

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## 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.

### 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: January 27, 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™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 27, 2020.
  - a. Soft Tissue Sarcoma. V5.2019. Revised January 23, 2020.