

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 patients with ALL.
2. Oncaspar is indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of patients with ALL and hypersensitivity to native forms of L-asparaginase.

###### B. Compendial Uses

1. Extranodal natural killer/T-cell lymphoma, nasal type: as a component of multi-agent chemotherapeutic regimen
2. Lymphoblastic lymphoma (managed in the same manner as ALL)
3. Induction/consolidation/relapsed/refractory therapy for Philadelphia chromosome-negative ALL as a component of multi-agent chemotherapeutic regimen
4. Philadelphia chromosome-positive ALL as a component of a multi-agent chemotherapeutic regimen

All other indications are considered experimental/investigational and are not a covered benefit.

##### II. CRITERIA FOR INITIAL APPROVAL

###### 1. **Acute Lymphoblastic Leukemia (ALL) and Lymphoblastic Lymphoma**

Authorization of 12 months may be granted for the treatment of ALL or lymphoblastic lymphoma when Oncaspar is used in conjunction with multi-agent chemotherapy.

###### 2. **Extranodal Natural Killer/T-cell Lymphoma, nasal type**

Authorization of 12 months may be granted for the treatment of extranodal natural killer/T-cell lymphoma, nasal type when Oncaspar is used in conjunction with multi-agent chemotherapy.

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### IV. REFERENCES

1. Oncaspar [package insert]. Westlake Village, CA: Baxalta US Inc.; October 2017.

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2. National Comprehensive Cancer Network. The NCCN Drugs & Biologics Compendium. <http://www.nccn.org>. Accessed August 2, 2018.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Acute Lymphoblastic Leukemia. Version 1.2018. [http://www.nccn.org/professionals/physician\\_gls/pdf/all.pdf](http://www.nccn.org/professionals/physician_gls/pdf/all.pdf). Accessed August 2, 2018.