



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Elzonris (tagraxofusp-erzs) for the Treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) Prior Authorization Request Form #928

Medical Policy #009 Elzonris (tagraxofusp-erzs) for the Treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN)

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for Elzonris (tagraxofusp-erzs) for the Treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) must be submitted.
- If the patient does not meet all the criteria listed below, please submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#) explaining why an exception is justified.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

Complete Prior Authorization Request Form for Elzonris [\(928\)](#) using [Authorization Manager](#)

For out of network providers: Requests should still be faxed to 888-973-0726.

Patient Information	
Patient Name and DOB:	Today's Date:
BCBSMA ID#:	Date of Treatment:

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Place of Service: Inpatient Outpatient

Note:

- Initial treatment cycle **must be** administered in an inpatient setting and individual will be monitored for at least 24 hours after last infusion.
- Subsequent treatment cycles may be administered in an appropriate outpatient setting and additional prior authorization is required.

Please submit clinical documentation to support your request including:

- Clinical background with confirmed diagnosis of BPDCN
- Current labs, ECOG performance score
- Any additional relevant clinical information.