

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Erwinaze (asparaginase *Erwinia chrysanthemi*)

CG-DRUG-42

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Erwinaze (asparaginase <i>Erwinia chrysanthemi</i>)

APPROVAL CRITERIA

Requests for Erwinaze (asparaginase *Erwinia chrysanthemi*) as a component of a multi-agent chemotherapeutic regimen may be approved when all of the following criteria are met:

- I. Individual has one of the following diagnoses:
 - A. Acute lymphoblastic lymphoma or acute lymphocytic (lymphoblastic) leukemia (ALL); **OR**
 - B. Extranodal natural killer T-cell lymphoma, nasal type (ENKL);

AND

- II. Individual has developed a documented systemic allergic reaction or anaphylaxis to prior treatment with pegaspargase; **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.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Asparaginase (Erwinia chrysanthemi) Monograph. Lexicomp® Online, American Hospital Formulary Service® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised February 27, 2018. Accessed on October 1, 2018.

PAGE 1 of 2 04/23/2019

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0383-19

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

2. Asparaginase. In: DrugPoints System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated November 11, 2016. Available at: <http://www.micromedexsolutions.com>. Accessed on October 1, 2018.
3. Erwinaze (asparaginase *Erwinia chrysanthemi*) [Product Information], Palo Alto, CA. Jazz Pharmaceuticals, Inc. March 29, 2016. Available at: http://www.accessdata.fda.gov/drugsatfda_docs/label/2016/125359s088lbl.pdf. Accessed on October 1, 2018.
4. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). For additional information see the NCCN website: <http://www.nccn.org>. Accessed on October 1, 2018.
5. NCCN Clinical Practice Guidelines in Oncology™. Acute Lymphoblastic Leukemia. © 2017 National Comprehensive Cancer Network, Inc. For additional information see the NCCN website: <http://www.nccn.org/index.asp>. Accessed on October 1, 2018.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.