

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

*FHK- Florida Healthy Kids

Medication	Comment
Erwinaze (asparaginase <i>Erwinia chrysanthemi</i>)	N/A

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

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. ALL; **OR**
 - b. 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 pancreatitis with prior L-asparaginase therapy; **OR**
 - c. History of serious hemorrhagic events with prior L-asparaginase therapy.