ConnectiCare

Commercial/Healthcare Exchange PA Criteria

Effective: February 6th, 2019

Prior Authorization: Talzenna

Products Affected: Talzenna (talazoparib) oral capsules

Medication Description: Talzenna, a poly (ADP-ribose) polymerase (PARP) inhibitor, is indicated in adult patients with deleterious or suspected deleterious germline BReast CAncer susceptibility gene (gBRCA)-mutated human epidermal growth factor receptor 2 (HER2)-negative locally-advanced or metastatic breast cancer.1 Talzenna was approved with an FDA-approved companion diagnostic test.

Covered Uses: Deleterious or suspected deleterious germline breast cancer susceptibility gene (BRCA)-mutated (gBRCAm) human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Documentation of the presence of germline BRCA mutation
3. Human epidermal growth factor receptor 2 (HER2) status.

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, an oncologist.

Coverage Duration:
Initial: 12 months
Continuation: 3 years

Other Criteria:

- ***A.*** Patient has a diagnosis of locally advanced or metastatic breast cancer; AND
- ***B.*** Patient has germline BRCA mutation-positive breast cancer; AND
- ***C.*** Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer.

References:

1. Talzenna™ capsules [prescribing information]. New York, NY: Pfizer Inc.; October 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/01/2019

2	Update	Added continuation coverage duration of 3 years	Coverage Duration	7/1/2019