

Erwinaze (asparaginase *Erwinia chrysanthemi*), Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Erwinaze (asparaginase <i>Erwinia chrysanthemi</i>) Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)

APPROVAL CRITERIA

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

- I. Individual has a diagnoses of Acute Lymphoblastic Lymphoma or Acute Lymphocytic (lymphoblastic) Leukemia (ALL); **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 Erwinaze (asparaginase [*erwinia chrysanthemi*]) or Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn) may not be approved if above criteria are not met and for all other indications.

Key References:

- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 30, 2022.
- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
- NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 13, 2022.
 - a. Acute Lymphoblastic Leukemia. V1.2022. Revised April 4, 2022.

- b. Pediatric Acute Lymphoblastic leukemia. V1.2023. Revised November 9, 2022.
- c. T-Cell Lymphomas. V2.2022. Revised March 7, 2022.

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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