

GEDATOLISIB
(REVTORPYK™)
Treatment Discussion Guide

The chemical structure of Gedatolisib is a complex molecule. It features a central benzene ring. Attached to this ring is a piperidine ring with a methyl group on one nitrogen and a carbonyl group on the other. The carbonyl group is part of an amide linkage to another benzene ring. This second benzene ring is further substituted with an amide group (NH-C(=O)-NH-) which is connected to a pyrimidine ring. The pyrimidine ring has a morpholine ring attached to one of its nitrogens and a piperidine ring attached to the other. The entire molecule is rendered in white and blue lines on a dark blue background.



NCODA

The NCODA logo consists of the letters "NCODA" in a bold, white, sans-serif font. To the left of the text is a circular graphic element made of two overlapping rings, one in red and one in blue, creating a sense of motion or a stylized 'O'.

TABLE OF CONTENTS

PHYSICIAN AND APP QUESTIONS

Patient Selection and Treatment Planning3

Treatment Readiness and Clinical Decision-Making4

Monitoring and Care Coordination5

Response Assessment and Treatment Evaluation5

NURSING QUESTIONS

Treatment Administration and Patient Preparation6

Adverse Event Management and Monitoring7

Quality of Life, Reproductive Health, and Ongoing Support8

PHARMACIST QUESTIONS

Treatment Readiness and Regimen Coordination9

Stomatitis Prevention and Management10

Rash Prevention and Management11

Hyperglycemia Monitoring and Management12

Hematologic Monitoring with Triplet Regimen13

Quality of Life and Supportive Care13

Longitudinal Treatment Monitoring and Follow-Up14

PHARMACY TECHNICIAN QUESTIONS

Medication Access and Prescription Coordination15

Patient Support and Access Resources16

Gedatolisib (REVTORPYK™) Treatment Discussion Guide

Hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer is the most common subtype of breast cancer. Although endocrine therapy combined with a cyclin-dependent kinase (CDK) 4/6 inhibitor remains the preferred first-line treatment for advanced breast cancer, nearly all patients eventually experience disease progression and require additional therapy.¹ Following progression on endocrine therapy and a CDK4/6 inhibitor, treatment selection is guided by biomarker status, prior therapies, and patient-specific factors. The 2026 National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend biomarker testing for alterations including PIK3CA, AKT1, and PTEN, as these biomarkers help identify patients who may benefit from targeted therapies directed at components of the phosphatidylinositol 3-kinase (PI3K)/AKT/mammalian target of rapamycin (mTOR) signaling pathway.²

The PI3K/AKT/mTOR pathway is a critical regulator of cell growth, proliferation, metabolism, and survival. Activation of this pathway contributes to endocrine resistance and resistance to CDK4/6 inhibitors through complex feedback mechanisms involving estrogen receptor signaling and cyclin D1-CDK4/6 pathways. While activating PIK3CA mutations occur in approximately 40% of HR-positive breast cancers, pathway activation may occur through mechanisms beyond detectable genomic alterations, highlighting the importance of this signaling network as a therapeutic target beyond mutation status.^{1,4}

Targeting this pathway has substantially changed the treatment landscape for advanced HR-positive breast cancer. The phase III SOLAR-1 trial demonstrated improved progression-free survival with alpelisib plus fulvestrant in patients with PIK3CA-mutated disease, leading to the first approval of a PI3K inhibitor in this setting.⁴ More recently, the phase III CAPItello-291 trial demonstrated that capivasertib plus fulvestrant significantly improved progression-free survival in patients with HR-positive, HER2-negative advanced breast cancer harboring PIK3CA, AKT1, or PTEN alterations after progression on endocrine therapy.³ Collectively, the SOLAR-1 and CAPItello-291 trials established the PI3K/AKT/mTOR signaling pathway as an important therapeutic target in endocrine-resistant HR-positive, HER2-negative breast cancer. However, therapeutic options remained limited for patients with PIK3CA wild-type disease, highlighting the need for therapies capable of broader pathway inhibition that may overcome compensatory signaling mechanisms and provide benefit regardless of PIK3CA mutation status.^{1,3,4}

Gedatolisib (REVTORPYK™) is an intravenous, pan-class I PI3K and mTORC 1/2 inhibitor designed to comprehensively inhibit the PI3K/

AKT/mTOR pathway.¹ Unlike currently available single-node inhibitors, gedatolisib simultaneously targets all four class I PI3K isoforms as well as both mTOR complexes, providing comprehensive pathway inhibition that may reduce compensatory signaling associated with endocrine and CDK4/6 inhibitor resistance. Preclinical studies demonstrated synergistic activity when combined with endocrine therapy and CDK4/6 inhibition, providing the rationale for clinical development of gedatolisib-containing combination regimens.^{1,4,5}

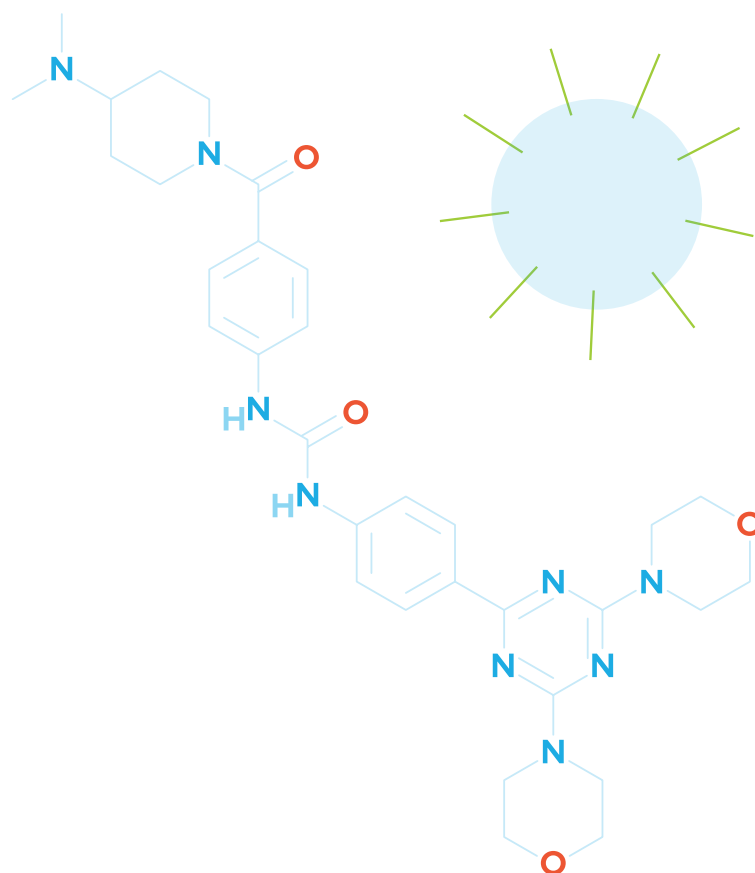
The multicenter phase Ib B2151009 study evaluated gedatolisib in combination with palbociclib and either letrozole or fulvestrant in patients with HR-positive, HER2-negative advanced breast cancer. The study established the recommended phase II dose, demonstrated durable clinical activity, and showed a manageable safety profile with low treatment discontinuation rates, supporting continued development of the regimen.⁶ These encouraging findings led to the phase III VIKTORIA-1 trial.

The phase III VIKTORIA-1 trial evaluated gedatolisib-based therapy in patients with HR-positive, HER2-negative advanced breast cancer whose disease had progressed on a CDK4/6 inhibitor and a nonsteroidal aromatase inhibitor. Study 1 evaluated patients with PIK3CA wild-type disease receiving gedatolisib plus fulvestrant (doublet) or gedatolisib plus palbociclib and fulvestrant (triplet), compared with fulvestrant alone. Both gedatolisib-based regimens significantly improved progression-free survival compared with fulvestrant alone while demonstrating manageable safety profiles with low treatment discontinuation rates despite prolonged therapy. Results from Study 1 demonstrated clinically meaningful benefit from PI3K/AKT/mTOR pathway inhibition in patients with PIK3CA wild-type disease, supporting gedatolisib as a targeted treatment option for patients with HR-positive, HER2-negative, PIK3CA wild-type advanced breast cancer whose disease has progressed after endocrine therapy and CDK4/6 inhibition.¹



How to Use this Treatment Discussion Guide:

This Treatment Discussion Guide was developed to support the multidisciplinary oncology team in integrating REVTORPYK into clinical practice. Organized by professional role, the guide outlines key clinical, operational, and patient care considerations for physicians and advanced practice providers, nurses, pharmacists, and pharmacy technicians. By aligning responsibilities across the medically integrated team, practices can successfully incorporate this new therapy while maintaining high-quality, patient-centered care throughout the breast cancer treatment journey.



