Mass General Brigham
Health Plan

Elzonris (tagraxofusp-erzs)
Effective 04/01/2023

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview
Elzonris® (tagraxofusp-erzs) is a CD123-directed cytotoxin indicated for the treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in adults and in pediatric patients two years of age and older.

No PA	Require PA
Alternatives vary by patient age and disease category and may include systemic chemotherapy. Please refer to NCCN guideline for the latest recommendations.	Elzonris® (tagraxofusp-erzs)

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization will be granted when all the following criteria has been met, and documentation has been submitted:

1. Diagnosis of blastic plasmacytoid dendritic cell neoplasm (BPDCN)
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing
4. First infusion will take place in an inpatient setting and subsequent infusions may take place in an outpatient setting with appropriate monitoring

Continuation of Therapy
Reauthorization by physician will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted for 3 months.
2. Reauthorizations will be granted for 6 months.
3. Members who have already started treatment on Elzonris® may be approved for any FDA-approved indication.

References

1. Elzonris® (tagraxofusp-erzs) [package insert]. New York (NY): Stemline Therapeutics, Inc.; 2018 Dec.
2. Pemmaraju N, Lane AA, Sweet KL, Stein AS, Vasu S, Blum W, et al. Tagraxofusp in Blastic Plasmacytoid Dendritic-Cell Neoplasm. N Engl J Med. 2019 Apr 25;380(17):1628-1637.
3. BPDCN [website on the internet]. Stemline. 2020 Aug [cited 2022 Mar 7]. Available from: https://bpdcninfo.com/.
4. IPD Analystics. Elzonris (tagraxofusp-erzs). 2022 Mar [cited 2022 Mar 7]. Data on file.
5. FDA approves first treatment for rare blood disease [press release on the internet]. FDA; 2018 Dec 21 [cited 2022 Mar 7]. Available from: https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-rare-blood-disease.
6. Gurbuxani S. Blastic plasmacytoid dendritic cell neoplasm. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2022 Jan 18 [cited 2022 Mar 7]. Available from: https://www.uptodate.com/contents/blastic-plasmacytoid-dendritic-cell-neoplasm.
7. Pagano L, Valentini CG, Grammatico S, Pulsoni A. Blastic plasmacytoid dendritic cell neoplasm: diagnostic criteria and therapeutical approaches. Br J Haematol. 2016 Jul;174(2):188-202.

Review History

01/11/23 - Reviewed and created for Jan P&T; matched MH UPPL. Created criteria to be in compliance with Masshealth unified formulary requirements (Effective 4/1/23)