

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. Individual is using for one of the following (Label, NCCN 1, NCCN 2A):
 - A. Relapsed or refractory disease; **OR**
 - B. When blinatumomab is used in combination with a tyrosine kinase inhibitor (TKI) (TKI options include bosutinib, dasatanib, imatinib, nilotinib, or ponatinib); **OR**
 - C. Minimal residual disease (MRD) greater than or equal to 0.1%, following a first or second complete response to induction therapy; **OR**
 - D. As consolidation therapy;
- OR**
- III. Individual has a diagnosis of CD19+ B-cell precursor acute lymphocytic leukemia (ALL) (NCCN 2A); **AND**
 - IV. Blinatumomab is used as maintenance therapy as a single agent alternating with POMP (prednisone, vincristine, methotrexate, and mercaptopurine);
- OR**
- V. Individual is using Blinatumomab in combination with Interfant regimens for infant acute lymphocytic leukemia (ALL) with KMT2A status (11q23) rearranged (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 16, 2025.
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.; 2025; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information, visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 16, 2025.
 - a. Pediatric Acute lymphoblastic Leukemia. V2.2025. Revised December 16, 2024.
 - b. Acute Lymphoblastic Leukemia. V3.2024. Revised December 20, 2024.

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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