

Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)

APPROVAL CRITERIA

Requests for Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Acute Lymphoblastic Lymphoma or Acute Lymphocytic (lymphoblastic) Leukemia (ALL) (Label); **OR**
 - B. Extranodal Natural Killer T-cell lymphoma (ENKL) (NCCN 2A);

AND

- II. Individual has developed a confirmed systemic allergic reaction or anaphylaxis to prior treatment with *E. Coli* – derived asparaginase; **AND**
- III. Individual does not have any the following contraindications:
 - A. History of serious thrombosis with prior L-asparaginase therapy; **OR**
 - B. History of serious pancreatitis with prior L-asparaginase therapy; **OR**
 - C. History of serious hemorrhagic events with prior L-asparaginase therapy.

Requests for Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn) may not be approved if above criteria are not met and for all other indications.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. 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: December 28, 2023.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on December 28, 2023.
 - a. Acute Lymphoblastic Leukemia. V3.2023. Revised October 09, 2023.
 - b. Pediatric Acute Lymphoblastic leukemia. V3.2024. Revised October 31, 2023.
 - c. T-Cell Lymphomas. V1.2024. Revised December 21, 2023.

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

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