

Member Name: _____ Date of Birth: _____ Member ID#: _____

Drug InformationPharmacy billing (NDC: _____) Start Date (or date of next dose): _____
Dose: _____ Regimen: _____**Billing Provider Information**Pharmacy NPI: _____ Pharmacy Name: _____
Pharmacy Phone: _____ Pharmacy Fax: _____**Prescriber Information**Prescriber NPI: _____ Prescriber Name: _____
Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____**Criteria****For Initial Authorization:**

1. Please indicate the diagnosis and information:

 Epithelioid Sarcoma

A. Is disease metastatic or locally advanced? Yes _____ No _____

B. Is member eligible for complete resection? Yes _____ No _____

 Follicular Lymphoma (FL)

A. Is disease relapsed or refractory? Yes _____ No _____

B. EZH2 detected mutation? Yes _____ No _____

C. Has member received at least 2 lines of therapy? Yes _____ No _____

D. Will tazemetostat be used as subsequent therapy where there are no satisfactory alternative treatment options? Yes _____ No _____

 If answer is none of the above, please indicate diagnosis: _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Does patient have any evidence of progressive disease while on tazemetostat therapy? Yes _____ No _____

3. Has the member experienced any adverse drug reactions related to tazemetostat therapy? Yes _____ No _____

If yes, please specify adverse reactions: _____

Additional Information: _____

Prescriber Signature: _____ **Date:** _____**I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.***Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.***PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:**University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization UnitFax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4**CONFIDENTIALITY NOTICE***This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*