

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Oncaspar (pegaspargase)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Oncaspar (pegaspargase)

APPROVAL CRITERIA

Requests for Oncaspar (pegaspargase) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Acute lymphoblastic lymphoma or acute lymphocytic (lymphoblastic) leukemia (ALL); **OR**
 - B. Extranodal natural killer T-cell lymphoma, nasal type (ENKL) (NCCN 2A);

AND

- II. Individual does not have any of the following contraindications:
 - A. History of serious thrombosis with prior L-asparaginase therapy; **OR**
 - B. History of serious pancreatitis with prior L-asparaginase therapy; **OR**
 - C. History of serious hemorrhagic events with prior L-asparaginase therapy; **OR**
 - D. Severe hepatic impairment.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 24, 2019.
- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
- NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 30, 2019.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0424-19

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- a. Acute Lymphoblastic Leukemia. V1.2018. Revised March 12, 2018.
- b. T-Cell Lymphomas. V2.2019. Revised December 17, 2018.

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