Clinical Policy Title:	asparaginase erwinia chrysanthemi (recombinant)-rywn
Policy Number:	RxA.703
Drug(s) Applied:	Rylaze®
Original Policy Date:	08/17/2021
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL) (must meet all):

1. Diagnosis of one of the following (a or b):
   a. ALL;
   b. LBL;
2. Prescribed as a component of a multi-agent chemotherapeutic regimen;
3. Clinical documentation indicating that member has developed hypersensitivity to an E. coli derived asparaginase (Elspar® - off-market) or pegaspargase (Oncaspar®).

Approval Duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. Acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL) (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network. Pediatric Acute lymphoblastic leukemia Version 1.2023. Available https://www.nccn.org/professionals/physician_gls/pdf/ped_all.pdf. Accessed August 28, 2024.
2. National Comprehensive Cancer Network. Acute lymphoblastic leukemia Version 1.2022. Available https://www.nccn.org/professionals/physician_gls/pdf/all.pdf. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	08/17/2021	09/14/2021
Policy was reviewed: 1. Initial Approval Criteria I.A.5: Updated to add (Elspar® - off-market) or pegaspargase (Oncaspar®).	04/26/2022	07/18/2022

2. Reviewed and updated.		
Policy was reviewed: 1. References were reviewed and updated.	12/19/2022	01/17/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 5. Removed other reauthorization requirements including positive response to therapy. 6. Updated approval duration verbiage. 7. References were reviewed and updated.	08/28/2024	09/13/2024