

Asparaginase Agents  
**Asparlas® (calaspargase pegol-mknl)**  
**Erwinase® (asparaginase erwinia chrysanthemi)**  
**Rylaze® (asparaginase erwinia chrystanthemi [recombinant]-rywn)**  
 Effective 04/01/2023

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input 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>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Asparlas is indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia (ALL) in pediatric and young adult patients age 1 month to 21 years.

Erwinase is indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of patients with acute lymphoblastic leukemia (ALL) who have developed hypersensitivity to E. coli-derived asparaginase.

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.

No PA	Require PA
Oncaspar® (pegaspargase) ^	Asparlas® (calaspargase pegol-mknl) ^
	Erwinase® (asparaginase erwinia chrysanthemi) ^†
	Rylaze® (asparaginase erwinia chrysanthemi-rywn) ^

^ This drug is available through the medical benefit. Please note, further information on Asparlas® (calaspargase pegol-mknl), Erwinase® (asparaginase erwinia chrysanthemi), Oncaspar® (pegaspargase) and Rylaze® (asparaginase erwinia chrysanthemi-rywn) ^ is included in the “Drugs Restricted to Physician Billing” administrative guideline.

† Agent does not participate in the federal rebate program. Please see the Non-FDA and Non-rebate products guideline for more information.

### Coverage Guidelines

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

**OR**

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

**Asparlas®** (calaspargase pegol-mknl)

Prescriber provides documentation of **ALL** of the following:

1. Diagnosis of acute lymphoblastic leukemia (ALL)
2. Member is  $\geq 1$  month and  $< 22$  years of age
3. Prescriber is a hematologist or oncologist
4. **ONE** of the following:
  - a. Physician attestation of inadequate response, adverse reaction, or contraindication to Oncaspar® (pegaspargase)
  - b. Appropriate rationale for use instead of Oncaspar® (pegaspargase) (e.g., Documentation that Asparlas® (calaspargase pegol-mknl) is preferred due to every three-week dosing in order to align administration with other agents in the chemotherapy regimen)
5. Appropriate dosing

**Erwinase®** (asparaginase erwinia chrysanthemi)

**Rylaze®** (asparaginase erwinia chrysanthemi-rywn)

Prescriber provides documentation of **ALL** of the following:

1. Diagnosis of acute lymphoblastic leukemia (ALL)
2. Prescriber is a hematologist or oncologist
3. Hypersensitivity to *E. coli*-derived asparaginase (i.e., Oncaspar®, Asparlas®)
4. Appropriate dosing

**Continuation of Therapy**

Reauthorizations by physician will infer a positive response to therapy.

**Limitations**

1. Initial approvals will be granted for 8 weeks
2. Reauthorizations will be granted for up to an additional 28 weeks for a total treatment duration of 36 weeks.
  - a. Requests that exceed a total treatment duration of 36 weeks, documentation of clinical evidence supporting such an extended duration is required.

**References**

1. Erwinase® [package insert on the internet]. Porton Biopharma Limited; 2020 Jun.
2. Oncaspar® [package insert on the internet]. Boston (MA): Servier Pharmaceuticals LLC.; 2021 Nov.
3. Asparlas® [package insert on the internet]. Boston (MA): Servier Pharmaceuticals LLC.; 2021 Dec.
4. Rylaze® [prescribing information]. Palo Alto,CA: Jazz Pharmaceuticals, Inc.; 2021 Jun.
5. Fierce Pharma. Lundbeck to Stop Making Cancer Drug [press release on the Internet]. 2012 Sep 19 [cited 2022 Aug 9]. Available from: <https://www.fiercepharma.com/m-a/lundbeck-to-stop-making-cancer-drug>.



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8. Jabbour EJ, Faderl S, Kantarjian HM. Adult Acute Lymphoblastic Leukemia. *Mayo Clin Proc*. 2005 Nov;80(11):1517-27.
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10. National Comprehensive Cancer Network (NCCN). NCCN Practice Guidelines in Oncology: Pediatric Acute Lymphoblastic Leukemia V1.2022 [guideline on the Internet]. 2021 Oct 1 [cited 2022 Aug 9]. Available from: [https://www.nccn.org/professionals/physician\\_gls/pdf/ped\\_all.pdf](https://www.nccn.org/professionals/physician_gls/pdf/ped_all.pdf).
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12. Jaccard A, Gachard N, Marin B, Rogez S, Audrain M, Suarez F, et al. Efficacy of L-asparaginase with methotrexate and dexamethasone (AspaMetDex regimen) in patients with refractory or relapsing extranodal NK/T-cell lymphoma: A phase 2 study. *Blood*. 2011 Feb 10;117(6):1834-9.
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14. Jiang M, Zhang H, Jiang Y, Yang Q, Xie L, Liu W, et al. Phase 2 trial of “sandwich” L-asparaginase, vincristine, and prednisone chemotherapy with radiotherapy in newly diagnosed, stage IE to IIE, nasal type, extranodal natural killer/T-cell lymphoma. *Cancer*. 2012 Jul 1;118(13):3294-301.
15. Ito Y, Kimura H, Maeda Y, Hashimoto C, Ishida F, Izutsu K, et al. Pretreatment EBV-DNA copy number is predictive of response and toxicities to SMILE chemotherapy for extranodal NK/T-cell lymphoma, nasal type. *Clin Cancer Res*. 2012 Aug 1;18(15):4183-90.
16. Kim SJ, Yang DH, Kim JS, Kwak JY, Eom HS, Hong DS, et al. Concurrent chemoradiotherapy followed by L-asparaginase-containing chemotherapy, VIDL, for localized nasal extranodal NK/T cell lymphoma: CISL08-01 phase II study. *Ann Hematol*. 2014 Nov;93(11):1895-901.
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18. Kwong YL, Kim WS, Lim ST, Kim SJ, Tang T, Tse E, et al. SMILE for natural killer/T-cell lymphoma: Analysis of safety and efficacy from the Asia Lymphoma Study Group. *Blood*. 2012 Oct 11;120(15):2973-80.

### Review History

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

02/08/2023 - Reviewed and updated for Feb P&T. Matched MH UPPL criteria. Added criteria for drugs: Asparlas and Erwinase. Criteria updated for Rylaze. Clarified approval durations and continuation criteria. Updated references. Effective 4/1/23.

