

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Blincyto (blinatumomab)

DRUG.00076

Override(s)	Approval Duration
Prior Authorization	1 Year

Medications
Blincyto (blinatumomab)

APPROVAL CRITERIA

Blincyto (blinatumomab) may be approved for the single-agent treatment of individuals with acute lymphocytic leukemia (ALL) when the following criteria are met:

- I. CD19+B-cell precursor ALL;

AND

- II. Relapsed or refractory disease;
- OR**
- III. Minimal residual disease greater than or equal to 0.1%, following a first or second complete response to induction therapy.

Blincyto (blinatumomab) may **not** be approved in individuals when the criteria above are not met and for all other indications, including, but not limited to:

- I. Use as first-line of therapy for ALL; **OR**
- II. Evidence of active ALL central nervous system involvement; **OR**
- III. Use in combination with other chemotherapy agents; **OR**
- IV. Treatment of diffuse large B-Cell lymphoma (DLBCL).

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

State Specific Mandates		
State Name	Date effective	Mandate detatils (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Amgen, Inc. Thousand Oaks, CA. Phase 2 Trial of Blinatumomab in Philadelphia Positive/BCR-ABL Positive Acute Lymphoblastic Leukemia. NLM Identifier: NCT02000427. Last updated January 02, 2018. Available at: <https://clinicaltrials.gov/ct2/show/NCT02000427>. Accessed on April 09, 2018.
2. Blinatumomab. In: DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated April 04, 2018. Available at: <http://www.micromedexsolutions.com>. Accessed on April 02, 2018.
3. Blinatumomab Monograph. Lexicomp® Online, American Hospital Formulary Service® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised February 22, 2016. Accessed on April 09, 2018.
4. Blincyto® [Product Information]. Thousand Oaks, CA. Amgen, Inc; Updated March 2018. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/125557s013lbl.pdf. Accessed on April 09, 2018.
5. National Comprehensive Cancer Network (NCCN)®. NCCN Drugs & Biologic Compendium® (electronic version). For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on April 09, 2018.
6. NCCN Clinical Practice Guidelines in Oncology®. © 2018 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 9, 2018.
 - Acute Lymphocytic Leukemia (V.1.2018). March 12, 2018.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.