BLINCYTO®
blinatumomab

PREPARATION AND ADMINISTRATION GUIDE

WHAT IS BLINCYTO® (BLINATUMOMAB)?

NOC/c: BLINCYTO, indicated for the treatment of:

- *Patients with Philadelphia chromosome-negative CD19 positive B-precursor acute lymphoblastic leukemia (ALL) in first or second hematologic complete remission with minimal residual disease (MRD) greater than or equal to 0.1%* Patients are to be selected for treatment based on detection of minimal residual disease as determined by an accredited laboratory using validated assay methods.
- *Pediatric patients with Philadelphia chromosome-negative relapsed or refractory B-cell precursor ALL*

has been issued marketing authorization with conditions, pending the results of trials to verify its clinical benefit. Patients should be advised of the nature of the authorization. For further information for BLINCYTO please refer to Health Canada's Notice of Compliance with conditions - drug products web site.

BLINCYTO is also indicated for the treatment of adult patients with relapsed or refractory B cell precursor acute lymphoblastic leukemia (ALL).

STARTING BLINCYTO TREATMENT

Hospitalization

Hospitalization is recommended at a minimum for:

Cycle 1:

R/R: 1 2 3 4 5 6 7 8 9

MRD+: 1 2 3

Cycle 2:

Both R/R and MRD ALL: 1 2

For all subsequent cycle starts and re-initiation (eg, if treatment is interrupted for 4 or more hours), supervision by a healthcare professional or hospitalization is recommended.

ALL = acute lymphoblastic leukemia; MRD = minimal residual disease; R/R = relapsed or refractory.

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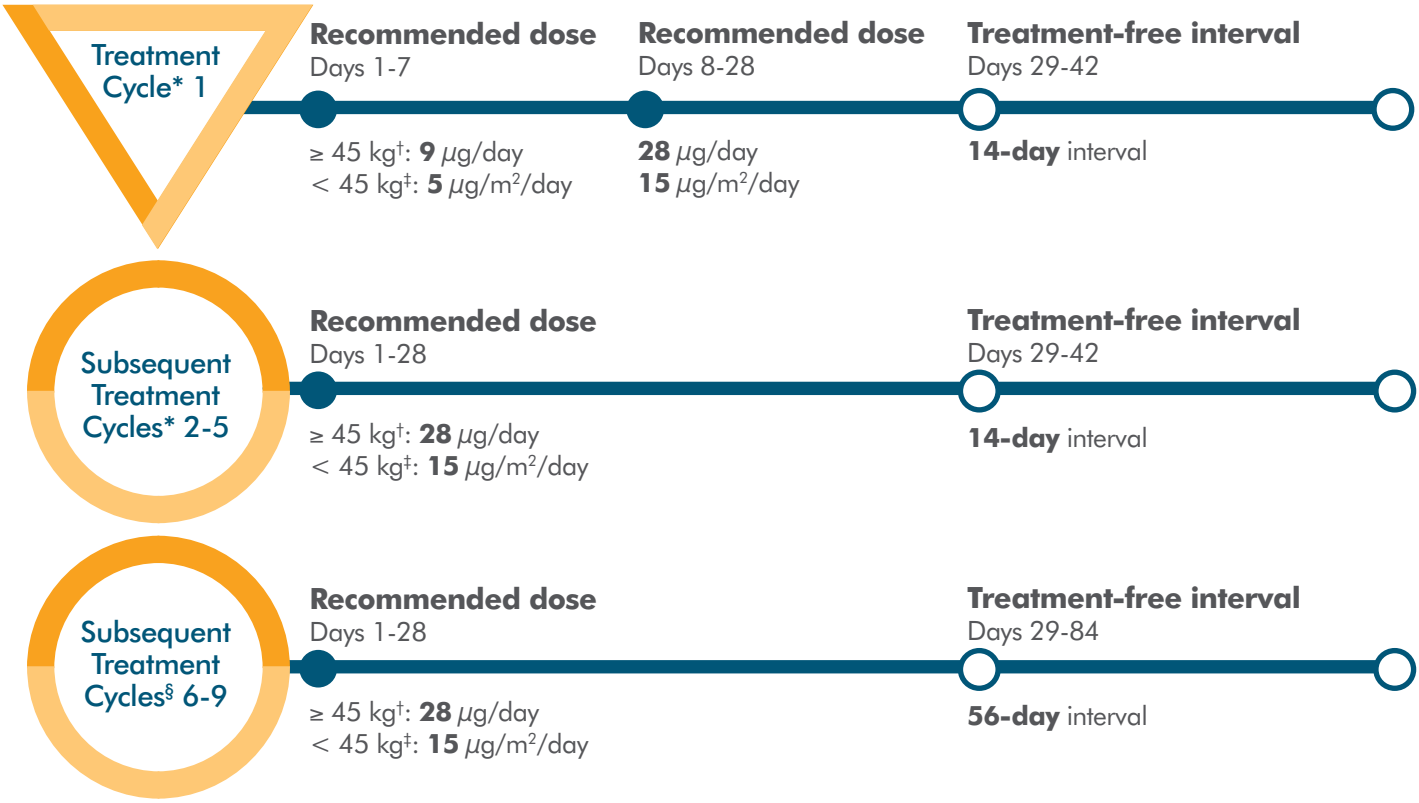
DOSAGE AND TREATMENT CYCLES

