

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 confirmed 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:

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

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

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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.