# RELY ON RYLAZE

## TWO IM DOSING OPTIONS:

## MONDAY, WEDNESDAY, FRIDAY OR EVERY 48 HOURS[1]

RYLAZE®
asparaginase erwinia chrysanthemi (recombinant)-rywn for injection 10mg/0.5mL per vial

IM=intramuscular.

### Indication

RYLAZE is indicated as a component of a multi-agent chemotherapeutic regimen given by intramuscular injection 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.

### IMPORTANT SAFETY INFORMATION

### Contraindications

RYLAZE is contraindicated in patients with:

- History of serious hypersensitivity reactions to *Erwinia asparaginase*, including anaphylaxis
- History of serious pancreatitis during previous asparaginase therapy
- History of serious thrombosis during previous asparaginase therapy
- History of serious hemorrhagic events during previous asparaginase therapy
- Severe hepatic impairment

**Please see pages 14 and 15 for additional Important Safety Information and full Prescribing Information.**

## DOSING

There are two RYLAZE regimens that can be used to replace a long-acting asparaginase product. The recommended dosages of RYLAZE are[1]:

| MON MORNING | WED MORNING | FRI AFTERNOON |
|---|---|---|
| IM 25 mg/m² | IM 25 mg/m² | IM 50 mg/m² |
| within 67 hours of FRI dose | 48 hours after MON dose | within 53–58 hours of WED dose |

**OR**

| EVERY 48 HOURS |
|---|
| IM 25 mg/m² |

**RYLAZE dosing example for 25/25/50 mg/m² IM schedule[1]:**
8 AM on Monday and Wednesday, and 1 PM to 6 PM on Friday

**Recommended Premedication**
Premedicate patients with acetaminophen, an H-1 receptor blocker (such as diphenhydramine), and an H-2 receptor blocker (such as famotidine) 30-60 minutes prior to administration of RYLAZE to decrease the risk and severity of hypersensitivity reactions.[1]

IM=intramuscular.

## IMPORTANT SAFETY INFORMATION

### Warnings and Precautions

**Hypersensitivity Reactions**
Hypersensitivity reactions after the use of RYLAZE occurred in 29% of patients in clinical trials, and it was severe in 6% of patients. Anaphylaxis was observed in 2% of patients after intramuscular administration. Discontinuation of RYLAZE due to hypersensitivity reactions occurred in 5% of patients. Hypersensitivity reactions were higher in patients who received intravenous asparaginase erwinia chrysanthemi (recombinant)-rywn. The intravenous route of administration is not approved.

## RECOMMENDED DURATION OF RYLAZE DOSING TO REPLACE ONE LONG-ACTING ASPARAGINASE DOSE[1]

| When RYLAZE is Administered | Recommended Duration of RYLAZE to Replace 3 Weeks of Asparaginase Coverage (Calaspargase Products) | Recommended Duration of RYLAZE to Replace 2 Weeks of Asparaginase Coverage (Pegaspargase Products) |
|---|---|---|
| 25 mg/m² intramuscular every 48 hours | Replace 1 dose of calaspargase pegol products with 11 doses of RYLAZE | Replace 1 dose of pegaspargase products with 7 doses of RYLAZE |
| 25 mg/m² intramuscular on Monday morning and Wednesday morning, and 50 mg/m² intramuscular on Friday afternoon* | Replace 1 dose of calaspargase pegol products with 9 doses of RYLAZE | Replace 1 dose of pegaspargase products with 6 doses of RYLAZE |

*Administer the Friday afternoon dose 53 to 58 hours after the Wednesday morning dose.[1]

The table above shows the number of RYLAZE dosages recommended for the intended duration of treatment for replacement of[1]:
- 3 weeks of asparaginase coverage (1 dose of calaspargase pegol products) or
- 2 weeks of asparaginase coverage (1 dose of pegaspargase products)

See the full prescribing information for the long-acting asparaginase product to determine the total duration of administration of RYLAZE as replacement therapy.[1]

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## FOR IM ADMINISTRATION[1]