R/R B-cell precursor ALL

BLINCYTO® (blinatumomab) is administered as a continuous IV infusion delivered at a constant flow rate using an infusion pump.

- **Single cycle:** 28 days (4 weeks) of continuous infusion followed by 14-day (2 week) treatment-free interval
- **Treatment course:** 2 cycles of induction followed by 3 additional cycles of consolidation
- **Maintenance:** up to 4 additional cycles following consolidation treatment



*Patients may receive 2 cycles of induction treatment (cycles 1-2) followed by 3 additional cycles of BLINCYTO consolidation treatment (cycles 3-5)

†Fixed dose

‡BSA-based dose

§For maintenance, a cycle of treatment consists of 28 days continuous infusion followed by a 56-day treatment-free interval.

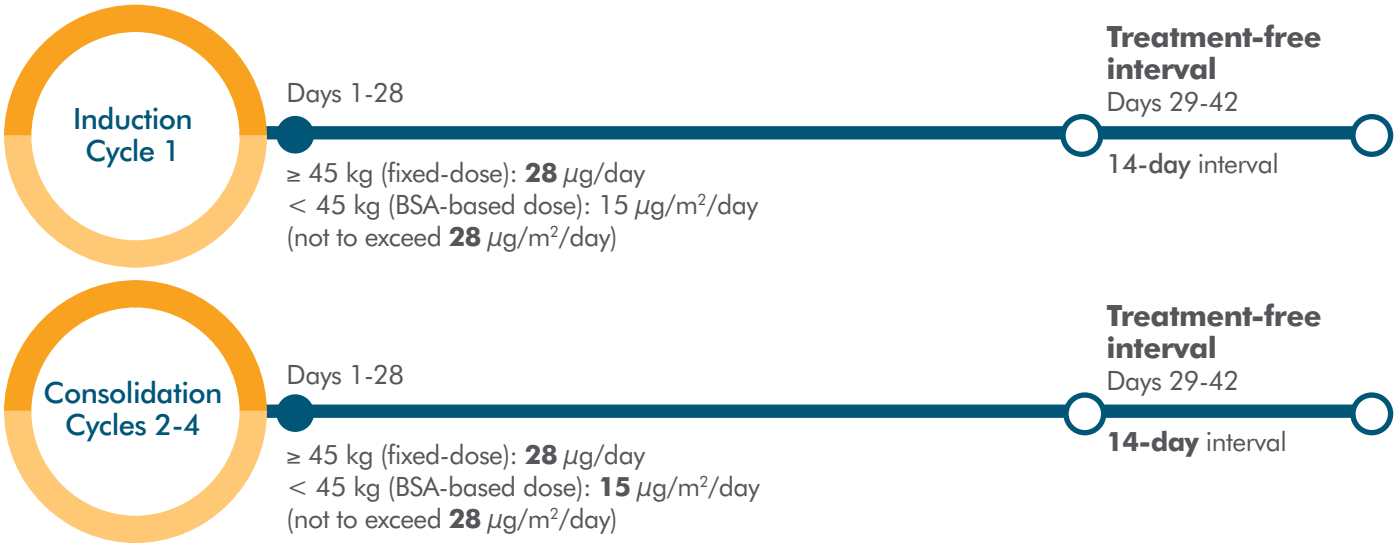
ALL = acute lymphoblastic leukemia; MRD = minimal residual disease; R/R = relapsed or refractory.

