

DOSAGE AND ADMINISTRATION

DOSING AND PREMEDICATION IN PATIENTS WITH MRD+ B-ALL¹

- A single cycle of treatment consists of 4 weeks of continuous IV infusion followed by a 2-week treatment-free interval
- A treatment course consists of up to 1 induction cycle of BLINCYTO[®], followed by up to 3 consolidation cycles

Induction regimen

Cycle 1

Consolidation regimen

Cycle 2

Cycle 3

Cycle 4

BLINCYTO[®] is PBS listed for up to 2 induction cycles followed by up to 2 consolidation cycles.³

For Patients <45 kg²



For Patients ≥45 kg



PREMEDICATION

Intrathecal chemotherapy prophylaxis is recommended before and during BLINCYTO[®] therapy to prevent CNS ALL relapse.

Adult patients with MRD+ B-ALL should be premedicated with prednisone 100 mg intravenously or equivalent (e.g., dexamethasone 16 mg) 1 hour prior to the first dose of BLINCYTO[®] of each cycle.

Paediatric patients with MRD+ B-ALL should be premedicated with 5 mg/m² of dexamethasone (not to exceed 20 mg) prior to the first dose of BLINCYTO[®] in the first cycle and when restarting an infusion after an interruption of ≥4 hours in the first cycle.²

HOSPITALISATION

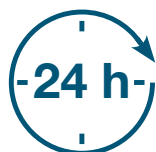
- Hospitalisation is recommended at a minimum for the first 3 days of the first cycle and the first 2 days of the second cycle
- For all subsequent cycle starts and reinitiation (e.g. if treatment is interrupted for ≥4 hours), supervision by a healthcare professional or hospitalisation is recommended





References: **1.** BLINCYTO[®] (blinatumomab) Product Information. www.amgen.com.au/Blincyto.PI. **2** BLINCYTO[®] (blinatumomab) US Prescribing Information. Available at: https://pi.amgen.com/~/media/amgen/repositorysites/pi-amgen-com/blincyto/blincyto_pi_hcp_english.pdf. (accessed February 2020) **3.** Pharmaceutical Benefits Scheme. Available at: www.pbs.gov.au (accessed January 2020).

DOSAGE AND ADMINISTRATION

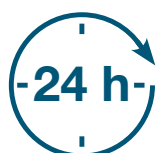
VOLUME CALCULATIONS IN PATIENTS WITH MRD+ B-ALL WEIGHING ≥ 45 KG¹



IV BAGS



Infusion time (rate)	24 hours (10 mL/h)	48 hours (5 mL/h)	72 hours (3.3 mL/h)	96 hours (2.5 mL/h)
Dose (per day)	28 mcg	28 mcg	28 mcg	28 mcg
Number of reconstituted BLINCYTO [®] vials needed				
Volume of reconstituted BLINCYTO [®] required	2.6 mL	5.2 mL	8 mL	10.7 mL

250 ML CASSETTES



Cassette duration	24 hours	48 hours	72 hours	96 hours
Dose (per day)	28 mcg	28 mcg	28 mcg	28 mcg
Number of reconstituted BLINCYTO [®] vials needed				
Volume of reconstituted BLINCYTO [®] required	2.3 mL	4.7 mL	7 mL	9.3 mL








Reference: 1. BLINCYTO[®] (blinatumomab) Product Information. www.amgen.com.au/Blincyto.PI.

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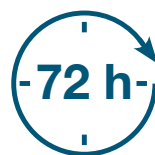
VOLUME CALCULATIONS IN PATIENTS WITH MRD+ B-ALL WEIGHING <45 KG^{1,2}








IV BAGS



Infusion time (rate)	24 hours (10 mL/hour)	48 hours (5 mL/hour)	72 hours (3.3 mL/hour)	96 hours (2.5 mL/hour)
Dose (per day)	15 mcg/m ²	15 mcg/m ²	15 mcg/m ²	15 mcg/m ²
Number of reconstituted BLINCYTO [®] vials needed		 to 	 to 	 to 
Volume of reconstituted BLINCYTO [®] required for BSA 0.4–1.59 m ^{2†}	0.6–2.1 mL	1.2–4.2 mL	1.8–6.3 mL	2.4–8.3 mL

250 ML CASSETTES



Cassette duration	24 hours	48 hours	72 hours	96 hours
Dose (per day)	15 mcg/m ²	15 mcg/m ²	15 mcg/m ²	15 mcg/m ²
Number of reconstituted BLINCYTO [®] vials needed		 to 	 to 	 to 
Volume of reconstituted BLINCYTO [®] required for BSA 0.4–1.59 m ^{2†}	0.56–1.9 mL	1.1–3.9 mL	1.7–5.8 mL	2.2–7.7 mL

BSA: body surface area. [†]See Product Information for exact dose of reconstituted BLINCYTO[®].