- Use aseptic technique
- Determine the dose, total volume of RYLAZE solution required, and the number of RYLAZE vials needed based on the individual patient's BSA. More than one vial may be needed for a full dose
- Withdraw the indicated injection volume of RYLAZE into the syringe for injection
  - Do not shake the vial
  - Limit the volume of RYLAZE at a single injection site to 2 mL
  - If the volume to be administered is greater than 2 mL, divide the dose equally into multiple syringes, one for each injection site
  - Discard the remaining unused RYLAZE in the single-dose vial
- Administer RYLAZE by intramuscular injection
  - Rotate injection sites
  - Do not inject RYLAZE into scar tissue or areas that are reddened, inflamed, or swollen
- If the prepared dose is not used immediately, store the syringe(s) at room temperature 59°F to 77°F for up to 8 hours or refrigerated at 36°F to 46°F for up to 24 hours. The syringe does not need to be protected from light during storage
- Ensure that medical support is available to appropriately manage anaphylactic reactions when administering RYLAZE

BSA=body surface area; IM=intramuscular.

### IMPORTANT SAFETY INFORMATION

#### Warnings and Precautions (continued)

**Hypersensitivity Reactions (continued)**

In patients administered RYLAZE intramuscularly in clinical trials, the median number of doses of RYLAZE that patients received prior to the onset of the first hypersensitivity reaction was 12 doses (range: 1-64 doses). The most commonly observed reaction was rash (19%), and 1 patient (1%) experienced a severe rash.

Hypersensitivity reactions observed with L-asparaginase class products include angioedema, urticaria, lip swelling, eye swelling, rash or erythema, blood pressure decreased, bronchospasm, dyspnea, and pruritus.



## PREPARATION

- Ready-to-use vial[2]
  - No reconstitution required[2]
  - No filtration required[1,2]
- Visually inspect RYLAZE for particulate matter and discoloration prior to administration, whenever solution and container permit. If particulate matter, cloudiness, or discoloration are present, discard the vial[1]
- Discard partially used or empty vials of RYLAZE[1]
- Do not shake the vial[1]


## STORAGE AND HANDLING

RYLAZE is supplied as a sterile, clear to opalescent, colorless to slightly yellow, preservative-free solution in single-dose vials. Each single-dose vial contains 10 mg/0.5 mL.[1]

- Each carton of RYLAZE contains 3 single-dose vials[1]
- Store RYLAZE refrigerated at 36°F to 46°F in the original carton to protect from light[1]
- Do not shake or freeze[1]

### IMPORTANT SAFETY INFORMATION

#### Warnings and Precautions (continued)

**Hypersensitivity Reactions (continued)**

Premedicate patients prior to administration of RYLAZE as recommended. Because of the risk of serious allergic reactions (e.g., life-threatening anaphylaxis), administer RYLAZE in a setting with resuscitation equipment and other agents necessary to treat anaphylaxis (e.g., epinephrine, oxygen, intravenous steroids, antihistamines). Discontinue RYLAZE in patients with serious hypersensitivity reactions.

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## RECOMMENDED MONITORING AND DOSAGE MODIFICATIONS

Monitor patient's bilirubin, transaminase, and glucose levels, and clinical examinations prior to treatment every 2-3 weeks and as indicated clinically.[1]

- If results are abnormal, monitor patients until recovery from the cycle of therapy[1]
- If an adverse reaction occurs, modify treatment according to the table below[1]

| Adverse Reaction | Severity* | Action |
|---|---|---|
| Hypersensitivity Reaction | Grade 2 | • Treat the symptoms |
| | Grade 3 to 4 | • Discontinue RYLAZE permanently |
| Pancreatitis | Grade 2 to 4 | • Hold RYLAZE for elevations in lipase or amylase >2 times the ULN, or for symptomatic pancreatitis<br>• Resume treatment when lipase and amylase are <1.5 times the ULN and symptoms are resolved<br>• Discontinue RYLAZE permanently if clinical necrotizing or hemorrhagic pancreatitis is confirmed |
| Thrombosis | Uncomplicated thrombosis | • Hold RYLAZE<br>• Treat with appropriate antithrombotic therapy<br>• Upon resolution of symptoms, consider resuming RYLAZE, while continuing antithrombotic therapy |
| | Severe or life-threatening thrombosis | • Discontinue RYLAZE permanently<br>• Treat with appropriate antithrombotic therapy |
| Hemorrhage | Grade 3 to 4 | • Hold RYLAZE<br>• Evaluate for coagulopathy and consider clotting factor replacement as needed<br>• Resume RYLAZE with the next scheduled dose if bleeding is controlled |
| Hepatotoxicity | Total bilirubin >3 times to ≤10 times the ULN | • Hold RYLAZE until total bilirubin levels decrease to ≤1.5 times the ULN |
| | Total bilirubin >10 times the ULN | • Discontinue RYLAZE and do not make up missed doses |

*Common Terminology Criteria for Adverse Events (CTCAE) version 5.0.[1]
ULN=upper limit of normal.

