

Specialty Guideline Management

Asparlas

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Asparlas	calaspargase pegol-mknl

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

Asparlas is indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia in pediatric and young adult patients age 1 month to 21 years.

Compendial Uses²⁻⁴

Lymphoblastic lymphoma (managed in the same manner as ALL)

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria¹⁻⁴

Acute Lymphoblastic Leukemia/Lymphoma

Authorization of 12 months may be granted for the treatment of acute lymphoblastic leukemia or lymphoblastic lymphoma when all of the following criteria are met:

- The requested medication will be used in conjunction with multi-agent chemotherapy.
- The member is 21 years of age or younger.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Asparlas [package insert]. Boston, MA: Servier Pharmaceuticals LLC; November 2023.
2. NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed June 10, 2025.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Acute Lymphoblastic Leukemia. Version 1.2025. Available at: <http://www.nccn.org>. Accessed June 10, 2025.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Pediatric Acute Lymphoblastic Leukemia. Version 3.2025. Available at: <https://www.nccn.org>. Accessed June 10, 2025.