Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Pegaspargase (Outpatient) - 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 (m^2): ..... * 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:

.....

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): .....

h. Anticipated date of first treatment: ..... Day ..... Month ..... Year

i. Additional comments:

.....

2. Eligibility Criteria

The patient must meet the following criteria:

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 leukemia. ☐ Yes

3. Baseline Information

a. ECOG Performance Status at the time of enrolment ○ 0 ○ 1 ○ 2

b. Chemotherapy regimen to be used with pegaspargase
○ Modified Dana-Farber Cancer Institute (DFCI)
○ HyperCVAD

4. Funded Dose

Adults under 60 years of age (as part of a modified Dana-Farber Cancer Institute (DFCI)-based or alternate clinician-informed regimen): Pegaspargase 1000-2000 units/m^2 intravenously (IV) or by intramuscular (IM) injection once every cycle during induction and intensification, 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^2 intravenously (IV) or by intramuscular (IM) injection once every cycle during induction and intensification, to a maximum of 8 total doses.

[ST-QBP regimen codes for outpatient use only: DANAFARBER(INT-PEG) or HYPERCVAD+PEG].

Maximum single dose of 3750 units irrespective of age.

5. Notes

1. Pegaspargase will be reimbursed on a per vial basis to a maximum of one vial per dose.
2. All doses (induction and intensification) are to be submitted through eClaims using separate enrolment forms for inpatient and outpatient use. This policy is only for doses administered in the outpatient setting.

6. FAQs

i. **How will treatment claims be managed in eClaims?**

Treatment claims should be submitted in eClaims using the established process for claims reimbursement.

Only outpatient treatment claims should be submitted on this policy. Claims for inpatient use must be submitted under the policy titled ‘Pegaspargase (Inpatient) – 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 this 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): .....

....
Day Month Year

Form 914