## IMPORTANT SAFETY INFORMATION

### Warnings and Precautions (continued)

**Pancreatitis**

Pancreatitis, including elevated amylase or lipase, was reported in 20% of patients in clinical trials of RYLAZE and was severe in 8%. Symptomatic pancreatitis occurred in 7% of patients, and it was severe in 6% of patients. Elevated amylase or lipase without symptomatic pancreatitis was observed in 13% of patients treated with RYLAZE. Hemorrhagic or necrotizing pancreatitis have been reported with L-asparaginase class products.

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## HOW TO CALCULATE DOSE VOLUME

**To calculate dose volume for 25 mg/m² on Monday and Wednesday, and 50 mg/m² on Friday:**

- Each **single-dose vial** of RYLAZE contains 10 mg/0.5 mL[1]
- Use the chart to determine the injection volume based on patient's body surface area (BSA)
  - Calculate the total volume of RYLAZE solution required for each dose:

$$\text{Volume (mL)} = \text{BSA (m}^2\text{)} \times \text{Individual dose (mg/m}^2\text{)} \div \text{Concentration (20 mg/mL)}$$

- Injection volume should be rounded based on institutional standard of care
- It is solely the responsibility of the treating healthcare professional and/or institution to determine the appropriate dosage for each patient and to appropriately account for any unused drug or wastage in accordance with any applicable law, regulation, or policy
- Healthcare professionals should calculate all doses before administration. This vial dosage schedule is merely a guide and is not a substitute for, nor intended to influence, the independent judgment of healthcare professionals. Neither Jazz Pharmaceuticals nor its contractors accept any responsibility for the applicability of the information provided to any particular clinical situation or for any actions or decisions taken in calculating or administering the dose

## IMPORTANT SAFETY INFORMATION

### Warnings and Precautions (continued)

**Pancreatitis (continued)**

Inform patients of the signs and symptoms of pancreatitis, which, if left untreated, could be fatal. Evaluate patients with symptoms compatible with pancreatitis to establish a diagnosis. Assess serum amylase and lipase levels in patients with any signs or symptoms of pancreatitis. Discontinue RYLAZE in patients with severe or hemorrhagic pancreatitis. In the case of mild pancreatitis, withhold RYLAZE until the signs and symptoms subside and amylase and/or lipase levels return to 1.5 times the ULN. After resolution of mild pancreatitis, treatment with RYLAZE may be resumed.

**Thrombosis**

Serious thrombotic events, including sagittal sinus thrombosis and pulmonary embolism, have been reported in 1% of patients following treatment with RYLAZE. Discontinue RYLAZE for a thrombotic event, and administer appropriate antithrombotic therapy. Consider resumption of treatment with RYLAZE only if the patient had an uncomplicated thrombosis.

## VIAL DOSAGE SCHEDULE

| BSA (m²) | Monday/Wednesday OR Q48 dose 25 mg/m² | | Friday dose 50 mg/m² | |
|---|---|---|---|---|
| | Volume (mL) | Number of Vials | Volume (mL) | Number of Vials |
| 0.4 | 0.50 | 1 | 1.00 | 2 |
| 0.5 | 0.63 | 2 | 1.25 | 3 |
| 0.6 | 0.75 | 2 | 1.50 | 3 |
| 0.7 | 0.88 | 2 | 1.75 | 4 |
| 0.8 | 1.00 | 2 | 2.00 | 4 |
| 0.9 | 1.13 | 3 | 2.25 | 5 |
| 1.0 | 1.25 | 3 | 2.50 | 5 |
| 1.1 | 1.38 | 3 | 2.75 | 6 |
| 1.2 | 1.50 | 3 | 3.00 | 6 |
| 1.3 | 1.63 | 4 | 3.25 | 7 |
| 1.4 | 1.75 | 4 | 3.50 | 7 |
| 1.5 | 1.88 | 4 | 3.75 | 8 |
| 1.6 | 2.00 | 4 | 4.00 | 8 |
| 1.7 | 2.13 | 5 | 4.25 | 9 |
| 1.8 | 2.25 | 5 | 4.50 | 9 |
| 1.9 | 2.38 | 5 | 4.75 | 10 |
| 2.0 | 2.50 | 5 | 5.00 | 10 |
| 2.1 | 2.63 | 6 | 5.25 | 11 |
| 2.2 | 2.75 | 6 | 5.50 | 11 |
| 2.3 | 2.88 | 6 | 5.75 | 12 |
| 2.4 | 3.00 | 6 | 6.00 | 12 |

Q48=every 48.

