Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Pegaspargase - Relapsed or Refractory 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

Request prior approval for enrolment

* Justification for Funding

.....

2. Eligibility Criteria

The patient must meet the following criteria:

- Pegaspargase is used as part of a multi-agent regimen for the treatment of relapsed or refractory 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. 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.

- ○ UK ALL R3*
- ○ AALL1331*
- ○ 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.

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, relapsed/refractory disease, and protocol.

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

_____ _____ _____
Day Month Year