Medical Drug Clinical Criteria

Subject:	Elzonris (tagraxofusp-erzs)		
Document #:	CC-0088	**Publish Date:**	~~03/27/2023~~04/01/2024
Status:	~~Reviewed~~Revised	**Last Review Date:**	~~02/24/2023~~02/23/2024

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Overview

This document addresses the use of Elzonris (tagraxofusp-erzs), a CD123-directed cytotoxin for the treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in those 2 years of age or older. BPDCN is an aggressive and rare disease of the bone marrow and blood that can affect multiple organs, including the lymph nodes and the skin. It often presents as leukemia or evolves into acute leukemia. Previously there had been no FDA approval therapies for BPDCN.

Elzonris is a fusion protein comprised of a recombinant human interleukin-3 (IL-3) and truncated diphtheria toxin that inhibits protein synthesis and causes cell death in CD123- expressing cells. Tagraxofusp-erzs is constructed by recombinant DNA technology and produced in Escherichia coli cells.

The National Comprehensive Cancer Network® (NCCN) provides a category 2A level of evidence for the use of Elzonris as a single agent for treatment induction in candidates for intensive remission therapy, treatment until progression if complete response (CR) achieved after induction, or relapsed/refractory disease (if not already used).

Elzonris contains a black box warning for Capillary leak Syndrome (CLS). In clinical trials, the overall incidence of CLS was 53%, including Grade 1 or 2 in 43%, Grade 3 in 7%, Grade 4 in 1% and 4 fatal events. Common signs and symptoms (incidence ≥ 20%) associated with CLS that were reported during treatment with Elzonris include hepatoxicity, hypoalbuminemia, edema, weight gain, and hypotension.

Before initiating therapy with Elzonris, ensure that the patient has adequate cardiac function and serum albumin is greater than or equal to 3.2 g/dL. During treatment with Elzonris, monitor serum albumin levels prior to the initiation of each dose of Elzonris and as indicated clinically thereafter, and assess patients for other signs or symptoms of CLS, including weight gain, new onset or worsening edema, including pulmonary edema, hypotension or hemodynamic instability.

The ECOG or Eastern Cooperative Oncology Group Performance Status is a scale and criteria used by doctors and researchers to assess how an individual's disease is progressing, assess how the disease affects the daily living abilities of the individual, and determine appropriate treatment and prognosis. This scale may also be referred to as the WHO (World Health Organization) or Zubrod score which is based on the following scale:

- 0 = Fully active, able to carry on all pre-disease performance without restriction
- 1 = Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, for example, light house work, office work
- 2 = Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
- 3 = Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
- 4 = Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
- 5 = Dead.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Elzonris (tagraxofusp-erzs)

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. Using in one of the following ways (NCCN 2A):
    A. For intensive remission induction therapy; **OR**
    B. Treatment until progression if complete response (CR) achieved after induction; **OR**
    C. Relapsed/refractory disease, if not already used; **AND**
~~III. Individual has a current Eastern Cooperative Oncology Group (ECOG) status of 0-1; **AND**~~
IV. Individual is using as monotherapy; **AND**
V. At initial therapy, individual has a baseline serum albumin of 3.2 g/dL or higher (NCCN 2A).

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Requests for Elzonris (tagraxofusp-erzs) may not be approved when the above criteria are not met and for all other indications.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J9269	Injection, tagraxofusp-erzs, 10 micrograms [Elzonris]

ICD-10 Diagnosis

C86.4	Blastic NK-cell lymphoma
Z51.11	Encounter for antineoplastic chemotherapy

Document History

Revised: 02/23/2024
Document History:

- 02/23/2024- Annual Review: Update criteria with 2A recommendations from NCCN for place in therapy. Remove criteria for ECOG score. Coding Reviewed: No changes.
- 02/24/2023 – Annual Review: No Changes. Coding Reviewed: No changes.
- 02/25/2022– Annual Review: No Changes. Coding Reviewed: No changes.
- 02/19/2021– Annual Review: No Changes. Coding Reviewed: No changes.
- 02/21/2020– Annual Review: Update clinical criteria for Elzonris with NCCN AML guideline update and may not be approved criteria. Coding Reviewed: Added ICD-10 Z51.11.
- 8/20/19-Coding Reviewed: Added HCPCS J9269 (Effective 10/1/19), Delete HCPCS codes J9999, C9049 (Effective 10/1/19)
- 06/25/19- Coding Reviewed. Added new HCPCS code C9049 (Effective 7/1/19)
- 02/22/2019– Select Review: Add new clinical criteria document for Elzonris. Coding review: Added C9399, J9999, and C86.4 ICD-10.

References

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2024. 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: Updated periodically.
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.; 2024; Updated periodically.
6. NCCN Clinical Practice Guidelines in Oncology™. © 2024 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on January 11, 2024.
    a. Acute Myeloid Leukemia. V6.2023. Revised October 24, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.