



**BlueCross
BlueShield**

TAZVERIK

Federal Employee Program. **PRIOR APPROVAL REQUEST**

Additional information is required to process your claim for prescription drugs. Please complete the cardholder portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: **1-877-378-4727**

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R			Physician Signature:		
PHYSICIAN COMPLETES						

Tazverik (tazemetostat)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety for processing**

Is this request for brand or generic? ☐ Brand ☐ Generic

How many tablets are needed every 90 days? _____ tablet(s) every 90 days

1. Has the patient been on Tazverik continuously for the last **6 months**, excluding samples? *Please select answer below:*

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. What is the patient's diagnosis?

☐ Metastatic or Locally Advanced Epithelioid Sarcoma

i. Is the patient eligible for complete resection? ☐ Yes ☐ No

☐ Relapsed or Refractory Follicular Lymphoma

i. Are the patient's tumors positive for an EZH2 mutation as detected by a FDA-approved test? ☐ Yes* ☐ No

***If YES**, has the patient received two prior systemic therapies? ☐ Yes ☐ No

ii. Does the patient have satisfactory alternative treatment options? ☐ Yes ☐ No

☐ Other diagnosis (*please specify*): _____

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:

a. What is the patient's diagnosis?

☐ Metastatic or Locally Advanced Epithelioid Sarcoma

☐ Relapsed or Refractory Follicular Lymphoma

☐ Other diagnosis (*please specify*): _____

b. Has the patient had disease progression or unacceptable toxicity while on Tazverik? ☐ Yes ☐ No

2. Will the patient be monitored for development of secondary malignancies? ☐ Yes ☐ No

3. **FEMALE Patient:** Is the patient of child-bearing potential? ☐ Yes* ☐ No

***If YES**, will the patient be advised to use effective non-hormonal contraception during treatment with Tazverik and for six months after the final dose? ☐ Yes ☐ No

MALE Patient: Does the patient have a partner of child-bearing potential? ☐ Yes* ☐ No

***If YES**, will the patient be advised to use effective contraception during treatment with Tazverik and for three months after the final dose? ☐ Yes ☐ No



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Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST	Now you can get responses to drug prior authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA .
Phone (4-5 minutes for response)	The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same info contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 days for response)	Fax the attached form to (877)-378-4727 Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the PA request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u>

faster... easier... better...	Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA . Sign up today!
	CVS/caremark 