

Generic Name: capivasertib.

Applicable Drugs: N/A.

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/25/2024

Date Last Reviewed / Revised: 8/25/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I-VII are met)

- I. Documented diagnosis of hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER-2) negative, locally advanced or metastatic breast cancer.
- II. Age: \geq 18 years old.
- III. One or more documented phosphatidylinositol 3-kinase (PIK3CA), serine/threonine protein kinase (AKT1), or phosphatase and tensin homolog (PTEN) alterations as detected by an FDA-approved test.
- IV. Used in combination with fulvestrant.
- V. Documentation of progression on at least one endocrine-based therapy (e.g., anastrozole, letrozole, exemestane, tamoxifen) including a CDK4/6 inhibitor (e.g., palbociclib [Ibrance] ribociclib [Kisqali], abemaciclib [Verzenio]) in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy.
- VI. Treatment must be prescribed by or in consultation with a hematologist or oncologist.
- VII. Prescribed according to FDA labeling, or its use is supported by current clinical practice guidelines.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 160mg or 200mg tablet: 64 tablets/28 days

APPROVAL LENGTH

- **Authorization:** 6 months

- **Re-Authorization:** 6 months with documentation of absence of disease progression while on therapy.

APPENDIX

N/A

REFERENCES

1. Truqap. Prescribing information. Astra Zeneca; November 2023. Accessed August 11, 2024. https://den8dhaj6zs0e.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/841065f2-fcba-4795-b92a-3afc2ba47325/841065f2-fcba-4795-b92a-3afc2ba47325_viewable_rendition_v.pdf
2. Turner NC, Oliveira M, Howell SJ, Dalenc, et al; CAPitello-291 Study Group. Capivasertib in Hormone Receptor-Positive Invasive Breast Cancer. 4.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed August 18, 2024.
3. Advanced Breast Cancer. *N Engl J Med*. 2023;388(22):2058-2070. doi: 10.1056/NEJMoa2214131

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.