CVS Caremark®

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| Reference number(s) |
| 3502-A |

# Specialty Guideline Management Tazverik

## Products Referenced by this Document

| Brand Name | Generic Name |
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| Tazverik | tazemetostat |

## 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 Indications1

* 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.
* 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.
* Tazverik is indicated for the treatment of adult patients with R/R FL who have no satisfactory alternative treatment options.

### Compendial Use2

Follicular Lymphoma- Relapsed/Refractory disease irrespective of EZH2 mutation

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

## Coverage Criteria

### Epithelioid Sarcoma1,2

Authorization of 12 months may be granted for the treatment of metastatic or locally advanced epithelioid sarcoma as a single agent when the member is 16 years of age or older and the disease is not eligible for complete resection.

### Follicular Lymphoma1,2

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:

* The member has received at least 2 prior therapies
* The member does not have any satisfactory alternative treatment options

## Continuation of Therapy

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

## References

1. Tazverik [package insert]. Cambridge, MA: Epizyme, Inc.; August 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed January 17, 2025.