DOSAGE AND TREATMENT CYCLES *(CONT'D)*

MRD+ B-cell precursor ALL

BLINCYTO® (blinatumomab) is administered as a continuous IV infusion delivered at a constant flow rate using an infusion pump.

- **Single cycle:** 28 days (4 weeks) of continuous infusion followed by 14-day (2 week) treatment-free interval
- **Treatment course:** 1 cycle of induction followed by 3 additional cycles of consolidation



Note: Safety and efficacy of BLINCYTO in patients weighing < 45 kg, was established in patients with R/R B-cell precursor ALL who received 5 μg/m²/day on Days 1-7 of Cycle 1 and 15 μg/m²/day for subsequent cycles. The efficacy of BLINCYTO for treatment of MRD-positive ALL in patients weighing < 45 kg has not been established in clinical trials.

ALL = acute lymphoblastic leukemia; MRD = minimal residual disease; R/R = relapsed or refractory.

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PREMEDICATION AND ADDITIONAL MEDICATION RECOMMENDATIONS

R/R B-cell precursor ALL

Intrathecal chemotherapy CNS prophylaxis is recommended before and during BLINCYTO® (blinatumomab) therapy to prevent CNS ALL relapse.

Additional premedication recommendations are as follows:

Patient Group	Premedication
Adults (≥ 18 years of age)	Premedicate with dexamethasone 20 mg intravenously 1 hour prior to the first dose of BLINCYTO of each cycle.
Pediatrics (< 18 years of age)	Premedicate with dexamethasone 10 mg/m^2 (not to exceed 20 mg) orally or intravenously 6-12 hours prior to the start of BLINCYTO (cycle 1 day 1), followed by premedication with dexamethasone 5 mg/m^2 orally or intravenously within 30 minutes of the start of BLINCYTO (cycle 1 day 1).

Pre-phase treatment for patients with high tumour burden

High tumour burden is defined as:

- ≥ 50% leukemic blasts in bone marrow

  OR

- > 15 x 10^9/L peripheral blood leukemic blast counts

It is recommended that patients who have a high tumour burden be treated with dexamethasone (not to exceed 24 mg/day) for up to 4 days prior to the first dose of BLINCYTO.

ALL = acute lymphoblastic leukemia; BSA = body surface area; CNS = central nervous system; R/R = relapsed or refractory.

PREMEDICATION AND ADDITIONAL MEDICATION RECOMMENDATIONS *(CONT'D)*

MRD+ B-cell precursor ALL

Intrathecal chemotherapy CNS prophylaxis is recommended before and during BLINCYTO® (blinatumomab) therapy to prevent CNS ALL relapse.

Additional premedication recommendations are as follows:

Patient Group	Premedication
Adults (≥ 18 years of age)	Premedicate with prednisone 100 mg intravenously or equivalent (eg, dexamethasone 16 mg) 1 hour prior to the first dose of BLINCYTO of each cycle.
Pediatrics (< 18 years of age)	Premedicate with 5 mg/m^2 dexamethasone (not to exceed 20 mg) within 30 minutes prior to the first dose of BLINCYTO in the first cycle and when restarting an infusion after an interruption of 4 or more hours in the first cycle.

ADMINISTRATION: CONTINUOUS INFUSION

- BLINCYTO is administered as a continuous infusion at a constant flow rate using an infusion pump
- Pump should be programmable, lockable, non-elastomeric and have an alarm
    - Tubing and bags should be made of polyolefin, PVC DEHP-free, or ethyl vinyl acetate
    - Tubing must be compatible with infusion pump

- Do not flush BLINCYTO infusion line or IV catheter, especially when changing infusion bags
    - Flushing when changing bags or at completion of infusion can result in excess dosage and other complications
- When administering via a multi lumen venous catheter, BLINCYTO should be infused through a dedicated lumen
- Prime IV tubing only with prepared solution for infusion
    - Do not prime with 0.9% sodium chloride

ALL = acute lymphoblastic leukemia; DEHP = di-ethylhexylphthalate; CNS = central nervous system; MRD = minimal residual disease; PVC = polyvinyl chloride.

