

# Prior Authorization Checklist

Correct submission of a **prior authorization (PA)** (coverage determination) may help expedite approval of TALZENNA® (talazoparib). Providers must submit evidence of medical necessity and why covered alternatives are clinically unacceptable. Poorly documented requests may be denied, resulting in treatment delay and additional work for an appeal.

Therefore, consider any relevant information from below, per payer-specific requirements:

## ○ Log date, time, contact person, and outcome of all communications

### ○ Submit relevant items, such as:

- Payer-specific form, if required
  - 'Model Coverage Determination Request' form can be used for Medicare<sup>1</sup>
- Letter of medical necessity
  - Physician letterhead
  - Patient information (i.e., full name, date of birth, gender, and insurance ID number)
  - Recommended treatment plan: TALZENNA® dosage, quantity, and days supplied
  - Treatment history
    - > Prior treatments and procedures for the disease (dosage, duration, clinical response, and reasons for discontinuation)
    - > Current condition, comorbidities, and intolerance to other therapies
    - > Physician opinion of patient prognosis or disease progression
- Concise rationale for TALZENNA®
  - > Diagnosis (ICD-10-CM) and dates of initial diagnosis and recurrence
  - > Laboratory/imaging results and pathology reports showing disease progression and metastasis

## FOR EXPEDITED REQUESTS, SUPPORT THE URGENCY WITH ADEQUATE INFORMATION

### ○ Submit supporting documentation

- TALZENNA® Full Prescribing Information
- Published articles and clinical guidelines (i.e., ASCO and NCCN)
- Laboratory/imaging results and pathology reports
- Medical records documenting treatment history

Accurate completion of reimbursement-related or coverage-related documentation is the responsibility of the provider and patient. This information is general in nature and is not intended to be exhaustive. Pfizer makes no guarantee regarding reimbursement for any service or item.

ASCO=American Society of Clinical Oncology; ICD-10-CM=International Classification of Diseases, 10th edition, Clinical Modification; mCRPC=metastatic castration-resistant prostate cancer; NCCN=National Comprehensive Cancer Network; PA=prior authorization.

**Reference: 1.** Centers for Medicare & Medicaid Services. Model Coverage Determination Req Form and Instructions. Accessed June 1, 2023. <https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/CoverageDeterminations->

Please see the **Important Safety Information** here. **Click for the TALZENNA Full Prescribing Information.**

  
**TALZENNA**®  
talazoparib 0.5mg capsules