



Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Patient must have the following:

1. Acute lymphoblastic leukemia (ALL)

AND ONE of the following:

- a. Relapsed or refractory CD19-positive B-cell precursor type
- b. First or second complete remission CD19-positive B-cell precursor type
 - i. Minimal residual disease (MRD) is greater than or equal to 0.1%
- c. CD19-positive Philadelphia chromosome-negative B-cell precursor type
 - i. In the consolidation phase of multiphase chemotherapy

AND the following:

- a. Prescriber agrees to monitor for neurological toxicities and symptoms of Cytokine Release Syndrome (CRS)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnosis

Patient must have the following:

1. Acute lymphoblastic leukemia (ALL)

AND ONE of the following:

- a. Relapsed or refractory CD19-positive B-cell precursor type
- b. Remission CD19-positive B-cell precursor type
- c. CD19-positive Philadelphia chromosome-negative B-cell precursor type



**BlueCross
BlueShield**

Federal Employee Program.

**BLINCYTO
(blinatumomab)**

AND the following:

- a. Prescriber agrees to monitor for neurological toxicities and symptoms of Cytokine Release Syndrome (CRS)

Prior - Approval *Renewal* Limits

Same as above