DOSE ADJUSTMENTS FOR ADVERSE EVENTS

Cytokine release syndrome

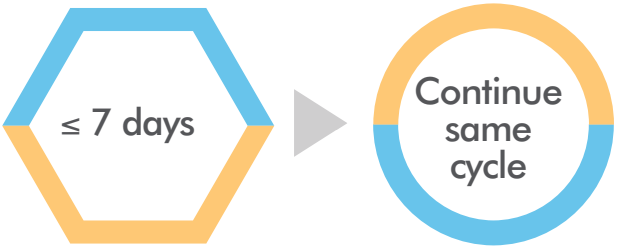
- Serious adverse events that may be associated with CRS include pyrexia, asthenia, headache, hypotension, total bilirubin increased, elevation of liver enzymes (AST and ALT) and nausea
- DIC and capillary leak syndrome have been commonly associated with CRS
- Life-threatening cases of capillary leak syndrome have been reported in patients receiving BLINCYTO® (blinatumomab)
- Hemophagocytic histiocytosis/macrophage activation syndrome has been uncommonly reported in the setting of CRS
- Median time to onset of CRS: 2 days

Neurologic events

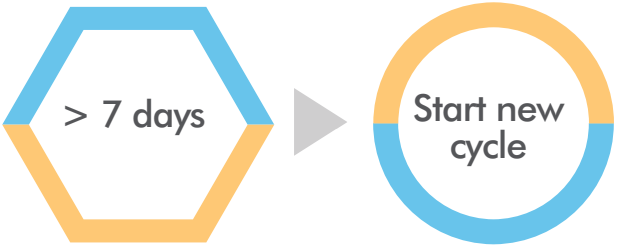
- Neurologic events (any grade) were observed in approximately 50% of adults and 25% of pediatric patients
- The median time to the first event was within the first two weeks of treatment
- Majority of events resolved and infrequently led to treatment discontinuation
- It is recommended that a neurological examination be performed in patients prior to starting BLINCYTO therapy
- Patients receiving BLINCYTO should be clinically monitored for signs and symptoms of neurologic events

Dose adjustment

If the interruption after an adverse event is ≤ 7 days, continue the same cycle to a total of 28 days infusion inclusive of days before and after the interruption in that cycle.



If an interruption due to an adverse event is longer than 7 days, start a new cycle.



ALT = alanine aminotransferase; AST = aspartate aminotransferase; CRS = cytokine release syndrome; DIC = disseminated intravascular coagulation.

MANAGEMENT OF ADVERSE EVENTS

Management of CRS

- Premedication with dexamethasone is recommended
- Management may require either temporary interruption or discontinuation of treatment
- Patients should be closely monitored for signs/symptoms of CRS

Grade*	Patients ≥ 45 kg	Patients < 45 kg
Grade 3	• Interrupt BLINCYTO® (blinatumomab) until no more than Grade 1 (mild), regardless of the dose at which CRS occurred, restart BLINCYTO at 9 μg/day • Escalate to 28 μg/day after 7 days if the toxicity does not recur	• Interrupt BLINCYTO until no more than Grade 1 (mild), regardless of the dose at which CRS occurred, restart BLINCYTO at 5 μg/m^2/day • Escalate to 15 μg/m^2/day after 7 days if the toxicity does not recur
Grade 4	Discontinue BLINCYTO permanently	

Management of neurologic events

Grade*	Patients ≥ 45 kg	Patients < 45 kg
Seizure	Discontinue BLINCYTO permanently if more than one seizure occurs	
Grade 3	• Interrupt BLINCYTO until no more than Grade 1 (mild) and for at least 3 days, then restart BLINCYTO at 9 μg/day • Escalate to 28 μg/day after 7 days if the toxicity does not recur • Reinitiation: premedicate with up to 24 mg dexamethasone with a 4-day taper • Secondary prophylaxis: consider appropriate anticonvulsant medication • Discontinue permanently if the toxicity occurred at 9 μg/day, or if the toxicity takes more than 7 days to resolve	• Interrupt BLINCYTO until no more than Grade 1 (mild) and for at least 3 days, then restart BLINCYTO at 5 μg/m^2/day • Escalate to 15 μg/m^2/day after 7 days if the toxicity does not recur • Reinitiation: premedicate with at least 0.2-0.4 mg/kg/day dexamethasone (up to a maximum of 24 mg) and taper the dose by 25% per day • Consider appropriate anticonvulsant medication • Discontinue permanently if the toxicity occurred at 5 μg/m^2/day, or if the toxicity takes more than 7 days to resolve
Grade 4	Discontinue BLINCYTO permanently	

