

# Appeals Checklist

Before submitting an appeal, review the reason for TALZENNA® (talazoparib) denial. Verify that:

- 1 TALZENNA® is covered for the patient's diagnosis, and
- 2 prior authorization (PA), patient information, and coding were submitted correctly.

If the claim was submitted correctly, you or the patient may decide to appeal the denied claim. Consider any relevant information from below, per payer-specific requirements, before the filing deadline (60 days for Medicare)!

## ○ Before initiating or assisting with the appeal, understand the payer-specific appeals process

- Clarify whether the appeal should be sent to the payer via fax, e-mail, or phone
- Identify a primary contact for the payer to communicate with

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

## ○ Submit relevant items, such as:

- Payer-specific form, if required
- Letter of appeal
  - 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, treatment 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; EOB=explanation of benefit; 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; PBM=pharmacy benefit manager.

**Reference: 1.** Centers for Medicare and Medicaid. Accessed February 15, 2023.

<https://www.medicare.gov/Pubs/pdf/11525-Medicare-Appeals.pdf>

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<https://talzennaxtandi.pfizerpro.com/>

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

<https://labeling.pfizer.com/ShowLabeling.aspx?id=11046>

  
**TALZENNA**®  
talazoparib 0.5mg capsules