

# Tazverik (tazemetostat)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tazverik (tazemetostat)	May be subject to quantity limit

## **APPROVAL CRITERIA**

Requests for Tazverik (tazemetostat) may be approved if the following criteria are met:

- I. Individual is 16 years of age or older (Label, NCCN 2A); **AND**
  - II. Individual has a histologically confirmed diagnosis of epithelioid sarcoma; **AND**
  - III. Individual has metastatic or locally advanced disease, and is not eligible for complete resection; **AND**
  - IV. Individual has a current ECOG performance status of 0-2;
- OR**
- V. Individual is 18 years of age or older (Label, NCCN 2A); **AND**
  - VI. Individual has a diagnosis of relapsed or refractory follicular lymphoma; **AND**
  - VII. Individual has *one* of the following:
    - A. Individual has EZH2 mutation positive disease; **AND**
      1. Individual has received at least two (2) prior systemic therapies; **OR**
    - B. Individual is using as second-line therapy and beyond irrespective of EZH2 mutation status; **AND**
      1. Individual has no satisfactory alternative treatment options; **AND**
  - VIII. Individual has a current ECOG performance status of 0-2.

## **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2024. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: Updated periodically.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2024 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 18, 2024.
  - a. B-Cell Lymphomas. V1.2024. Revised January 12, 2024.
  - b. Soft Tissue Sarcoma. V3.2023. Revised December 12, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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