Tagraxofusp-erzs (Elzonris®)	Place of Service Hospital Administration Office Administration Outpatient Facility Infusion Administration Infusion Center Administration HCPCS: **J9269** per 10 mcg

Condition(s) listed in policy *(see criteria for details)*

- Blastic plasmacytoid dendritic cell neoplasm (BPDCN)

AHFS therapeutic class: antineoplastic
Mechanism of action: CD123-directed cytotoxin

(1) Special Instructions and Pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for tagraxofusp-erzs (Elzonris®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Blastic plasmacytoid dendritic cell neoplasm (BPDCN)

Covered Dose
Up to 12 mcg/kg IV once daily on days 1 to 5 of 21-day cycles. The dosing period may be extended for dose delays up to day 10 of the cycle

Coverage period
Indefinite

ICD-10:
C86.4

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for tagraxofusp-erzs (Elzonris®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s):

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:
1000 mcg/1 mL (single-dose vial)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Elzonris (tagraxofusp-erzs) [Prescribing Information]. New York, NY: Stemline Therapeutics; 11/2022.
- National Comprehensive Cancer Network. Acute myeloid leukemia (Version 2.2023). Available at: www.nccn.org.

(7) Policy Update

Date of last review: 2Q2023
Date of next review: 2Q2024
Changes from previous policy version:

- No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee