BlueCross BlueShield
Federal Employee Program

TAZVERIK
(tazemetostat)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

The patient must have **ONE** of the following:

1. Metastatic or locally advanced epithelioid sarcoma
    a. 16 years of age or older
    b. **NOT** eligible for complete resection
2. Relapsed or refractory follicular lymphoma
    a. 18 years of age or older
    b. Patient must have **ONE** of the following:
        i. Tumors are positive for an EZH2 mutation as detected by an FDA-approved test **AND** patient has received at least 2 prior systemic therapies
        ii. Patient has no satisfactory alternative treatment options

AND ALL of the following:

a. Prescriber agrees to monitor for the development of secondary malignancies
b. Females of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Tazverik and for 6 months after the final dose
c. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tazverik and for 3 months after the final dose

Prior - Approval Limits

Quantity 720 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnoses

TAZVERIK
(tazemetostat)

Patient must have **ONE** of the following:

1. Metastatic or locally advanced epithelioid sarcoma
    a. 16 years of age or older
2. Relapsed or refractory follicular lymphoma
    a. 18 years of age or older

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor for the development of secondary malignancies
c. Females of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Tazverik and for 6 months after the final dose
d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tazverik and for 3 months after the final dose

Prior - Approval *Renewal* Limits

Same as above