

Calaspargase pegol-mknl (Asparlas™)

Place of Service  
Office Administration  
Outpatient Facility Infusion  
Administration  
Infusion Center Administration

HCPCS: J9118 per 10 units

**Condition(s) listed in policy (see criteria for details)**

- [Acute lymphoblastic leukemia \(ALL\)](#)

**AHFS therapeutic class:** Antineoplastic

**Mechanism of action:** Asparlas contains an asparagine specific enzyme derived from *E. coli*. The pharmacological effect is based on selective killing of leukemic cells due to depletion of plasma L-asparagine.

**(1) Special Instructions and pertinent Information**

**Covered under the Medical Benefit,** please submit clinical information for prior authorization review via fax.

**(2) Prior Authorization/Medical Review is required for the following condition(s)**

All requests for Asparlas™ (calaspargase pegol-mknl) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**Acute lymphoblastic leukemia (ALL)**

1. Being used as a component of a multi-agent chemotherapeutic regimen, **AND**
2. Patient is less than or equal to 21 years old

**Covered Doses**

Up to 2,500 units/m<sup>2</sup> IV every 3 weeks

**Coverage Period**

Cover for the duration of multi-agent chemotherapeutic regimen

**ICD-10:**

C83.50-C83.59, C91.00-C91.02

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

All requests for Asparlas™ (calaspargase pegol-mknl) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**(4) This Medication is NOT COVERED for the following condition(s)**

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

**(5) Additional Information**

How supplied:

- 3,750 units per 5 mL solution in single-dose vial

## (6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Asparlas (calaspargase pegol-mknl) [Prescribing information]. Boston, MA: Servier Pharmaceuticals LLC., 6/2020.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Asparlas (2022). Available by subscription at: [www.nccn.org](http://www.nccn.org).
- National Comprehensive Cancer Network. Acute Lymphoblastic Leukemia (Version 4.2021). Available at: [www.nccn.org](http://www.nccn.org)
- National Comprehensive Cancer Network. Pediatric Acute Lymphoblastic Leukemia (Version 2.2022). Available at: [www.nccn.org](http://www.nccn.org).

## (7) Policy Update

Date of last review: 2Q2023

Date of next review: 2Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*