Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 16, 2022

Blincyto ® (blinatumomab)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Prescribed by or in consultation with an oncologist or hematologist.
- Patient must have a diagnosis of CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1% **OR**
- Relapsed or refractory CD19-positive B-cell precursor ALL.

CONTINUATION OF THERAPY

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Absence of toxicity from therapy (e.g., Cytokine Release Syndrome (CRS), neurological toxicities, serious infections, pancreatitis, etc.).
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 35 mcg of lyophilized powder in single-dose vial for reconstitution.