Reference number(s)
3502-A

Specialty Guideline Management

TAZVERIK (tazemetostat)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

1. Tazverik is indicated for the treatment of adults and pediatric patients aged 16 years and older with metastatic or locally advanced epithelioid sarcoma not eligible for complete resection.
2. Tazverik is indicated for the treatment of adult patients with relapsed or refractory (R/R) follicular lymphoma (FL) whose tumors are positive for an EZH2 mutation as detected by an FDA-approved test and who have received at least 2 prior systemic therapies.
3. Tazverik is indicated for the treatment of adult patients with R/R FL who have no satisfactory alternative treatment options.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: For the treatment of follicular lymphoma, documentation of an EZH2 mutation (where applicable).

III. CRITERIA FOR INITIAL APPROVAL

A. Epithelioid Sarcoma

Authorization of 12 months may be granted for the treatment of metastatic or locally advanced epithelioid sarcoma when all of the following criteria are met:

1. The disease is not eligible for complete resection
2. The member is 16 years of age or older

B. Follicular Lymphoma

Authorization of 12 months may be granted for the treatment of relapsed or refractory follicular lymphoma when the member is 18 years of age or older and either of the following criteria is met:

1. Tumor is positive for an EZH2 mutation and the member has received at least 2 prior therapies
2. The member does not have any satisfactory alternative treatment options

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Reference number(s)
3502-A

V. REFERENCES

1. Tazverik [package insert]. Cambridge, MA: Epizyme, Inc.; July 2020.