

Drug Policy:

Erwinaze™ and Rylaze™ (asparaginase Erwinia chrysanthemi and recombinant-rywn)

POLICY NUMBER UM ONC_1361	SUBJECT Erwinaze™ and Rylaze™ (asparaginase Erwinia chrysanthemi and recombinant-rywn)		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 07/10/19, 12/11/19, 06/10/20, 02/10/21, 08/11/21	APPROVAL DATE August 11, 2021	EFFECTIVE DATE August 27, 2021	COMMITTEE APPROVAL DATES 07/10/19, 12/11/19, 06/10/20, 02/10/21, 08/11/21	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM 1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Erwinaze and Rylaze (asparaginase Erwinia chrysanthemi and recombinant- rywn) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. When health plan Medicaid coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the [Preferred Drug Guidelines OR](#)
2. When health plan Exchange coverage provisions-including any applicable PDLs (Preferred Drug Lists)-conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the [Preferred Drug Guidelines OR](#)
3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the [Preferred Drug Guidelines shall follow NCH L1 Pathways](#) when applicable, otherwise shall follow NCH drug policies [AND](#)
4. Continuation requests of previously approved, non-preferred medication are not subject to this provision [AND](#)
5. When available, generic alternatives are preferred over brand-name drugs.

B. Acute Lymphoblastic Leukemia (ALL)

1. NOTE: Asparlas (calaspargase pegol-mknl) is preferred over Erwinaze and Rylaze (asparaginase Erwinia chrysanthemi and recombinant-rywn) in the treatment of ALL, unless the member has a history of a hypersensitivity reaction or other adverse effects from Asparlas (calaspargase pegol-mknl). *Please refer to UM ONC_1352 Asparlas (calaspargase pegol-mknl) policy.*
2. Erwinaze and Rylaze (asparaginase Erwinia chrysanthemi and recombinant-rywn) may be used in members with Philadelphia chromosome-negative ALL/Philadelphia chromosome positive ALL as a part of a multi-agent chemotherapy regimen.

III. EXCLUSION CRITERIA

- A. Erwinaze and Rylaze (asparaginase Erwinia chrysanthemi and recombinant- rywn) is being used after disease progression with the same regimen.
- B. Dosing exceeds single dose limit of Erwinaze (asparaginase Erwinia chrysanthemi) 25,000/m² International Units or Rylaze (asparaginase Erwinia chrysanthemi recombinant- rywn) 25 mg/m².
- C. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

- A. Erwinaze prescribing information. Jazz Pharmaceuticals, Inc. Palo Alto, CA 2021.

- B. Rylaze prescribing information. Jazz Pharmaceuticals, Inc. Palo Alto, CA 2021.
- C. Clinical Pharmacology Elsevier Gold Standard 2021.
- D. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO. 2021.
- E. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2021.
- F. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2021.