Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Tazemetostat (Tazverik)

Notes:

• Quantity limits: Yes

Initiation (new start) criteria: Non-formulary **tazemetostat (Tazverik)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Eastern Cooperative Oncology Group (ECOG) Performance Status (PS) of 0-2
- Patient has one of the following diagnoses:
 - 1. Diagnosis of epithelioid sarcoma, metastatic or locally advanced
 - o Patient is not eligible for complete resection AND-
 - Patient has an integrase interactor 1 (INI1)-deficient tumor

-OR-

- 2. Diagnosis of follicular lymphoma, relapsed/refractory
 - Patient has received treatment with at least two prior chemotherapy regimens, including an anti-CD20 targeted agent -AND-
 - Patient has an EZH2 mutation

-OR-

- 3. Diagnosis of follicular lymphoma, relapsed/refractory
 - o Patient has no alternative treatment options -AND-
 - Patient with unknown mutation status or EZH2 wild type (WT)

<u>Criteria for current Kaiser Permanente members already taking the medication who</u> <u>have not been reviewed previously</u>: Non-formulary tazemetostat (Tazverik) will be covered on the prescription drug benefit when the following criteria are met:

• Patient has one of the following diagnoses:

1. Diagnosis of epithelioid sarcoma, metastatic or locally advanced **-OR-**

2. Diagnosis of follicular lymphoma, relapsed/refractory

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Revised: 06/10/21 Effective: 08/19/21 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Tazemetostat (Tazverik)

<u>Criteria for new members entering Kaiser Permanente already taking the</u> <u>medication who have not been reviewed previously</u>: Non-formulary tazemetostat (Tazverik) will be covered on the prescription drug benefit when the following criteria are met:

- Patient has one of the following diagnoses:
 - 1. Diagnosis of epithelioid sarcoma, metastatic or locally advanced **-OR-**
 - 2. Diagnosis of follicular lymphoma, relapsed/refractory

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