Management of other clinically relevant adverse events

Grade*	Patients ≥ 45 kg	Patients < 45 kg
Grade 3	• Interrupt BLINCYTO until no more than Grade 1 (mild); restart BLINCYTO at 9 μg/day • Escalate to 28 μg/day after 7 days if the toxicity does not recur • If the toxicity takes > 14 days to resolve, discontinue BLINCYTO permanently	• Interrupt BLINCYTO until no more than Grade 1 (mild); restart BLINCYTO at 5 μg/m^2/day • Escalate to 15 μg/m^2/day after 7 days if the toxicity does not recur • If the toxicity takes > 14 days to resolve, discontinue BLINCYTO permanently
Grade 4	Discontinue BLINCYTO permanently	

*Grading based on NCI Common Terminology Criteria for Adverse Events (CTCAE) version 4.0; Grade 3 is severe and Grade 4 is life-threatening.

CRS = cytokine release syndrome.

PREPARATION

Preparation considerations

Infusion duration:

The choice between 24 hours, 48 hours, 72 hours, 96 hours or 7 days for the infusion duration should be made by the treating physician. Frequency of infusion bag changes and patient weight should be considered.

BLINCYTO® (blinatumomab) can be prepared for:

Infusion over:	Use:
24, 48, 72 or 96 hours	0.9% sodium chloride
7 days*	Bacteriostatic saline (containing 0.9% benzyl alcohol)

*Option available for patients weighing ≥ 22 kg; due to the addition of bacteriostatic saline, 7-day bags of BLINCYTO containing benzyl alcohol are not recommended for patients weighing < 22 kg.

Aseptic preparation

Strictly observe aseptic technique when preparing solution for infusion. BLINCYTO vials do not contain antimicrobial preservatives.

To prevent accidental contamination, prepare BLINCYTO according to aseptic standards, including but not limited to:

- Prepare in a clean, aseptic environment
- Prepare in an ISO Class 5 laminar flow hood or better
- Ensure that admixing area has appropriate environmental specifications, confirmed by periodic monitoring
- Ensure that personnel are appropriately trained in aseptic manipulations and admixing of oncology drugs
- Ensure that personnel wear appropriate protective clothing and gloves
- Ensure that gloves and surfaces are disinfected

PREPARATION *(CONT'D)*

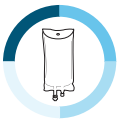
Reconstitution of BLINCYTO® (blinatumomab)

1. Add 3 mL of preservative-free sterile water for injection (sWFI) by directing water along walls of BLINCYTO vial and not directly on the lyophilized powder (resulting in a final BLINCYTO concentration of 12.5 μg/mL).
Do not reconstitute BLINCYTO with IV Solution Stabilizer (IVSS).

2. Gently swirl contents to avoid excess foaming. **Do not shake**.

3. Visually inspect the reconstituted solution. Resulting solution should be clear to slightly opalescent, colourless to slightly yellow.
Do not use if solution is cloudy or has precipitated.

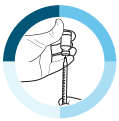
Dose preparation: 24, 48, 72, or 96 hours infusion



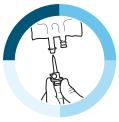
1. Aseptically add 270 mL 0.9% NaCl to the IV bag.

2. Aseptically transfer 5.5 mL IVSS to the IV bag containing 0.9% NaCl.

3. Gently mix contents of bag to avoid foaming.



4. Aseptically transfer reconstituted BLINCYTO® (blinatumomab)* into the IV bag containing 0.9% NaCl and IVSS.
Carefully mix contents of the bag to avoid foaming.