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# RYLAZE ORDERING INFORMATION

## Specialty Distribution Partners

RYLAZE is available for purchase from the authorized Specialty Distributors listed below. Verify that your facility has an account with their Specialty Distributor before ordering. If not, they should contact their Specialty Distributor. The facility should also contact their Specialty Distributor with questions regarding product returns.

## AmerisourceBergen

### ASD Healthcare

**RYLAZE Item #: 10259717**
**Online:** https://www.asdhealthcare.com
**Phone:** 1-800-746-6273
**Fax:** 1-800-547-9413
**Email:** asd.customerservice@asdhealthcare.com
- Orders can be placed Monday-Thursday, 7 AM-6:30 PM CT; Friday, 7 AM-6 PM CT
- For emergency orders after hours of service, call 1-800-746-6273

### Oncology Supply

**RYLAZE Item #: 10259764**
**Online:** https://www.oncologysupply.com
**Phone:** 1-800-633-7555
**Fax:** 1-800-248-8205
**Email:** custserv@oncologysupply.com
- Orders can be placed Monday-Friday, 9 AM-8 PM CT
- Orders placed after hours via Oncology Supply's email address are processed the next business day

## IMPORTANT SAFETY INFORMATION

### Warnings and Precautions (continued)

**Hemorrhage**
Bleeding was reported in 25% of patients treated with RYLAZE, and it was severe in 2%. Most commonly observed reactions were bruising (12%) and nose bleed (9%).

In patients treated with L-asparaginase class products, hemorrhage may be associated with increased prothrombin time (PT), increased partial thromboplastin time (PTT), and hypofibrinogenemia. Consider appropriate replacement therapy in patients with severe or symptomatic coagulopathy.

**Hepatotoxicity, including Hepatic Veno-Occlusive Disease**
Elevated bilirubin and/or transaminases occurred in 75% of patients treated with RYLAZE in clinical trials, and 26% had Grade ≥3 elevations. Elevated transaminases occurred in



## Cardinal Health

### Cardinal Specialty Pharmaceutical Distribution

**RYLAZE Item #: 5731948**
**Online: Order Express**
https://orderexpress.cardinalhealth.com
**Specialty Online**
https://specialtyonline.cardinalhealth.com
**Phone:** 1-877-453-3972
**Fax:** 1-877-274-9897
**Email:** SPDOncologyTeam@cardinalhealth.com
- Orders can be placed Monday-Friday, 8 AM-7 PM CT
- For emergency orders after hours of service, call 1-877-453-3972

## McKesson Specialty Health

### McKesson Plasma and Biologics

**RYLAZE Item #: 2338747**
**Online:** https://connect.mckesson.com
**Phone:** 1-877-625-2566
**Fax:** 1-888-752-7626
**Email:** MPBOrders@mckesson.com
- Orders can be placed Monday-Friday, 9 AM-7:30 PM ET
- Email for all other information requests: MPB@mckesson.com
- For emergency orders after hours of service, call 1-877-625-2566

## IMPORTANT SAFETY INFORMATION

### Warnings and Precautions (continued)

**Hepatotoxicity, including Hepatic Veno-Occlusive Disease (continued)**
73% of patients treated with RYLAZE in clinical trials, and 25% had Grade ≥3 elevations.

Hepatotoxicity, including severe, life-threatening, and potential fatal cases of hepatic veno-occlusive disease (VOD), have been observed in patients treated with asparaginase class products in combination with standard chemotherapy, including during the induction phase of multiphase chemotherapy. Do not administer RYLAZE to patients with severe hepatic impairment. Inform patients of the signs and symptoms of hepatotoxicity.

