

Talzenna (talazoparib)
Effective 01/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Talzenna is indicated for the treatment of adult patients with 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

Coverage Guidelines

Authorization may be granted for members who are new to the plan currently receiving treatment with a leuprolide product, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member is 18 years of age or older
2. Member has a diagnosis of locally advanced, recurrent, or metastatic breast cancer with deleterious or suspected deleterious germline BRCA mutations.

Continuation of Therapy

Reauthorization may be granted for continued treatment for locally advanced, recurrent, or metastatic breast cancer with deleterious or suspected deleterious germline BRCA mutations when there is no evidence of unacceptable toxicity or disease progression.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Talzenna [package insert]. New York, NY: Pfizer Inc.; September 2021.
2. The NCCN Drugs & Biologics Compendium 2021 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed December 6, 2021.

Review History

09/21/2022 – Created and Reviewed for Sept P&T.

