

**Rylaze**  
**Effective 03/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

Rylaze is indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL) in adult and pediatric patients 1 month or older who have developed hypersensitivity to E. coli-derived asparaginase.

### Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Rylaze, excluding when the product is obtained as samples or via manufacturer's patient assistance program

**OR**

Approval of Rylaze will be granted if the member meets all following criteria and documentation has been submitted:

1. The member has a diagnosis of acute lymphoblastic leukemia (ALL) or lymphoblastic lymphoma (LBL)
2. The member is at least 1 month of age
3. The member has developed hypersensitivity to E.coli-derived asparaginase (e.g. pegasparagase)
4. The medication will be used in conjugation with multi-agent chemotherapy

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

### References

1. Rylaze [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; June 2021.

### Review History

01/19/2022 - Reviewed and Created at Jan P&T. Effective 03/01/2022.