

# Blincyto (blinatumomab)

Override(s)	Approval Duration
Prior Authorization	1 Year

Medications
Blincyto (blinatumomab)

## **APPROVAL CRITERIA**

Requests for Blincyto (blinatumomab) may be approved if the following criteria are met:

- I. Individual has a diagnosis CD19+B-cell precursor acute lymphocytic leukemia (ALL); **AND**
- II. Blinatumomab is used as a single agent; **AND**
- III. Individual is using for one of the following:
  - A. Relapsed or refractory disease; **OR**
  - B. Minimal residual disease (MRD) greater than or equal to 0.1%, following a first or second complete response to induction therapy; **OR**
  - C. As consolidation therapy (NCCN 2A);

### **OR**

- IV. Individual has a diagnosis of CD19+ B-cell precursor acute lymphocytic leukemia (ALL) (NCCN 2A); **AND**
- V. Blinatumomab is used in combination with a tyrosine kinase inhibitor (bosutinib, dasatinib, imatinib, nilotinib, or ponatinib) (NCCN 2A); **AND**
- VI. Individual is using for one of the following (NCCN 2A):
  - A. Relapsed or refractory disease; **OR**
  - B. As consolidation therapy;

### **OR**

- VII. Individual has a diagnosis of CD19+ B-cell precursor acute lymphocytic leukemia (ALL) (NCCN 2A); **AND**
- VIII. Blinatumomab is used in combination with mini-hyper CVD (cyclophosphamide, dexamethasone, vincristine, methotrexate, cytarabine) with Bespona; **AND**
- IX. Individual is using for relapsed or refractory disease;

### **OR**

- X. Individual has a diagnosis of CD19+ B-cell precursor acute lymphocytic leukemia (ALL) (NCCN 2A); **AND**
- XI. Blinatumomab is used as maintenance therapy as a single agent alternating with POMP (prednisone, vincristine, methotrexate, and mercaptopurine);

### **OR**

- XII. Individual is using Blinatumomab in combination with Interfant regimens for infant acute lymphocytic leukemia (ALL) (NCCN 2A).

Requests for Blincyto (blinatumomab) may not be approved for the following:

- I. Treatment of diffuse large B-Cell lymphoma (DLBCL); **OR**
- II. When the above criteria are not met and for all other indications.

**Key References:**

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 18, 2023.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Foa R, Bassan R, Vittle A, et al. Dasatinib-blinatumumab for Ph-positive acute lymphoblastic leukemia in adults. *N Engl J Med* 2020; 383:1613-1623.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information, visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 18, 2023.
  - a. Pediatric Acute lymphoblastic Leukemia. V1.2023. Revised November 9, 2022.
  - b. Acute Lymphoblastic Leukemia. V1.2022. Revised April 4, 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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