› Physician/Advanced Practice Provider (APP)



Patient Selection and Treatment Planning

Key Consideration

Is the patient an appropriate candidate for gedatolisib-based therapy?

Patient Discussion

- › Gedatolisib is used with fulvestrant with or without palbociclib for certain patients with HR-positive, HER2-negative advanced breast cancer.
- › Biomarker testing is required to determine whether this treatment is appropriate.
- › Treatment goals include delaying disease progression while maintaining quality of life.

Physician/APP Responsibilities

- › Confirm PIK3CA wild-type status using validated tissue or plasma testing.
- › Review prior endocrine therapy, prior CDK4/6 inhibitor exposure, disease burden, performance status, organ function, and comorbidities.
- › Establish individualized treatment goals through shared decision-making.



Treatment Readiness and Clinical Decision-Making

Key Consideration

How should I prepare the patient for gedatolisib treatment?

Patient Discussion

- › Gedatolisib is used with fulvestrant with or without palbociclib for HR-positive, HER2-negative advanced breast cancer with PIK3CA wild-type disease.
- › Explain the treatment schedule, including intravenous (IV) gedatolisib, oral palbociclib, and fulvestrant injections.
- › Reinforce the importance of keeping scheduled laboratory and treatment appointments and, when palbociclib is included, taking it daily as prescribed for 21 days followed by 7 days off.
- › Prior to the first infusion, educate patients on the importance of dexamethasone alcohol-free mouthwash use and good oral hygiene to reduce the risk of mouth sores.
- › Encourage patients to promptly report fever, mouth sores, rash, severe diarrhea, excessive thirst, frequent urination, or other new or worsening symptoms.
- › Discuss the recommended rash-prevention plan, which may include a non-sedating oral antihistamine beginning before or with the first dose of gedatolisib, as directed by the care team.
- › Gedatolisib can increase blood sugar. Your fasting glucose and HbA1c will be checked before treatment, and your blood sugar will be monitored throughout treatment. Follow your care team's recommendations for diet, physical activity, and at-home glucose monitoring, when applicable.

Physician/APP Responsibilities

- › Evaluate interval clinical status to determine continued treatment appropriateness.
- › Assess fasting glucose and HbA1c before treatment initiation, optimize fasting glucose, and ensure optimal glucose control before each gedatolisib infusion. Establish additional monitoring and management for patients with elevated glucose or diabetes, as clinically indicated.
- › Interpret laboratory findings and determine whether treatment modifications are required.
- › Confirm the treatment plan, including regimen selection, dose modifications, and prophylactic and supportive care recommendations, prior to each treatment cycle.





Monitoring and Care Coordination

Key Consideration

What ongoing monitoring and care coordination are needed during treatment?

Patient Discussion

- › Continue taking medications exactly as prescribed and attend all laboratory and clinic appointments.
- › Inform your care team of any new prescription medications, over-the-counter products, or herbal supplements.
- › Let your care team know if transportation, financial concerns, or other barriers may affect your treatment.

Physician/APP Responsibilities

- › Determine the appropriate frequency of laboratory monitoring and clinical follow-up.
- › Adjust monitoring plans based on toxicity, comorbidities, and treatment response.
- › Coordinate multidisciplinary care to address treatment-related needs and optimize continuity of care.
- › Address barriers that may affect treatment adherence or continuity of care.



Response Assessment and Treatment Evaluation

Key Consideration

Is the patient achieving clinical benefit from gedatolisib-based therapy?

Patient Discussion

- › Your response will be monitored with imaging, laboratory testing, and clinic visits throughout treatment.
- › Your care team will also monitor side effects that may require treatment adjustments.

Physician/APP Responsibilities

- › Evaluate radiographic, clinical, and symptomatic response.
- › Determine whether treatment-related toxicities warrant treatment modification or discontinuation.
- › Integrate disease response, treatment tolerability, and patient preferences into ongoing treatment decisions.

> Nursing



Treatment Administration and Patient Preparation

Key Consideration

How should I prepare the patient and safely administer the gedatolisib doublet or triplet regimen?

