Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Pegaspargase - Newly Diagnosed Pediatric Acute Lymphoblastic Leukemia, Lymphoblastic Lymphoma, or Mixed/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

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 regimen for the treatment of newly diagnosed pediatric[1,2] acute lymphoblastic leukemia, lymphoblastic lymphoma or mixed/biphenotypic leukemia. ☐ Yes

1. The patient is eligible for pegaspargase if the diagnosis occurred prior to 18 years of age.
2. If the diagnosis occurred at 18 or 19 years of age, the patient is eligible for CCO funding if pegaspargase is administered at a POGO-affiliated pediatric cancer centre or satellite site and the patient's care is managed by a pediatric oncology service.

3. Baseline Information

a. Date of patient's original diagnosis. ..... Day ..... Month ..... Year

b. The patient has been diagnosed with (select one):
- ○ Acute lymphoblastic leukemia
- ○ Acute lymphoblastic lymphoma
- ○ Mixed/biphenotypic leukemia
- ○ Other** (Prior Approval required)

Other (specify): .....

**If selecting Other:
- Please provide a diagnostic report and a note explaining the rationale for treatment.
- While CCO strives to provide a response within 48 hours, given the nature of the request and the reviewer consultation needed, confirmation of eligibility may take up to 7 business days.

c. Protocol (*or Standard of Care protocol equivalent):
Note: Patients are eligible for CCO funding of pegaspargase if used as part of the standard of care backbone of the COG clinical trial.
- ○ Standard risk pre-B ALL
- ○ High risk pre-B ALL
- ○ T-cell ALL
- ○ Ph+ ALL
- ○ Infant ALL

Standard risk pre-B ALL:
- ○ AALL 0331*
- ○ AALL 0932*
- ○ AALL 1731*
- ○ Other

Other (specify): .....

High risk pre-B ALL:
○ AALL 0232* ○ AALL 1131* ○ AALL 1731*
○ AALL 1732* ○ Other

Other (specify): .....

T-cell ALL:
○ AALL 0434* ○ AALL 1231* ○ UKALL 2003*
○ Other

Other (specify): .....

Ph+ ALL:
○ AALL 0031* ○ AALL 0622* ○ EsPhALL*
○ AALL 1631* ○ Other

Other (specify): .....

Infant ALL:
○ Interfant 06* ○ AALL 15P1* ○ Other

Other (specify): .....

4. Funded Dose

Pegaspargase up to 2,500U/m^2/dose IV or IM

5. Notes

1. Pegaspargase will be reimbursed on a per vial basis.
2. If the diagnosis changes from standard risk to high risk, please send a secure communication to your CCO Reimbursement Analyst to notify them of the change.

6. Supporting Documents

None required.

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

- A clinic note confirming the patient diagnosis, risk stratification, and protocol.

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

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Day Month Year