SoonerCare
Oklahoma Health Care Authority

State of Oklahoma
Oklahoma Health Care Authority

# Elzonris® (Tagraxofusp-erzs) Prior Authorization Form

***Member Name:*_____ *Date of Birth:*_____ *Member ID#:*_____**

## Drug Information

***Physician billing (HCPCS code:*_____*) Start Date (or date of next dose):*_____**

***Dose:*_____ *Regimen:*_____**

## Billing Provider Information

***Provider NPI:*_____ *Provider Name:*_____**

***Provider Phone:*_____ *Provider Fax:*_____**

## Prescriber Information

***Prescriber NPI:*_____ *Prescriber Name:*_____**

***Prescriber Phone:*_____ *Prescriber Fax:*_____ *Specialty*:_____**

## Criteria

**For Initial Authorization:**

1. Is diagnosis blastic plasmacytoid dendritic cell neoplasm (BPDCN)? Yes____ No____
2. Will tagraxofusp be used as a single-agent? Yes____ No____
3. If diagnosis is NOT blastic plasmacytoid dendritic cell neoplasm (BPDCN), please indicate diagnosis:

_____

Additional Information:_____

_____

DRAFT

**For Continued Authorization:**

1. Date of last dose:_____
2. Does patient have any evidence of progressive disease while on tagraxofusp therapy? Yes____ No____
3. Has the member experienced any adverse drug reactions related to tagraxofusp therapy? Yes____ No____

*If yes, please specify adverse reactions:*_____

Additional Information:_____

_____

**Prescriber Signature:**_____ **Date:**_____

***I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.***

*Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*

| PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO: | CONFIDENTIALITY NOTICE |
|---|---|
| University of Oklahoma College of Pharmacy<br>Pharmacy Management Consultants<br>Product Based Prior Authorization Unit<br><br>Fax: 1-800-224-4014<br>Phone: 1-800-522-0114 Option 4 | *This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.* |