

Asparlas (calaspargase pegol-mknl)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Asparlas (calaspargase pegol-mknl)

APPROVAL CRITERIA

Requests for Asparlas (calaspargase pegol-mknl) may be approved if the following criteria are met:

- I. Individual is age 1 month to 21 years; **AND**
- II. Individual has a diagnosis of Acute Lymphoblastic Lymphoma or Acute Lymphocytic (lymphoblastic) Leukemia (ALL); **AND**
- III. Individual does not have any of the following contraindications:
 - A. History of serious hypersensitivity reactions, including anaphylaxis, to pegylated L-asparaginase therapy; **OR**
 - B. History of serious thrombosis with prior L-asparaginase therapy; **OR**
 - C. History of serious pancreatitis with prior L-asparaginase therapy; **OR**
 - D. History of serious hemorrhagic events with prior L-asparaginase therapy; **OR**
 - E. Severe hepatic impairment.

Requests for Asparlas (calaspargase pegol-mknl) may not be approved if above criteria are not met and for all other indications.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 30, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 13, 2022.
 - a. Acute Lymphoblastic Leukemia. V1.2022. Revised April 4, 2022.
 - b. Pediatric Acute Lymphoblastic leukemia. V1.2023. Revised November 9, 2022.
 - c. T-Cell Lymphomas. V2.2022. Revised March 7, 2022.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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