

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Talzenna (talazoparib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Talzenna (talazoparib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Talzenna (talazoparib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of locally advanced or metastatic breast cancer; **AND**
- II. Individual has results provided for deleterious or suspected deleterious germline BRCA-mutation (gBRCAm) and human epidermal growth factor receptor 2-negative (HER2-) breast cancer.

State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

### Key References:

PAGE 1 of 2 12/07/2018  
New Program Date 12/07/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0307-18

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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