5. Under aseptic conditions, attach IV tubing to the IV bag with the sterile 0.2 or 0.22 micron in-line filter.
Ensure IV tubing is compatible with infusion pump.

6. Remove air from IV bag (particularly for use with ambulatory infusion pump).
Prime the IV tubing only with the prepared solution for infusion.
Do not prime with 0.9% NaCl.

7. Store at 2°C to 8°C if not used immediately.

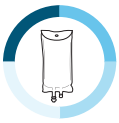
*Refer to pages 11-15 for detailed information on reconstituting BLINCYTO.

IVSS = IV solution stabilizer; NaCl = sodium chloride; sWFI = sterile water for injection.

PREPARATION *(CONT'D)*

Dose preparation: 7-day infusion

This option is not recommended for use in patients weighing < 22 kg.



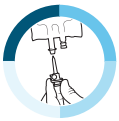
1. Aseptically add 90 mL bacteriostatic 0.9% NaCl to the empty IV bag.

2. Aseptically transfer 2.2 mL IVSS to the IV bag containing the saline solution.

3. Gently mix contents of bag to avoid foaming.

4. Aseptically transfer reconstituted BLINCYTO® (blinatumomab)* into the IV bag containing saline solution and IVSS.

5. Aseptically add 0.9% NaCl to IV bag to a final volume of 110 mL resulting in 0.74% benzyl alcohol. Gently mix contents of bag to avoid foaming.



6. Under aseptic conditions, attach IV tubing to the IV bag.
An inline filter is not required for a 7-day bag.
Ensure IV tubing is compatible with infusion pump.

7. Remove air from IV bag (particularly for use with ambulatory infusion pump).
Prime the IV tubing only with the prepared solution for infusion.
Do not prime with 0.9% NaCl.

8. Store at 2°C to 8°C if not used immediately.

NOTE: Due to the addition of bacteriostatic saline, 7-day bags of BLINCYTO containing benzyl alcohol are not recommended for patients weighing < 22 kg.

*Refer to pages 11 and 16 for detailed information on reconstituting BLINCYTO.

IVSS = IV solution stabilizer; NaCl = sodium chloride.

PREPARATION *(CONT'D)*

Volumes to add to IV bag by patient weight and dose

9 μg/day (adult and pediatric patients ≥ 45 kg)

	Infusion and dose information			
Infusion duration	24 hrs	48 hrs	72 hrs	96 hrs
Infusion rate	10 mL/h	5 mL/h	3.3 mL/h	2.5 mL/h
BLINCYTO® (blinatumomab) vials	1	1	1	2
	Preparation volumes			
0.9% NaCl IV bag	270 mL			
IVSS added	5.5 mL			
BLINCYTO lyophilized powder	Reconstitute with 3 mL preservative-free sWFI (resulting concentration 12.5 μg/mL)			
Reconstituted BLINCYTO put in IV bag	0.83 mL	1.7 mL	2.5 mL	3.3 mL

28 μg/day (adult and pediatric patients ≥ 45 kg)

	Infusion and dose information				
Infusion duration	24 hrs	48 hrs	72 hrs	96 hrs	7 days
Infusion rate	10 mL/h	5 mL/h	3.3 mL/h	2.5 mL/h	0.6 mL/h
BLINCYTO vials	1	2	3	4	6
	Preparation volumes				
0.9% NaCl IV bag	270 mL				90 mL starting volume of bacteriostatic 0.9% NaCl + 1 mL of 0.9% NaCl to quantity sufficient to a final volume of 110 mL
IVSS added	5.5 mL				2.2 mL
BLINCYTO lyophilized powder	Reconstitute with 3 mL preservative-free sWFI (resulting concentration 12.5 μg/mL)				
Reconstituted BLINCYTO put in IV bag	2.6 mL	5.2 mL	8.0 mL	10.7 mL	16.8 mL

*1 mL of 0.9% NaCl to quantity sufficient to a final volume of 110 mL.

DO NOT reconstitute BLINCYTO with IV solution stabilizer

IVSS = IV solution stabilizer; NaCl = sodium chloride; sWFI = sterile water for injection.

