STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ASPARAGINASE ERWINIA-RYWN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ASPARAGINASE ERWINIA-RYWN	RYLAZE	47474		GPI-10 (2125001060)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of acute lymphoblastic leukemia (ALL) or lymphoblastic lymphoma (LBL) and meet **ALL** of the following criteria?
   - The patient is 1 month of age or older
   - The patient has developed hypersensitivity to E. coli-derived asparaginase
   - Rylaze will be used as a component of a multi-agent chemotherapeutic regimen

   If yes, **approve for 12 months by HICL or GPI-10.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ASPARAGINASE ERWINIA-RYWN (Rylaze)** requires the following rule(s) be met for approval:
   A. You have acute lymphoblastic leukemia (ALL: type of blood cancer) or lymphoblastic lymphoma (LBL: type of cancer affecting the immune system)
   B. You are 1 month of age or older
   C. You have developed hypersensitivity to E.coli-derived asparaginase (you are allergic to an enzyme/protein that is from a type of bacteria)
   D. Rylaze will be used as a component of a multi-agent chemotherapeutic regimen

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Rylaze.

REFERENCES

- Rylaze [Prescribing Information]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; June 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective:01/01/22
Created: 10/21
Client Approval: 11/21
P&T Approval:10/21