



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 12, 2011 November 28, 2011, April 26, 2012, November 16, 2015

**Erwinaze® (asparaginase Erwinia chrysanthemi)**

**LENGTH OF AUTHORIZATION:** Up to one year

**CLINICAL NOTES:** *Erwinia* asparaginase (Erwinaze®) is one of two forms of asparaginase used clinically for the treatment of acute lymphoblastic leukemia. *Erwinia* asparaginase is commonly used as a second-line agent in patients who have a hypersensitivity reaction to the other form of asparaginase derived from *E Coli* asparaginase (pegaspargase).

**REVIEW CRITERIA:**

- Must have a diagnosis of Acute Lymphoblastic Leukemia verified by progress notes, discharge notes, or diagnosis code(s). **-AND-**
- Medication must be prescribed by an oncologist. **-AND-**
- Must have history of serious hypersensitivity reaction (such as Grade 2 or higher urticaria, or anaphylaxis). to pegaspargase (Oncaspar). (*Must be clearly documented in official medical records.*)

**CONTINUATION OF THERAPY:**

- Patient continues to meet initial review criteria

**DOSING & ADMINISTRATION:**

When substituted for pegaspargase: 25,000 International Units/m<sup>2</sup>/dose given either intravenously (IV) or intramuscularly (IM) three times a week for 6 doses to replace each planned dose of pegaspargase.