

Pegaspargase (Inpatient) - Adult Acute Lymphoblastic Leukemia (ALL), Lymphoblastic Lymphoma, Mixed or Biphenotypic Leukemia

(This form must be completed before the first dose is dispensed.)

1. Patient Profile

- * Surname:
- * Given Name:
- * OHIN: * Chart Number:
- * Postal Code:
- * Height (cm): * Weight (kg):
- * BSA (m²): * Gender: Male Female Other
- * Date of Birth:
Day Month Year
- * Site:
- * Attending Physician (MRP- Most Responsible Physician):
- Requested Prior Approval Yes * Patient on Clinical Trial Yes No
- Other (specify):
- Specify Arm:
 Standard of care arm Experimental arm
 Blinded / Unknown

Prior Approval Request

- * Select the appropriate prior approval scenario:

- 1-Unknown primary (submit pathology report and clinic note)
- 2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)
- 3-Regimen modification - schedule (complete questions a and b)
- 4-Regimen modification - drug substitutions (complete questions a and c)
- 5-Withholding a drug in combination therapy from start of treatment (complete questions d, e and f)
- 6-Maintenance therapy delay (submit clinic note)
- 7-Prior systemic therapy clinical trials (complete question g)
- 8-Modification due to supply interruption/drug shortage
- Other (specify)

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All relevant supporting documentation must be submitted at the time of prior approval. Documentation may include a pathology report, clinic note, and/or CT scans.

a. Co-morbidities / toxicity / justification:

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b. Intended regimen schedule:

c. Intended regimen:

d. Drug(s) to be held:

e. Rationale for holding drug(s):

f. Intention to introduce drug at a later date? Yes

g. Prior clinical trial identifier (e.g., NCT ID, trial name) and treatment description (e.g., arm, drug/regimen):

i. How will treatment claims be managed in eClaims?

Sites using DSP or HL7 must enter inpatient claims on this inpatient policy **manually in eClaims** until further notice, and be sure to **select "inpatient"** as the treatment setting on each claim. **Sites not using DSP or HL7** can submit using their established process for claims reimbursement.

Only inpatient treatment claims should be submitted on this policy. Claims for outpatient use must be submitted under the policy titled 'Pegaspargase (Outpatient) – Adult Acute Lymphoblastic Leukemia (ALL), Lymphoblastic Lymphoma, Mixed or Biphenotypic Leukemia'.

Sites submitting claims via OPIS / HL7 / DSP: to ensure auto-submitted treatments are routed to the correct policy version, **do not enrol a patient in the outpatient policy** until the initial inpatient treatment claims have been submitted.

Supporting Documents

None required at the time of enrolment.

In the event of an audit, the following should be available to document eligibility:

- Clinic notes documenting treatment history, and the pathology report(s) confirming the diagnosis.

Signature of Attending Physician (MRP-Most Responsible Physician):

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Day Month Year