PREPARATION *(CONT'D)*

Volumes to add to IV bag by patient weight and dose *(cont'd)*

5 μg/m²/day (adult and pediatric patients < 45 kg)

	0.9% NaCl	IVSS added	Reconstituted powder with sWFI
Preparation volume	270 mL	5.5 mL	Reconstitute with 3 mL preservative-free sWFI (resulting concentration 12.5 μg/mL)

Infused over	BLINCYTO® (blinatumomab) vials	BSA (m²)	Reconstituted BLINCYTO (mL)
24 hours at a rate of 10 mL/h	1	1.50-1.59	0.70
		1.40-1.49	0.66
		1.30-1.39	0.61
		1.20-1.29	0.56
		1.10-1.19	0.52
		1.00-1.09	0.47
		0.90-0.99	0.43
		0.80-0.89	0.38
		0.70-0.79	0.33
		0.60-0.69	0.29
		0.50-0.59	0.24
		0.40-0.49	0.20
48 hours at a rate of 5 mL/h	1	1.50-1.59	1.4
		1.40-1.49	1.3
		1.30-1.39	1.2
		1.20-1.29	1.1
		1.10-1.19	1.0
		1.00-1.09	0.94
		0.90-0.99	0.85
		0.80-0.89	0.76
		0.70-0.79	0.67
		0.60-0.69	0.57
		0.50-0.59	0.48
		0.40-0.49	0.39

DO NOT reconstitute BLINCYTO with IV solution stabilizer

BSA = body surface area; IVSS = IV solution stabilizer; NaCl = sodium chloride; sWFI = sterile water for injection.

PREPARATION *(CONT'D)*

Volumes to add to IV bag by patient weight and dose *(cont'd)*

5 μg/m²/day (adult and pediatric patients < 45 kg)

	0.9% NaCl	IVSS added	Reconstituted powder with sWFI
Preparation volume	270 mL	5.5 mL	Reconstitute with 3 mL preservative-free sWFI (resulting concentration 12.5 μg/mL)

Infused over	BLINCYTO® (blinatumomab) vials	BSA (m²)	Reconstituted BLINCYTO (mL)
72 hours at a rate of 3.3 mL/h	1	1.50-1.59	2.1
		1.40-1.49	2.0
		1.30-1.39	1.8
		1.20-1.29	1.7
		1.10-1.19	1.6
		1.00-1.09	1.4
		0.90-0.99	1.3
		0.80-0.89	1.1
		0.70-0.79	1.0
		0.60-0.69	0.86
		0.50-0.59	0.72
		0.40-0.49	0.59
96 hours at a rate of 2.5 mL/h	1	1.50-1.59	2.8
		1.40-1.49	2.6
		1.30-1.39	2.4
		1.20-1.29	2.3
		1.10-1.19	2.1
		1.00-1.09	1.9
		0.90-0.99	1.7
		0.80-0.89	1.5
		0.70-0.79	1.3
		0.60-0.69	1.2
		0.50-0.59	0.97
		0.40-0.49	0.78

DO NOT reconstitute BLINCYTO with IV solution stabilizer

BSA = body surface area; IVSS = IV solution stabilizer; NaCl = sodium chloride; sWFI = sterile water for injection.

PREPARATION *(CONT'D)*

Volumes to add to IV bag by patient weight and dose *(cont'd)*

15 μg/m^2/day (adult and pediatric patients < 45 kg)

	0.9% NaCl	IVSS added	Reconstituted powder with sWFI
Preparation volume	270 mL	5.5 mL	Reconstitute with 3 mL preservative-free sWFI (resulting concentration 12.5 μg/mL)

Infused over	BLINCYTO® (blinatumomab) vials	BSA (m^2)	Reconstituted BLINCYTO (mL)
24 hours at a rate of 10 mL/h	1	1.50-1.59	2.1
		1.40-1.49	2.0
		1.30-1.39	1.8
		1.20-1.29	1.7
		1.10-1.19	1.6
		1.00-1.09	1.4
		0.90-0.99	1.3
		0.80-0.89	1.1
		0.70-0.79	1.0
		0.60-0.69	0.86
		0.50-0.59	0.72
		0.40-0.49	0.59
48 hours at a rate of 5 mL/h	2	1.50-1.59	4.2
		1.40-1.49	3.9
		1.30-1.39	3.7
		1.20-1.29	3.4
		1.10-1.19	3.1
	1	1.00-1.09	2.8
		0.90-0.99	2.6
		0.80-0.89	2.3
		0.70-0.79	2.0
		0.60-0.69	1.7
		0.50-0.59	1.4
		0.40-0.49	1.2

DO NOT reconstitute BLINCYTO with IV solution stabilizer

BSA = body surface area; IVSS = IV solution stabilizer; NaCl = sodium chloride; sWFI = sterile water for injection.