Patient Discussion

- › Gedatolisib is given through a vein over approximately 30 minutes on Days 1, 8, and 15 of each 28-day cycle.
- › Fulvestrant is given as two slow injections into the muscles of the buttocks on Days 1 and 15 during Cycle 1, then on Day 1 of each cycle beginning with Cycle 2.
- › If palbociclib is included, take it with or without food at approximately the same time each day for 21 days, followed by 7 days off. Swallow the capsule whole, avoid grapefruit and grapefruit juice, and do not replace a missed or vomited dose.
- › Bring your treatment calendar and an updated medication list to each appointment.
- › Before each treatment, tell your nurse about any new or worsening symptoms, even if they seem mild.
- › Tell your nurse immediately during the infusion if you experience trouble breathing, chest tightness, dizziness, flushing, chills, rash, itching, or another sudden change in how you feel.
- › If you miss a gedatolisib infusion, contact your care team right away. Do not wait until the next planned treatment in the cycle.
- › Tell your care team if you have diabetes, liver problems, bleeding concerns, are pregnant or may become pregnant, are breastfeeding, or have concerns about fertility.

Nursing Responsibilities

Before each treatment, assess:

- › Oral and skin symptoms
- › Hyperglycemia symptoms
- › Gastrointestinal symptoms, hydration, and intake
- › Fatigue and functional status
- › Fever, infection, bleeding, or respiratory symptoms
- › Required laboratory results
- › Adherence to palbociclib, mouthwash, rash-prevention measures, and other supportive care
- › Review the [NCODA Patient Treatment Calendar](#) with the patient and use teach-back to confirm understanding of the treatment schedule, laboratory monitoring, and supportive care medications.

Gedatolisib Administration:

- › Verify the prescribed dose and confirm preparation in 250 mL of 5% dextrose injection.
- › Flush the intravenous line with 5% dextrose injection before and after administration.
- › Administer gedatolisib over 30 minutes.
- › Monitor for an infusion-related reaction.
- › If a reaction occurs, slow or temporarily stop the infusion and initiate supportive care according to the treatment plan and institutional protocol.
- › Document treatment tolerance, interruptions, and interventions.



Adverse Event Management and Monitoring

Key Consideration

How should I assess for and escalate adverse reactions during treatment?

Patient Discussion

- › Report mouth pain, rash, fever, unusual bleeding, breathing changes, severe gastrointestinal symptoms, or symptoms of high blood sugar promptly.
- › Do not wait until symptoms interfere with eating, drinking, or daily activities before contacting your care team.

Nursing Responsibilities

Stomatitis

- › Prior to first infusion, confirm that the patient has started the prescribed dexamethasone alcohol-free mouthwash and understands how to use it.
- › Inspect the oral cavity at each treatment visit for redness, swelling, ulceration, pain, difficulty swallowing, or reduced intake.
- › Notify the care team when symptoms worsen, interfere with eating or drinking, or persist despite prophylaxis.
- › Coordinate nutrition and hydration support when oral intake is affected.

Rash and Skin

- › Confirm that the patient understands and is following the prescribed or recommended rash-prevention plan.
- › Assess for rash, redness, itching, tenderness, blistering, peeling, or signs of infection.
- › Reinforce gentle skin care, moisturization, sun protection, and early reporting.
- › Notify the care team promptly of new or worsening rash.
- › Escalate painful, widespread, blistering, peeling, or rapidly progressing skin reactions urgently.

Hyperglycemia

- › Before starting treatment, confirm that baseline fasting glucose and hemoglobin A1c were obtained and review results.
- › Assess symptoms of hyperglycemia and dehydration.
- › Educate patients who require at-home glucose monitoring on how and when to monitor glucose and reinforce the monitoring plan established by the care team. Notify the care team of rising glucose trends, clinically significant elevations, or symptoms.
- › Reinforce the hydration, nutrition, monitoring, and medication plan established by the care team.

Blood Counts and Infection

- › Review CBC results before palbociclib begins, at the beginning of each cycle, on Day 15 of the first 2 cycles, and as clinically indicated.
- › Recognize that cytopenias are more common with the palbociclib-containing triplet.
- › Assess for fever, infection symptoms, bruising, bleeding, fatigue, weakness, dizziness, or shortness of breath.
- › Notify the care team of clinically significant cytopenias or infection symptoms.
- › Clearly document which regimen component is being held or modified.