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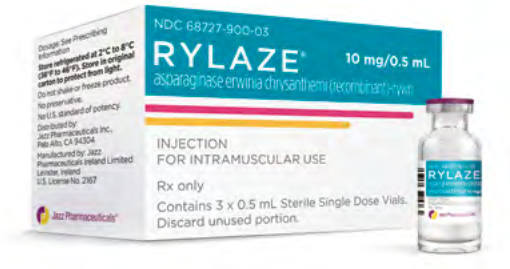
# RYLAZE CODING INFORMATION

| Permanent J-code |
|---|
| J9021 |

Effective January 1, 2022

| NDC | | |
|---|---|---|
| 10-digit | 11-digit | Carton containing 3 vials of RYLAZE |
| 68727-900-03 | 68727-0900-03 | |

Payers may require a 10-digit or 11-digit NDC. Both are provided for your convenience. These are sample codes based on publicly available information and are informational only and not a guarantee or promise of coverage. Appropriate codes can vary by patient, setting of care, and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements.




NDC=National Drug Code.

## IMPORTANT SAFETY INFORMATION

### Warnings and Precautions (continued)

**Hepatotoxicity, including Hepatic Veno-Occlusive Disease (continued)**

Evaluate bilirubin and transaminases prior to each cycle of RYLAZE and at least weekly during cycles of treatment that include RYLAZE, through four weeks after the last dose of RYLAZE. Monitor frequently for signs and symptoms of hepatic VOD, which may include rapid weight gain, fluid retention with ascites, hepatomegaly (which may be painful), and rapid increase of bilirubin. For patients who develop abnormal liver tests after RYLAZE, more frequent monitoring for liver test abnormalities and clinical signs and symptoms of VOD is recommended. In the event of serious liver toxicity, including VOD, discontinue treatment with RYLAZE and provide supportive care.

# PATIENT SUPPORT SERVICES

**JazzCares® supports healthcare providers and office staff with coverage and reimbursement support[a] so appropriate patients can get access to RYLAZE and reduce their out-of-pocket costs.[b]**

**JazzCares**
Assists you with benefits investigations, prior authorizations and appeals,[a] and referrals to other financial assistance options for eligible patients

**Savings Card**
Eligible, commercially insured patients can pay as little as $10 for their RYLAZE medication, subject to an annual maximum (restrictions apply)[a]

**Free Drug Program**
Uninsured or underinsured patients who meet certain financial criteria may be eligible to receive RYLAZE at no cost[b]

**Learn more about JazzCares support offerings by calling 1-833-533-JAZZ (5299) Monday–Friday, 8 AM–8 PM ET, or visiting jazzcares.com/hcp/rylaze.**

[a]Insurance coverage and plans may vary. JazzCares provides general information only and is not a guarantee of any coverage or reimbursement outcome. All treatment decisions rest solely with the treating physician or qualified healthcare professional.
[b]Subject to eligibility requirements and terms and conditions.

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# IMPORTANT SAFETY INFORMATION

## Contraindications

RYLAZE is contraindicated in patients with:

- History of serious hypersensitivity reactions to *Erwinia asparaginase*, including anaphylaxis
- History of serious pancreatitis during previous asparaginase therapy
- History of serious thrombosis during previous asparaginase therapy
- History of serious hemorrhagic events during previous asparaginase therapy
- Severe hepatic impairment

## Warnings and Precautions

**Hypersensitivity Reactions**

Hypersensitivity reactions after the use of RYLAZE occurred in 29% of patients in clinical trials, and it was severe in 6% of patients. Anaphylaxis was observed in 2% of patients after intramuscular administration. Discontinuation of RYLAZE due to hypersensitivity reactions occurred in 5% of patients. Hypersensitivity reactions were higher in patients who received intravenous asparaginase erwinia chrysanthemi (recombinant)-rywn. The intravenous route of administration is not approved.

In patients administered RYLAZE intramuscularly in clinical trials, the median number of doses of RYLAZE that patients received prior to the onset of the first hypersensitivity reaction was 12 doses (range: 1-64 doses). The most commonly observed reaction was rash (19%), and 1 patient (1%) experienced a severe rash.

Hypersensitivity reactions observed with L-asparaginase class products include angioedema, urticaria, lip swelling, eye swelling, rash or erythema, blood pressure decreased, bronchospasm, dyspnea, and pruritus.

Premedicate patients prior to administration of RYLAZE as recommended. Because of the risk of serious allergic reactions (e.g., life-threatening anaphylaxis), administer RYLAZE in a setting with resuscitation equipment and other agents necessary to treat anaphylaxis (e.g., epinephrine, oxygen, intravenous steroids, antihistamines). Discontinue RYLAZE in patients with serious hypersensitivity reactions.