Reference: **1.** BLINCYTO[®] (blinatumomab) Product Information. www.amgen.com.au/Blincyto.PI. **2.** BLINCYTO[®] (blinatumomab) US Prescribing Information. https://pi.amgen.com/~media/amgen/repositorysites/pi-amgen-com/blincyto/blincyto_pi_hcp_english.pdf.



For more information on BLINCYTO® or to report any adverse events or product complaints involving BLINCYTO® please contact Australia Medical Information on 1800 803 638

PBS Information: Section 100 listed. Authority required.
Refer to PBS Schedule for full Authority listing.

WARNING: *The following have occurred in patients receiving BLINCYTO®:*

- *Cytokine Release Syndrome, which may be life-threatening or fatal*
 - *Neurological toxicities, which may be severe, life-threatening, or fatal*
 - *Reactivation of JC viral infection*
- Interrupt or discontinue BLINCYTO® as recommended if any of these adverse events occur (See Section 4.4 Special warnings and precautions for use and Section 4.2 Dose and method of administration).*

REFER TO FULL PRODUCT INFORMATION BEFORE PRESCRIBING; AVAILABLE FROM AMGEN AUSTRALIA PTY LTD, PH: 1800 803 638 OR AT WWW.AMGEN.COM.AU/BLINCYTO.PI

For more information about BLINCYTO® or to report an adverse event or product complaints about BLINCYTO®, please contact Amgen Medical Information on 1800 803 638.

BLINCYTO® Minimum Product Information: **Indication:** treatment of relapsed or refractory (R/R) B-cell precursor acute lymphoblastic leukaemia (ALL); treatment of minimal residual disease (MRD) positive ALL in patients in complete haematological remission. **Contraindications:** hypersensitivity to blinatumomab, CHO-derived proteins or any excipient. **Precautions:** neurologic events; increased risk for serious infections; cytokine release syndrome; infusion reactions; tumour lysis syndrome, pancreatitis. Management of these adverse reactions may require interruption or discontinuation of treatment. Neutropenia and febrile neutropenia; elevated liver enzymes; leukoencephalopathy; medication errors – strictly follow preparation and administration instructions. Pregnancy Category: C. Use contraception during and for 48 hours after treatment. Discontinue breast-feeding during and for at least 48 hours after treatment. Do not use recommended adult fixed dose in paediatric patients. No data in patients aged less than 28 days. **Interactions:** low potential of clinically meaningful drug interaction with BLINCYTO® mediated cytokine elevation. Vaccination with live viral vaccines not recommended 2 weeks prior to or during treatment, and until recovery of B lymphocytes to normal range following last treatment cycle. **Adverse Reactions:** Common: infections, pyrexia, infusion-related reactions, headache, anaemia, febrile neutropenia, neutropenia, thrombocytopenia, oedema, increased liver enzymes, fatigue, nausea, tremor, hypokalaemia, diarrhoea, chills. See also Precautions for serious adverse reactions. **Dosage & Administration:** R/R ALL: Single cycle is 4 weeks continuous intravenous (cIV) infusion then 2 week treatment free interval. *For patients greater than or equal to 45 kg (fixed dose):* Cycle 1 – starting dose 9 micrograms/day for days 1-7, then 28 micrograms/day for days 8-28. All other cycles 28 micrograms/day for 4 weeks. *For patients less than 45 kg (body surface area based dose):* Cycle 1 – starting dose 5 micrograms/m²/day for days 1-7 (do not exceed 9 micrograms/day), then 15 micrograms/m²/day (do not exceed 28 micrograms/day); all other cycles, 15 micrograms/m²/day (do not exceed 28 micrograms/day). For maintenance, 28 day cIV infusion, then 56 days treatment free. Hospitalise at least first 9 days of Cycle 1 and first 2 days of Cycle 2. Supervision or hospitalisation for other cycle starts and reinitiation. Adults: premedicate with 20 mg IV dexamethasone prior to initiation of each cycle. Intrathecal chemotherapy prophylaxis recommended before and during therapy. Treat with dexamethasone (≤ 24 mg/day) if high tumour burden. Paediatrics: premedicate with dexamethasone 10 mg/m² (not to exceed 20 mg) oral or IV 6 to 12 hours prior to start of BLINCYTO® (Cycle 1 day 1), followed by premedication with dexamethasone 5 mg/m² oral or IV within 30 minutes of start of BLINCYTO® (Cycle 1 day 1). **MRD+ ALL:** 28 day cIV infusion then 14 days treatment free, for up to 4 cycles; premedicate with prednisone 100 mg IV or equivalent 1 hour prior to start of BLINCYTO® each cycle; hospitalise first 3 days Cycle 1 and first 2 days Cycle 2, supervise/hospital for subsequent cycle starts and reinitiation – see full PI. **R/R & MRD+ ALL** – Interrupt BLINCYTO® if grade 3 neurological events, Cytokine Release Syndrome or other clinically relevant adverse reactions occur see full PI.



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