
5.21.135

Section	Prescription Drugs	Effective Date:	October 1, 2023
Subsection:	Antineoplastic Agents	Original Policy Date:	September 27, 2019
Subject:	Oncaspar	Page:	1 of 3

Last Review Date: September 8, 2023

Oncaspar

Description

Oncaspar (pegaspargase)

Background

Oncaspar (pegaspargase) is an asparagine specific enzyme. L-asparaginase is an enzyme that catalyzes the conversion of the amino acid L-asparagine into aspartic acid and ammonia. The pharmacological effect of Oncaspar is thought to be based on selective killing of leukemic cells due to depletion of plasma L-asparagine. Leukemic cells with low expression of asparagine synthetase have a reduced ability to synthesize L-asparagine, and therefore depend on an exogenous source of L-asparagine for survival (1).

Regulatory Status

FDA-approved indication: Oncaspar is an asparagine specific enzyme indicated as a component of a multi-agent chemotherapeutic regimen for treatment of pediatric and adult patients with: (1)

- First-line acute lymphoblastic leukemia
- Acute lymphoblastic leukemia and hypersensitivity to asparaginase

Oncaspar is contraindicated in patients with a history of pancreatitis, thrombosis, hemorrhagic events or anaphylaxis reaction with prior L-asparaginase therapy. Discontinue Oncaspar in the event of serious hypersensitivity reactions, including anaphylaxis, and severe or hemorrhagic pancreatitis. Glucose intolerance can occur. Bilirubin, transaminases, and glucose should be monitored at least weekly until recovery from the cycle of therapy (1).

Due to the risk of serious allergic reactions (such as life-threatening anaphylaxis), Oncaspar should be administered in a clinical setting with resuscitation equipment and other agents

Section:	Prescription Drugs	Effective Date:	October 1, 2023
Subsection:	Antineoplastic Agents	Original Policy Date:	September 27, 2019
Subject:	Oncaspar	Page:	2 of 3

necessary to treat anaphylaxis and patients should be observed for 1 hour after administration (1).

The safety and effectiveness of Oncaspar in pediatric patients have been established (1).

Related policies

Asparlas, Erwinaze, Rylaze

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Oncaspar may be considered **medically necessary** if the conditions indicated below are met.

Oncaspar may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnosis

Patient must have the following:

1. Acute lymphoblastic leukemia (ALL)
 - a. Prescriber agrees to monitor bilirubin, liver function tests (LFTs), and glucose

Prior – Approval *Renewal* Requirements

Same as above

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Section:	Prescription Drugs	Effective Date:	October 1, 2023
Subsection:	Antineoplastic Agents	Original Policy Date:	September 27, 2019
Subject:	Oncaspar	Page:	3 of 3

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Oncaspar (pegaspargase) is an asparagine specific enzyme. L-asparaginase is an enzyme that catalyzes the conversion of the amino acid L-asparagine into aspartic acid and ammonia. The pharmacological effect of Oncaspar is thought to be based on selective killing of leukemic cells due to depletion of plasma L-asparagine. Leukemic cells with low expression of asparagine synthetase have a reduced ability to synthesize L-asparagine, and therefore depend on an exogenous source of L-asparagine for survival. The safety and effectiveness of Oncaspar in pediatric patients have been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Oncaspar while maintaining optimal therapeutic outcomes.

References

1. Oncaspar [package insert]. Boston, MA: Servier Pharmaceuticals LLC; December 2022.
2. NCCN Drugs & Biologics Compendium® Pegaspargase 2023. National Comprehensive Cancer Network, Inc. Accessed on July 26, 2023.

Policy History

Date	Action
September 2019	Addition to PA
December 2019	Annual review
June 2020	Annual review and reference update
September 2021	Annual review and reference update
September 2022	Annual review and reference update
September 2023	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 8, 2023 and is effective October 1, 2023.