Reference number
2291-A

SPECIALTY GUIDELINE MANAGEMENT

ONCASPAR (pegaspargase)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
Acute lymphoblastic leukemia (ALL):
1. Oncaspar is indicated as a component of a multi-agent chemotherapeutic regimen for the first line treatment of pediatric and adult patients with ALL.
2. Oncaspar is indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of pediatric and adult patients with ALL and hypersensitivity to native forms of L-asparaginase.

B. Compendial Uses
1. Extranodal natural killer/T-cell lymphoma (ENKL)
2. Aggressive NK-cell leukemia (ANKL)
3. Lymphoblastic lymphoma (managed in the same manner as ALL)
4. Acute lymphoblastic leukemia (ALL) as a component of multi-agent chemotherapeutic regimen
5. Pediatric acute lymphoblastic leukemia (ALL) as a component of a multi-agent chemotherapeutic regimen
6. Hepatosplenic T-cell lymphoma

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Acute Lymphoblastic Leukemia (ALL) and Lymphoblastic Lymphoma (LL)
Authorization of 12 months may be granted for the treatment of ALL or LL when the requested medication is used in conjunction with multi-agent chemotherapy.

B. Extranodal Natural Killer/T-cell Lymphoma (ENKL) / Aggressive NK-cell Leukemia (ANKL)
Authorization of 12 months may be granted for the treatment of ENKL or ANKL when the requested medication is used in conjunction with multi-agent chemotherapy.

C. Hepatosplenic T-cell Lymphoma
Authorization of 12 months may be granted for the treatment of hepatosplenic T-cell lymphoma as subsequent therapy when the requested medication is used in conjunction with multi-agent chemotherapy.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

IV. REFERENCES

1. Oncaspar [package insert]. Boston, MA: Servier Pharmaceuticals LLC; December 2022.
2. The NCCN Drugs & Biologics Compendium® ©2023 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed May 31, 2023.