

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

Medication	Comment
Oncaspar (pegaspargase)	N/A

**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

1 year

**APPROVAL CRITERIA**

Requests for Oncaspar (pegaspargase) as a component of a multi-agent chemotherapeutic regimen **may be approved** when the following criteria are met:

- I. Individual has one of the following diagnoses:
  - a. Acute Lymphoblastic/Lymphocytic Leukemia (ALL); **OR**
  - b. Extranodal natural killer T-cell lymphoma, nasal type (ENKL);

**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 pancreatitis with prior L-asparaginase therapy; **OR**
  - c. History of serious hemorrhagic events with prior L-asparaginase therapy.