Field Name	Field Description
Prior Authorization Group Description	**Blincyto**
Drugs	Blincyto (blinatumomab)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See "Other Criteria"
Age Restriction	N/A
Prescriber Restrictions	Prescribed by or in consultation with an oncologist/hematologist
Coverage Duration	The request will be approved for up to a 12 month duration.
Other Criteria	**Initial Authorization:** • Patient has a diagnosis of one of the following forms of Acute Lymphoblastic Leukemia (ALL): a) Relapsed CD19-positive B-cell precursor ALL b) Refractory CD19-positive B-cell precursor ALL c) CD19-positive B-cell precursor ALL in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1% d) CD19-positive Philadelphia chromosome-negative B-cell precursor ALL in the consolidation phase of multiphase chemotherapy • Provider attests to monitor patient for Cytokine Release Syndrome (CRS) and neurological toxicities **Reauthorization:** • Provider attests to treatment response or stabilization of disease • Prescriber attests to monitor patient for Cytokine Release Syndrome (CRS) and neurological toxicities
Revision/Review Date 4/2025	**Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**