Quality of Life, Reproductive Health, and Ongoing Support

Key Consideration

How should I assess the patient's overall treatment experience and support quality of life, adherence, reproductive safety, and access to care?

Patient Discussion

- › Tell your care team if treatment is affecting your ability to eat, sleep, work, exercise, complete household activities, attend appointments, or take your medications.
- › Report transportation, financial, childcare, work, caregiving, medication-access, or refill concerns.
- › Tell your care team if you feel anxious, overwhelmed, depressed, or uncertain about continuing treatment.
- › These medicines can harm an unborn baby and affect fertility. Follow the birth-control instructions and family-planning support provided by your care team, if applicable.
- › Do not breastfeed during treatment. Your care team will explain how long to wait after the final dose, if applicable.

Nursing Responsibilities

- › Assess changes in physical function, fatigue, nutrition, sleep, emotional well-being, and overall treatment burden.
- › Utilize the [NCODA Positive Quality Intervention \(PQI\)](#) to systematically assess patient-reported symptoms, treatment burden, and supportive care needs throughout therapy.
- › Reinforce the treatment calendar, symptom-reporting plan, and after-hours contact instructions.
- › Identify practical barriers and coordinate referrals to social work, nutrition, rehabilitation, behavioral health, or other supportive services.
- › Reinforce reproductive safety instructions and escalate pregnancy or fertility concerns to the prescribing team.

> Pharmacist



Treatment Readiness and Regimen Coordination

Key Consideration

How can I optimize and coordinate the gedatolisib doublet or triplet regimen before treatment begins?

Patient Discussion

- › Gedatolisib is used with fulvestrant and may also be used with palbociclib:
 - › The doublet regimen includes gedatolisib and fulvestrant.
 - › The triplet regimen includes gedatolisib, fulvestrant, and palbociclib.
- › Before treatment begins, we will review your medications, laboratory results, and supportive care plan.
- › Tell us about all prescription medications, over-the-counter products, vitamins, and supplements you take.

Pharmacist Responsibilities

- › Review the complete regimen and assess for overlapping toxicities, particularly when palbociclib is included.
- › Verify baseline laboratory results and relevant comorbidities.
- › Ensure stomatitis and rash prophylaxis are available before the first dose.
- › Coordinate supportive medications, ongoing monitoring, and dose modifications with the care team.
- › Identify patients who may benefit from [REVTORPYK SUPPORT SERVICES](#) and facilitate enrollment to available benefits investigation, reimbursement support, and financial assistance, as appropriate.



Stomatitis Prevention and Management

Key Consideration

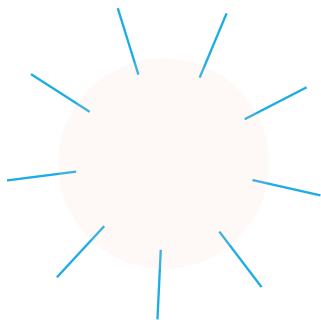
How can I help prevent and manage gedatolisib-associated stomatitis?

Patient Discussion

- › Begin your prescribed dexamethasone alcohol-free mouthwash before the first dose of gedatolisib.
- › Measure 10 mL, swish for approximately 2 minutes, spit it out, and avoid eating or drinking for at least 1 hour.
- › Use four times a day for a minimum of eight weeks.
- › Contact the care team promptly if you develop mouth pain, ulcers, difficulty swallowing, or reduced food or fluid intake.

Pharmacist Responsibilities

- › Ensure that the dexamethasone mouthwash is prescribed and dispensed before the first dose of treatment begins.
- › Reinforce correct swish-and-spit technique, frequency, duration, and adherence.
- › Recommend gentle oral hygiene and avoidance of alcohol-containing oral products and potentially irritating foods, including spicy, acidic, salty, rough-textured, or very hot foods and beverages.
- › Recommend topical oral anesthetics or other supportive care when oral discomfort develops.
- › Collaborate with providers on treatment interruption or dose modification for persistent or severe stomatitis.





Rash Prevention and Management

Key Consideration

What can I recommend to prevent rash and reduce its impact on treatment?

