



Evolut Clinical Guideline 3218 for Talzenna™ (talazoparib)

Guideline Number: Evolut_CG_3218	<u>Applicable Codes</u>	
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STATEMENT

Purpose

To define and describe the accepted indications for Talzenna (talazoparib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Breast Cancer

- Talzenna (talazoparib) may be used as monotherapy for adult members with HER2-negative and BRCA 1/2-germline mutated locally advanced or metastatic breast cancer.

Prostate Cancer

- Talzenna (talazoparib) may be used with (Xtandi) enzalutamide for homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC) with the exception of BRCA 1 and BRCA 2 mutation positive mCRPC. Talzenna (talazoparib) may be used with Xtandi (enzalutamide) for mCRPC that is positive for any one of following: ATM, ATR, BARD1, BRIP1, CDK12, CHEK1, CHEK2, FANCA, FANCL, MLH1, MREL11A, NBN, PALB2, RAD51B, RAD51C, RAD51D, or RAF54L
- The above policy position is based on the lack of Level 1 evidence (randomized trials and/or meta-analyses) to show superior outcomes with Talzenna (talazoparib) and Xtandi (enzalutamide) in comparison to the recommended alternatives that are supported per Evolent policy in this disease setting.
 - The alternative regimens are:
 - Zejula (niraparib) and Abirtega/Yonsa/Zytiga (abiraterone acetate) with prednisone,

- Akeega (niraparib and abiraterone acetate) with prednisone, and
- Lynparza (olaparib) and Abirtega/Yonsa/Zytiga (abiraterone acetate) with prednisone.
- Patients receiving Talzenna (talazoparib) and Xtandi (enzalutamide) should also receive a GnRH analog concurrently or should have had bilateral orchiectomy.

CONTRAINDICATIONS/WARNINGS

- None

EXCLUSION CRITERIA

- Disease progression while taking Talzenna (talazoparib) or another PARP inhibitor [i.e., Lynparza (Olaparib)].
- The member has BRCA 1 and 2 positive mCRPC.
- Lack of documentation for the detection of HER2-negative and BRCA 1/2-germline mutation prior to the initiation of treatment of locally advanced or metastatic breast cancer.
- Dosing exceeds single dose limit of Talzenna (talazoparib) 1 mg.
- Treatment exceeds the maximum limit of 30 (0.1 mg), 60 (0.25 mg), 30 (0.35 mg), 30 (0.5 mg), 30 (0.75 mg), 30 (1 mg) capsules per month.
- Investigational use of Talzenna (talazoparib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
 - Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
 - That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
 - That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for

determining accepted uses of drugs.

- That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J8999 - talazoparib

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children’s Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

POLICY HISTORY

Date	Summary
November 2025	<ul style="list-style-type: none"> ● Converted to new Evolent guideline template ● This guideline replaces UM ONC_1349 Talzenna (talazoparib) ● Updated indication section ● Updated exclusion criteria ● Updated references
November 2024	<ul style="list-style-type: none"> ● Updated dosage forms, and added new capsule strengths to exclusion criteria ● Updated maximum dosage form quantities in exclusion criteria ● Updated references
October 2024	<ul style="list-style-type: none"> ● Updated NCH verbiage to Evolent

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

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