

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

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 one of the following:
 - A. Acute lymphoblastic lymphoma or acute lymphocytic (lymphoblastic) leukemia (ALL); **OR**
 - B. Extranodal natural killer T-cell lymphoma, nasal type (ENKL) (NCCN 2A);

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.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	X	X	X	X	NA

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. 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: April 24, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 30, 2019.
 - a. Acute Lymphoblastic Leukemia. V1.2018. Revised March 12, 2018.
 - b. T-Cell Lymphomas. V2.2019. Revised December 17, 2018.

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