Patient Discussion

- › Take the nonsedating oral antihistamine recommended by your care team before or on the first dose of gedatolisib.
- › Use gentle skin products, apply moisturizer, limit excessive sun exposure, and wear protective clothing.
- › Report redness, bumps, itching, or tenderness as soon as they appear.

Pharmacist Responsibilities

- › Recommend a daily prophylactic nonsedating antihistamine (e.g., cetirizine, loratadine, or fexofenadine) when clinically appropriate to be taken before or on the first dose of gedatolisib.
- › Review antihistamine selection for patient-specific contraindications and duplicate therapy.
- › Reinforce gentle skin care, moisturization, sunscreen, and protective clothing.
- › Recommend prompt topical corticosteroid treatment when an uncomplicated rash develops, using a medium-potency corticosteroid for the body and a low-potency corticosteroid for the face/intertriginous areas, as appropriate.
- › Discuss oral corticosteroids with the care team for severe or Grade 3 rash.
- › Collaborate with providers on treatment interruption or dose modification for persistent or severe Grade ≥ 2 or Grade ≥ 3 toxicity.



Hyperglycemia Monitoring and Management

Key Consideration

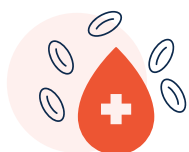
How should I monitor and help manage treatment-related elevations in blood glucose?

Patient Discussion

- › This treatment can increase your blood sugar during treatment. Your care team will monitor your blood sugar and help manage any changes.
- › Complete your laboratory tests as scheduled, and report increased thirst, frequent urination, blurred vision, nausea, or unusual fatigue.

Pharmacist Responsibilities

- › Review baseline fasting glucose and HbA1c and assess glucose trends throughout treatment.
- › Identify patients with HbA1c >6.4% who require at-home glucose monitoring and reinforce the prescribed monitoring plan.
- › Identify patients with diabetes, prediabetes, or elevated baseline glucose who may require closer monitoring or intensified antihyperglycemic therapy.
- › Recommend initiation or adjustment of antihyperglycemic therapy, as clinically appropriate, based on fasting glucose levels and the prescribing information.
- › Reinforce adequate hydration and patient-specific dietary and lifestyle recommendations.
- › Collaborate with primary care, endocrinology, or another healthcare professional experienced in hyperglycemia management when additional management is needed.
- › Collaborate with the care team on gedatolisib treatment interruption, dose reduction, or discontinuation based on the severity of hyperglycemia and prescribing information.



Hematologic Monitoring with the Triplet Regimen

Key Consideration

How should I monitor and manage hematologic toxicity when palbociclib is included?

Patient Discussion

- › When palbociclib is part of your treatment, it can increase your risk of infection and may also increase your risk of bruising or bleeding.
- › Keep all laboratory appointments and contact your care team immediately if you develop fever, chills, signs of infection, unusual bruising, or bleeding.

Pharmacist Responsibilities

- › Review complete blood counts according to the palbociclib monitoring schedule and institutional protocol.
- › Assess whether cytopenias are related to palbociclib, gedatolisib, or another cause.
- › Reinforce infection prevention and fever-reporting instructions.
- › Coordinate dose holds, restarts, and reductions with the care team.
- › Ensure regimen components remain appropriately aligned following dose modifications.



Quality of Life and Supportive Care

Key Consideration

How can I help minimize treatment burden and support the patient's quality of life?

Patient Discussion

- › Tell me about your symptoms that affect eating, sleeping, physical activity, work, or your normal routines.
- › Reporting symptoms early allows us to adjust supportive care before they become more difficult to manage.

Pharmacist Responsibilities

- › Assess whether supportive medications are accessible, effective, and used correctly.
- › Incorporate [NCODA Positive Quality Intervention \(PQI\)](#) findings to guide supportive care recommendations, medication management, and adherence discussions.
- › Ask how adverse events affect adherence and daily functioning.
- › Recommend supportive care adjustments based on patient-reported symptoms.
- › Collaborate on dose interruptions or reductions when toxicity persists despite supportive care.
- › Reinforce that an appropriate dose modification is part of treatment management and does not mean treatment has failed.



Longitudinal Treatment Monitoring and Follow-Up

Key Consideration

How can ongoing monitoring support treatment adherence and toxicity management?

Patient Discussion

- › Bring your medication list and treatment calendar to appointments.
- › Tell your care team about missed doses, delayed appointments, medication access problems, or difficulty following the supportive care plan.

