

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; **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; **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 with test results confirmed; **AND**
 1. Individual has received at least two (2) prior systemic therapies; **OR**
 - B. Individual has EZH2 wild-type disease (or EZH2 mutation undetected); **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.: 2020. 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: December 28, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on December 28, 2020.
 - a. B-Cell Lymphomas. V4.2020. Revised August 13, 2020.
 - b. Soft Tissue Sarcoma. V1.2021. Revised October 30, 2020.

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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