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Advice document
SMC2753

talazoparib hard capsules (Talzenna®)

Pfizer Ltd

07 February 2025

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and, following review by the SMC executive, advises NHS Boards and Area Drug and Therapeutics Committees (ADTCs) on its use in NHSScotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

talazoparib (Talzenna®) is accepted for use within NHSScotland.

Indication under review: In combination with enzalutamide for the treatment of adult patients with metastatic castration-resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated.

Talazoparib offers an additional treatment choice in the therapeutic class of poly ADP-ribose polymerase inhibitors given in combination with a hormonal agent for this indication.

Another medicine combination within this therapeutic class has been accepted under the end of life and orphan equivalent process for this indication.

This advice applies only in the context of approved NHSScotland Patient Access Scheme (PAS) arrangements delivering the cost-effectiveness results upon which the decision was based, or PAS/ list prices that are equivalent or lower.

Chair
Scottish Medicines Consortium

1. Clinical Context

1.1. Medicine background

Talazoparib is an inhibitor of poly ADP-ribose polymerase (PARP) enzymes, PARP-1 and PARP-2, which limits PARP-mediated DNA repair and ultimately results in apoptosis and cancer cell death. The combination of talazoparib with enzalutamide, an anti-androgen, is thought to have synergistic effects by suppressing the expression of homologous recombination repair (HRR) genes, thereby increasing the sensitivity of tumour cells to PARP inhibition, and by reducing androgen receptor signalling.[1, 2] When used in combination with enzalutamide, the recommended dose of talazoparib is 0.5 mg orally once daily until disease progression or unacceptable toxicity.[2]

1.2. Relevant comparator(s)

Olaparib in combination with abiraterone (and prednisone or prednisolone) has previously been accepted for use by SMC for the treatment of adult patients with mCRPC in whom chemotherapy is not clinically indicated (SMC2617). Talazoparib and olaparib are both PARP inhibitors. Enzalutamide has a different mechanism of action to abiraterone, although both are androgen pathway inhibitors and are classified as hormonal agents. Therefore, the submitting company considered that these combinations are in the same therapeutic class.

2. Summary of Clinical Evidence

2.1. Evidence to support comparable efficacy with relevant comparators

There is no direct data comparing the talazoparib combination with the olaparib combination. Evidence regarding the efficacy and safety of talazoparib with enzalutamide for this indication comes from TALAPRO-2, a phase III, randomised, double-blind, placebo-controlled study. The study included adults with asymptomatic or mildly symptomatic mCRPC who were receiving ongoing androgen deprivation therapy and had not received prior life-prolonging treatment for CRPC or mCRPC. Patients were randomised equally to receive talazoparib 0.5 mg orally once daily (n=402) or placebo (n=403); in both treatment groups, patients also received enzalutamide 160 mg orally once daily. Treatment was continued until radiographic disease progression by blinded independent central review (BICR), an adverse event leading to permanent discontinuation, patient decision to discontinue treatment or death. A statistically significant improvement was reported for the primary outcome, radiographic progression-free survival (rPFS) by BICR, favouring talazoparib plus enzalutamide compared to placebo plus enzalutamide (hazard ratio 0.63, 95% confidence interval: 0.51 to 0.78, p<0.001). At the planned primary analysis, median rPFS was not reached in the talazoparib plus enzalutamide group versus 21.9 months in the placebo plus enzalutamide group.[2, 3]

In the absence of a direct comparison versus olaparib with abiraterone (and prednisone or prednisolone), the submitting company performed a Bayesian network meta-analysis (NMA). The NMA compared the efficacy of first-line treatments for mCRPC, including enzalutamide and abiraterone, both as monotherapies and in combination with talazoparib and olaparib

respectively. Outcomes included rPFS, overall survival, time to prostate-specific antigen (PSA) progression, PSA response and objective response rate. For most outcomes, the results suggest that the two combination products had comparable efficacy.

3. Company Estimate of Eligible Population, Uptake and Budget Impact

3.1. Company's number of patients assumed to be eligible for treatment*

SMC is unable to publish the estimated patient numbers as the company considered that these were commercial in confidence.

3.2. Budget Impact assumption

Medicines reviewed under the abbreviated submissions process are estimated to have a limited net budget impact and resource allocation across NHS Scotland.

References

1. European Medicines Agency (EMA). European Public Assessment Report. Talazoparib (Talzenna®). 09/11/2023, EMA/570477/2023. www.ema.europa.eu
2. Pfizer Ltd. Talazoparib hard capsules (Talzenna®) Summary of product characteristics. Electronic Medicines Compendium www.medicines.org.uk Last updated 17 April 2024.
3. Agarwal N, Azad AA, Carles J, Fay AP, Matsubara N, Heinrich D*, et al.* Talazoparib plus enzalutamide in men with first-line metastatic castration-resistant prostate cancer (TALAPRO-2): a randomised, placebo-controlled, phase 3 trial. The Lancet. 2023;402(10398):291-303. 10.1016/S0140-6736(23)01055-3

This assessment is based on data submitted by the applicant company up to and including 07 October 2024.

Medicine prices are those available at the time the papers were issued to SMC for consideration. SMC is aware that for some hospital-only products national or local contracts may be in place for comparator products that can significantly reduce the acquisition cost to Health Boards. These contract prices are commercial in confidence and cannot be put in the public domain, including via the SMC Detailed Advice Document. Area Drug and Therapeutics Committees and NHS Boards are therefore asked to consider contract pricing when reviewing advice on medicines accepted by SMC.

Patient access schemes: A patient access scheme is a scheme proposed by a pharmaceutical company in order to improve the cost-effectiveness of a medicine and enable patients to receive access to cost-effective innovative medicines. A Patient Access Scheme Assessment Group (PASAG), established under the auspices of NHS National Services Scotland reviews and advises NHSScotland on the feasibility of proposed schemes for implementation. The PASAG operates separately from SMC in order to maintain the integrity and independence of the assessment process of the SMC. When SMC accepts a medicine for use in NHSScotland on the basis of a patient access scheme that has been considered feasible by PASAG, a set of guidance notes on the operation of the scheme will be circulated to Area Drug and Therapeutics Committees and NHS Boards prior to publication of SMC advice.

Advice context:

No part of this advice may be used without the whole of the advice being quoted in full.

This advice is based on the estimation of at least similar comparative efficacy and limited net budget impact compared with other medicinal products, within the same therapeutic class, that are in routine use within NHSScotland.

This advice represents the view of the Scottish Medicines Consortium and was arrived at after evaluation of the evidence submitted by the company. It is provided to inform the considerations of Area Drug & Therapeutics Committees and NHS Boards in Scotland in determining medicines for local use or local formulary inclusion. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.