Pharmacist Responsibilities

- › Assess adherence to the treatment and supportive care plan.
- › Review the [NCODA Patient Treatment Calendar](#) with the patient at follow-up visits to reinforce medication schedules, supportive care, laboratory monitoring, and upcoming treatment appointments.
- › Review mouthwash and antihistamine use.
- › Monitor stomatitis, rash, blood glucose, blood counts when applicable, and other treatment-related symptoms.
- › Review upcoming infusion, injection, laboratory, and refill dates.
- › Communicate treatment modifications and supportive care recommendations across the multidisciplinary care team.
- › Reinforce after-hours contact instructions and available patient resources.



> Pharmacy Technician



Medication Access and Prescription Coordination

Key Consideration

How can medication access be optimized before treatment initiation?

Patient Discussion

- › Beginning treatment as planned requires timely coordination of prescribed therapies, insurance approvals, specialty pharmacy services, and medication procurement.

Pharmacy Technician Responsibilities

- › Initiate benefits investigations, prior authorizations, and medication access workflows to support timely treatment initiation.
- › Process prescriptions through the medically integrated pharmacy whenever possible and coordinate with designated specialty pharmacies when payer requirements or network restrictions apply.
- › Monitor prescription processing and proactively identify insurance or dispensing barriers that could delay therapy.
- › Escalate unresolved medication access issues promptly to the pharmacist and care team.

Key Consideration

How can timely coordination of treatment and supportive care medications support treatment readiness?

Patient Discussion

- › Before your first treatment, make sure you have all your prescribed medications, including supportive care medications.
- › If you have trouble obtaining any medication, contact your care team right away.

Pharmacy Technician Responsibilities

- › Verify availability of prescribed supportive care medications, including dexamethasone alcohol-free mouthwash and a non-sedating antihistamine, before treatment initiation.
- › Confirm that all treatment and supportive care prescriptions have been processed and are available through the medically integrated pharmacy (MIP) or designated specialty pharmacy before the first treatment cycle.
- › Coordinate medication availability, dispensing, and treatment scheduling to ensure all components of the prescribed doublet or triplet regimen are aligned with planned treatment start dates.
- › Notify the pharmacist of delays that may affect treatment readiness.

Key Consideration

How can proactive medication coordination support treatment continuity?

Patient Discussion

- › Ongoing coordination of treatment and supportive care medications helps reduce interruptions and supports continuity of therapy throughout treatment.

Pharmacy Technician Responsibilities

- › Monitor refill timing, prescription expiration dates, and prior authorization renewal requirements throughout treatment.
- › Verify refill processing and medication shipments through the medically integrated pharmacy or specialty pharmacy to support uninterrupted therapy.
- › Anticipate potential medication access issues and initiate resolution before scheduled treatment.
- › Communicate medication access updates and delays to the pharmacist and multidisciplinary team.



Patient Support and Access Resources

Key Consideration

How can patient support resources improve access to treatment?

Patient Discussion

- › Patient support programs may help reduce barriers to treatment by providing assistance with insurance navigation, reimbursement support, and financial assistance.
- › Ask your care team if you may be eligible for available gedatolisib patient support resources.

Pharmacy Technician Responsibilities

- › Identify patients who may benefit from [REVTORPYK SUPPORT SERVICES](#) and facilitate referral, as appropriate, for benefits investigation, reimbursement support, and financial assistance.
- › Collaborate with financial navigators to support timely resolution of medication access and reimbursement needs throughout treatment.
- › Reinforce available access resources when patients report financial or logistical concerns.
- › Ensure completion of outstanding enrollment or medication access requirements.

Key Consideration

How can ongoing medication access barriers be identified and resolved throughout treatment?

Patient Discussion

- › Changes in insurance coverage, medication costs, or pharmacy requirements can occur during treatment.
- › Promptly notifying the care team of any access challenges may help prevent interruptions in therapy.

Pharmacy Technician Responsibilities

- › Monitor for insurance changes, prior authorization renewals, and specialty pharmacy requirements that may affect treatment access.
- › Coordinate with financial advocates, specialty pharmacies, and payers to help resolve medication access barriers.
- › Escalate unresolved reimbursement or medication access issues promptly to the pharmacist and care team.
- › Document medication access activities according to institutional workflow to support continuity of care.

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