**Pancreatitis**

Pancreatitis, including elevated amylase or lipase, was reported in 20% of patients in clinical trials of RYLAZE and was severe in 8%. Symptomatic pancreatitis occurred in 7% of patients, and it was severe in 6% of patients. Elevated amylase or lipase without symptomatic pancreatitis was observed in 13% of patients treated with RYLAZE. Hemorrhagic or necrotizing pancreatitis have been reported with L-asparaginase class products.

Inform patients of the signs and symptoms of pancreatitis, which, if left untreated, could be fatal. Evaluate patients with symptoms compatible with pancreatitis to establish a diagnosis. Assess serum amylase and lipase levels in patients with any signs or symptoms of pancreatitis. Discontinue RYLAZE in patients with severe or hemorrhagic pancreatitis. In the case of mild pancreatitis, withhold RYLAZE until the signs and symptoms subside and amylase and/or lipase levels return to 1.5 times the ULN. After resolution of mild pancreatitis, treatment with RYLAZE may be resumed.

**Thrombosis**

Serious thrombotic events, including sagittal sinus thrombosis and pulmonary embolism, have been reported in 1% of patients following treatment with RYLAZE. Discontinue RYLAZE for a thrombotic event, and administer appropriate antithrombotic therapy. Consider resumption of treatment with RYLAZE only if the patient had an uncomplicated thrombosis.

**Hemorrhage**

Bleeding was reported in 25% of patients treated with RYLAZE, and it was severe in 2%. Most commonly observed reactions were bruising (12%) and nose bleed (9%).

In patients treated with L-asparaginase class products, hemorrhage may be associated with increased prothrombin time (PT), increased partial thromboplastin time (PTT), and hypofibrinogenemia. Consider appropriate replacement therapy in patients with severe or symptomatic coagulopathy.

**Hepatotoxicity, including Hepatic Veno-Occlusive Disease**

Elevated bilirubin and/or transaminases occurred in 75% of patients treated with RYLAZE in clinical trials, and 26% had Grade ≥3 elevations. Elevated bilirubin occurred in 28% of patients treated with RYLAZE in clinical trials, and 2% had Grade ≥3 elevations. Elevated transaminases occurred in 73% of patients treated with RYLAZE in clinical trials, and 25% had Grade ≥3 elevations.

Hepatotoxicity, including severe, life-threatening, and potential fatal cases of hepatic veno-occlusive disease (VOD), have been observed in patients treated with asparaginase class products in combination with standard chemotherapy, including during the induction phase of multiphase chemotherapy. Do not administer RYLAZE to patients with severe hepatic impairment. Inform patients of the signs and symptoms of hepatotoxicity.

Evaluate bilirubin and transaminases prior to each cycle of RYLAZE and at least weekly during cycles of treatment that include RYLAZE, through four weeks after the last dose of RYLAZE. Monitor frequently for signs and symptoms of hepatic VOD, which may include rapid weight gain, fluid retention with ascites, hepatomegaly (which may be painful), and rapid increase of bilirubin. For patients who develop abnormal liver tests after RYLAZE, more frequent monitoring for liver test abnormalities and clinical signs and symptoms of VOD is recommended. In the event of serious liver toxicity, including VOD, discontinue treatment with RYLAZE and provide supportive care.

## Adverse Reactions

The most common adverse reactions (incidence >20%) with RYLAZE are abnormal liver test, nausea, musculoskeletal pain, infection, fatigue, headache, febrile neutropenia, pyrexia, hemorrhage, stomatitis, abdominal pain, decreased appetite, drug hypersensitivity, hyperglycemia, diarrhea, pancreatitis, and hypokalemia.

## Use in Specific Populations

**Pregnancy and Lactation**

RYLAZE can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective non-hormonal contraceptive methods during treatment with RYLAZE and for 3 months after the last dose. Advise women not to breastfeed during treatment with RYLAZE and for 1 week after the last dose.

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**For more information about RYLAZE, visit RYLAZE.com.**

**Please see Important Safety Information throughout and full Prescribing Information.**

**References: 1.** RYLAZE [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc. **2.** Maese L, Rizzari C, Coleman R, et al. Can recombinant technology address asparaginase *Erwinia chrysanthemi* shortages? *Pediatr Blood Cancer*. 2021;68(10):e29169.

Jazz Pharmaceuticals