

Market Applicability													
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Elzonris (tagraxofusp-erzs)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Elzonris (tagraxofusp-erzs) injection

APPROVAL CRITERIA

Requests for Elzonris (tagraxofusp-erzs) may be approved if the following criteria are met:

- I. Individual is 2 years of age or older; **AND**
- II. Individual has a diagnosis of blastic plasmacytoid dendritic cell neoplasm (BPDCN); **AND**
- III. Individual has a current Eastern Cooperative Oncology Group (ECOG) status of 0-1.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

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New Program Date 05/21/2019

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0393-19

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1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: February 8, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Elzonris [Package Insert]. New York, NY. Stemline Therapeutics, Inc.; 2018
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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