

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Capivasertinib (Truqap)

Notes:

- Quantity Limits: Yes, 64 tablet per 30 days
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **capivasertinib (Truqap)** will be covered on the prescription drug benefit for when the following criteria are met:

- Prescribed by Hematology/ Oncology
- Patient has a diagnosis of advanced or metastatic, hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative, breast cancer with either one of those mutations: PIK3CA, AKT1, or PTEN mutation.
-AND-
- Patient has failed an adequate trial[^] of aromatase inhibitors (anastrozole, exemestane, or letrozole) or patient has an allergy or intolerance* to these drugs.
-AND-
- Adequate trial of fulvestrant in combination with cyclin dependent kinase 4 and 6 inhibitors (ribociclib, palbociclib or abemaciclib) with documented in tolerance or disease progression.

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **capivasertinib (Truqap)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Hematology/ Oncology
- Patient has a diagnosis of advanced or metastatic, hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative, breast cancer with either one of those mutations: PIK3CA, AKT1, or PTEN mutation.

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **capivasertinib (Truqap)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Hematology/ Oncology
- Patient has a diagnosis of advanced or metastatic, hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative, breast cancer with either one of those mutations: PIK3CA, AKT1, or PTEN mutation.

kp.org

Revised: 07/17/24
Effective: 10/24/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest