥7 stools per day over baseline; hospitalization indicated; severe increase in ostomy output compared to baseline; limiting self-care ADL
Grade 4	Life-threatening consequences; urgent intervention indicated

Recommended dose modifications for diarrhea^{2†}

Grade 2	Withhold TRUQAP until recovery to ≤Grade 1 If recovery occurs in ≤28 days, resume TRUQAP at same dose or one lower dose as clinically indicated If recovery occurs in >28 days, resume at one lower dose as clinically indicated For recurrence, reduce TRUQAP by one lower dose
Grade 3	Withhold TRUQAP until recovery to ≤Grade 1 If recovery occurs in ≤28 days, resume TRUQAP at same dose or one lower dose as clinically indicated If recovery occurs in >28 days, permanently discontinue TRUQAP
Grade 4	Permanently discontinue TRUQAP

*Results from a phase 1, single-center, open-label, randomized, crossover study designed to investigate the effect of food and acid-reducing agents on the pharmacokinetic profile of TRUQAP.⁸

[†]Grading according to CTCAE Version 5.0.²

CTCAE=Common Terminology Criteria for Adverse Events.

Management strategies for cutaneous adverse reactions (CARs), including rash²

▶ **TRUQAP® (capivasertib) can cause cutaneous adverse reactions, which can be severe***

Frequency and severity²:



53% experienced any grade

17.2% experienced Grade 3 or 4



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



8% discontinued TRUQAP due to rash

12% required dose reduction of TRUQAP due to rash

Primary prophylaxis for cutaneous* adverse reactions (including rash) was not permitted in CAPItello-281. 54% (115/212) of patients who required treatment for rash were treated with topical corticosteroids and 25% (54/212) with systemic corticosteroids.²

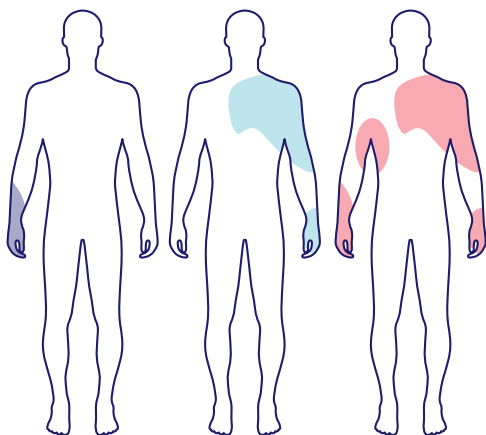
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Hyperglycemia (continued)

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.

Grading will depend on the type of rash



Distribution of rash 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

Recommended dose modifications for CARs^{2*†}

Grade 2	Withhold TRUQAP until recovery to ≤Grade 1 Resume TRUQAP at the same dose Persistent or recurrent: Reduce TRUQAP by one lower dose
Grade 3	Withhold TRUQAP until recovery to ≤Grade 1 If recovery occurs in ≤28 days, resume TRUQAP at same dose If recovery occurs in >28 days, resume TRUQAP at one lower dose For recurrent Grade 3, permanently discontinue TRUQAP
Grade 4	Permanently discontinue TRUQAP

***Cutaneous adverse reactions, which can be severe**, including erythema multiforme, palmar-plantar erythrodysesthesia, and drug reaction with eosinophilia and systemic symptoms, occurred in patients who received TRUQAP. Monitor patients for signs and symptoms of CARs, and an early consultation with a dermatologist is recommended. Withhold, reduce dose, or permanently discontinue TRUQAP based on severity.²

[†]Grading according to CTCAE Version 5.0.²

BSA=body surface area; CARs=cutaneous adverse reactions.

Management strategies for cutaneous adverse reactions (CARs), including rash (continued)

Counsel patients at treatment initiation

- **Inform your patients to seek medical attention if they experience¹²:**
 - Itching, pain, or troubling symptoms accompanying rash
 - Rash in the mouth or nose
 - Fever (100.5 °F or higher)
 - Unexplained skin worsening
 - 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*: use mild soaps and lotions without perfumes, be gentle when washing and drying the skin, protect skin from the sun (sunscreen or protective clothing), and wear loose, nonirritating clothing^{2,12}
- Consider an early consultation with a dermatologist²

Monitor patients periodically during therapy²

- Reddening of the skin
- Skin peeling
- Blistering on skin, lips, eyes, or mouth
- Fever
- Dry skin

IMPORTANT SAFETY INFORMATION ABOUT TRUQAP® (capivasertib) tablets

Hyperglycemia (continued)

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.

Management strategies for other adverse reactions²

▶ Some patients may require closer monitoring for other ARs

- For patients with hepatic impairment, monitor for signs and symptoms of increased exposure to TRUQAP

Recommended dose modifications for other adverse reactions*

Grade 2	Withhold TRUQAP until recovery to ≤Grade 1 Resume TRUQAP at the same dose
Grade 3	Withhold TRUQAP until recovery to ≤Grade 1 If recovery occurs in ≤28 days, resume TRUQAP at same dose If recovery occurs in >28 days, resume TRUQAP at one lower dose
Grade 4	Permanently discontinue TRUQAP

*Grading according to CTCAE Version 5.0.

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 ($\geq 20\%$) 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.

You may [report side effects related to AstraZeneca products](#) .

References: **1.** Armstrong AJ, et al. the Prostate Cancer Working Group 4. *J Clin Oncol.* 2026;44(13):1249-1265. **2.** TRUQAP® (capivasertib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2026. **3.** Yale Medicine. Hyperglycemia: symptoms, causes, and treatments. Accessed February 26, 2026. <https://www.yalemedicine.org/conditions/hyperglycemia-symptoms-causes-treatments> **4.** Rugo HS, et al. *ESMO Open.* 2024;9(9):103697. **5.** Cardoso F, et al. *Oncologist.* 2023;28(10):856-865. **6.** Fizazi K, et al. *Ann Oncol.* 2026;37(1):53-68. **7.** Sampayo V, et al. *Clin J Oncol Nurs.* 2017;21(3):345-352. **8.** Miller C, et al. *Br J Clin Pharmacol.* 2023;89(11):3330-3339. **9.** ChemoCare. Diarrhea and chemotherapy. Accessed February 26, 2026. <https://chemocare.com/sideeffect/diarrhea> **10.** Benson AB 3rd, et al. *J Clin Oncol.* 2004;22(14):2918-2926. **11.** US Department of Health and Human Services. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0. November 27, 2017. Accessed February 26, 2026. <https://dctd.cancer.gov/research/ctep-trials/for-sites/adverse-events/ctcae-v5-5x7.pdf> **12.** ChemoCare. Rash and chemotherapy. Accessed February 26, 2026. <https://chemocare.com/sideeffect/rash>

Our dedication to you and your patients is unwavering

 **Truqap[®]**
capivasertib
160 mg • 200 mg tablets

Together, as a **TEAM**, we can help improve your patients' treatment experiences on TRUQAP + abiraterone/prednisone.

▶ **Talk**

to your patients about what treatment with TRUQAP + abiraterone/prednisone may look like

▶ **Evaluate**

your patients' medical histories and prepare for potential ARs associated with TRUQAP²

▶ **Advise**

your patients on helpful tips and what to have available if they begin experiencing symptoms²

▶ **Monitor**

your patients during treatment and check for symptoms of ARs, and manage ARs as clinically indicated in the Prescribing Information for TRUQAP²



▶ **Contact your AstraZeneca representative for more information**

Please see additional Important Safety Information throughout, and full Prescribing Information, including Patient Information for TRUQAP.

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