UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Tazverik

Program	Prior Authorization
Medication	Tazverik™ (tazemetostat)
Markets in Scope	Arizona, Hawaii, Nevada, Maryland, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, California, South Carolina
Issue Date	3/2020
Pharmacy and Therapeutics Approval Date	3/2020
Effective Date	5/2020

1. Background:

Tazverik (tazemetostat) is a methyltransferase inhibitor 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.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

2. Coverage Criteria:

A. Epithelioid Sarcoma

1. Initial Authorization

a. Tazverik will be approved based on **all** of the following criteria:

(1) Diagnosis of epithelioid sarcoma

-AND-

(2) Disease is **one** of the following:

(a) Metastatic
(b) Locally advanced

-AND-

(3) Disease is not eligible for complete resection

Authorization will be issued for 12 months.

2. Reauthorization

a. Tazverik will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on **Tazverik** therapy

Authorization will be issued for 12 months.

B. NCCN Recommended Regimens

1. Initial Authorization

a. **Tazverik** will be approved for uses not outlined above if supported by The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium.

Authorization will be issued for 12 months.

2. Reauthorization

a. **Tazverik** will be approved based on the following criterion:

(1) Documentation of positive clinical response to Tazverik therapy

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

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

2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed February 5, 2020.

Program	Prior Authorization
Change Control	
Date	Change
3/2020	New program