

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

(This form must be completed <u>before</u> the first dose is dispensed.)

1. Patient Profile				
* Surname:	<u></u>			
* Given Name:				
* OHIN:	* Chart Nu	mber:		
* Postal Code:				
* Height (cm):	* Weight (kg):	•••••		
* BSA (m <sup>2</sup> ):	* Gender:	○ Male ○ Female ○ Other		
* Date of Birth:	Day Month Year			
* Site:				
* Attending Physician	n (MRP- Most Responsible Physician):	<u></u>		
Requested Prior Ap	oproval  Yes * Patient on Clinic	cal Trial O Yes O No		
Other (specify):				
Specify Arm:  O Standard of care arm O Blinded / Unknown				
Prior Approval F	Request			
* Select the appropria	ate			
prior approval				
scenario:				

	and clinic note)		
	<ul> <li>2-Clinical document review (identify th history that needs to be reviewed agai</li> </ul>	inst	
	eligibility criteria in Additional Commer		
	<ul> <li>3-Regimen modification - schedule (co questions a and b)</li> </ul>	omplete	
	<ul><li>4-Regimen modification - drug substitution</li></ul>	utions	
	(complete questions a and c)		
	5-Withholding a drug in combination th		
	from start of treatment (complete ques and f)	stions d, e	
	O 6-Maintenance therapy delay (submit	clinic note)	
	7-Prior systemic therapy clinical trials	(complete	
	question g)	and following	
	<ul> <li>8-Modification due to supply interruption</li> <li>shortage</li> </ul>	on/drug	
	Other (specify)		
	C C C C C C C C C C C C C C C C C C C		
	orting documentation must be submitted at the clinic note, and/or CT scans.	time of prior approval. Doo	cumentation may include a
	clinic note, and/or CT scans.	time of prior approval. Dod	cumentation may include a
pathology report	clinic note, and/or CT scans.	time of prior approval. Doo	cumentation may include a
pathology report	clinic note, and/or CT scans.	time of prior approval. Doo	cumentation may include a
pathology report  a. Co-morbidities / tox  b. Intended regimen	clinic note, and/or CT scans.	time of prior approval. Doo	cumentation may include a
pathology report  a. Co-morbidities / tox  b. Intended regimen schedule:	clinic note, and/or CT scans.	time of prior approval. Doo	cumentation may include a
pathology report  a. Co-morbidities / tox  b. Intended regimen schedule:  c. Intended regimen:	clinic note, and/or CT scans.	time of prior approval. Doo	cumentation may include a
b. Intended regimen schedule: c. Intended regimen: d. Drug(s) to be held:	icity / justification:	time of prior approval. Doo	cumentation may include a
pathology report  a. Co-morbidities / tox  b. Intended regimen schedule:  c. Intended regimen:	icity / justification:	time of prior approval. Doo	cumentation may include a
b. Intended regimen schedule: c. Intended regimen: d. Drug(s) to be held: e. Rationale for holding	g Yes	time of prior approval. Doo	cumentation may include a

O 1-Unknown primary (submit pathology report

<ul><li>h. Anticipated date of first treatment:</li></ul>	Day Month	Year			
i. Additional comments:	•				
2. Eligibility Criteria					
The patient must meet t	the following criter	ia:			
Pegaspargase is used as part of a multi-agent chemotherapy regimen, given with curative intent, for the					
treatment of adult patients with acute lymphoblastic leukemia (ALL), lymphoblastic lymphoma or					
mixed/biphenotypic leul	Cerriia.				
3. Baseline Informat	tion				
ECOG Performance State     enrolment	atus at the time of	O 0 O 1 O 2			
b. Chemotherapy regimen pegaspargase	to be used with	<ul><li>Modified Dana-Farber Cancer Institute (DFCI)</li><li>HyperCVAD</li></ul>			
4. Funded Dose					
clinician-informed reg	i <b>men)</b> : Pegasparg	of a modified Dana-Farber Cancer Institute (DFCI)-based or alternate gase 1000-2000 units/m <sup>2</sup> intravenously (IV) or by intramuscular (IM) injection ensification, to a maximum of 11 total doses.			
Adults 60 years of age or older (as part of a modified DFCI-based or alternate clinician-informed regimen): Pegaspargase 1000-1250 units/m <sup>2</sup> intravenously (IV) or by intramuscular (IM) injection once every cycle during induction and intensification, to a maximum of 8 total doses.					
Maximum single dose of 3750 units irrespective of age.					
5. Notes					
2. All doses (induction and	d intensification) ar	er vial basis to a maximum of one vial per dose. re to be submitted through eClaims using separate enrolment forms for s only for doses administered in the inpatient setting.			
6. FAQs					
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## i. How will treatment claims be managed in eClaims?

Form 915

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 documen  • Clinic notes documenting treatment history, and the pathology	
Signature of Attending Physician (MRP-Most Responsible Physician)	
	Day Month Year