PREPARATION *(CONT'D)*

Volumes to add to IV bag by patient weight and dose *(cont'd)*

15 μg/m²/day (adult and pediatric patients < 45 kg) *(cont'd)*

	0.9% NaCl	IVSS added	Reconstituted powder with sWFI
Preparation volume	270 mL	5.5 mL	Reconstitute with 3 mL preservative-free sWFI (resulting concentration 12.5 μg/mL)

Infused over	BLINCYTO® (blinatumomab) vials	BSA (m²)	Reconstituted BLINCYTO (mL)
72 hours at a rate of 3.3 mL/h	3	1.50-1.59	6.3
		1.40-1.49	5.9
	2	1.30-1.39	5.5
		1.20-1.29	5.1
		1.10-1.19	4.7
		1.00-1.09	4.2
		0.90-0.99	3.8
		0.80-0.89	3.4
		0.70-0.79	3.0
	1	0.60-0.69	2.6
		0.50-0.59	2.2
		0.40-0.49	1.8
96 hours at a rate of 2.5 mL/h	3	1.50-1.59	8.4
		1.40-1.49	7.9
		1.30-1.39	7.3
		1.20-1.29	6.8
		1.10-1.19	6.2
		1.00-1.09	5.7
	2	0.90-0.99	5.1
		0.80-0.89	4.6
		0.70-0.79	4.0
		0.60-0.69	3.4
		0.50-0.59	2.9
	1	0.40-0.49	2.3

DO NOT reconstitute BLINCYTO with IV solution stabilizer

BSA = body surface area; IVSS = IV solution stabilizer; NaCl = sodium chloride; sWFI = sterile water for injection.

PREPARATION *(CONT'D)*

Volumes to add to IV bag by patient weight and dose *(cont'd)*

15 μg/m²/day: 7-day (adult and pediatric patients 22-45 kg)

	Starting volume of bacteriostatic 0.9% NaCl	IVSS added	Reconstituted powder with sWFI
Preparation volume	90 mL	2.2 mL	Reconstitute with 3 mL preservative-free sWFI (resulting concentration 12.5 μg/mL)

Infused over	BLINCYTO® (blinatumomab) vials	BSA (m²)	Reconstituted BLINCYTO (mL)	0.9% NaCl to qs to 110 mL final volume (mL)
7 days at a rate of 0.6 mL/h	5	1.50-1.59	14	3.8
		1.40-1.49	13.1	4.7
		1.30-1.39	12.2	5.6
		1.20-1.29	11.3	6.5
	4	1.10-1.19	10.4	7.4
		1.00-1.09	9.5	8.3
		0.90-0.99	8.6	9.2

DO NOT reconstitute BLINCYTO with IV solution stabilizer

Infusion rates and duration

Infuse BLINCYTO solution at one of the following constant infusion rates:

Infusion Rate	Infusion Duration
10 mL/h	24 hours
5 mL/h	48 hours
3.3 mL/h	72 hours
2.5 mL/h	96 hours
0.6 mL/h	7 days*
*Option is not recommended for use in patients weighing < 22 kg	

IV bag must be changed by a healthcare provider for sterility reasons

NOTE: Due to the addition of bacteriostatic saline, 7-day bags of BLINCYTO containing benzyl alcohol are not recommended for patients weighing < 22 kg.

BSA = body surface area; IVSS = IV solution stabilizer; NaCl = sodium chloride; qs = quantity sufficient; sWFI = sterile water for injection.

COMPOSITION AND PACKAGING

Each package contains:

- Single-use vial
  - Sterile, preservative-free, white to off-white lyophilized powder
  - Contains 38.5 μg of blinatumomab per vial
- IV solution stabilizer
  - Sterile, preservative-free, colourless-to-slightly yellow, clear solution
  - Supplied in a 10 mL glass vial

STORAGE AND STABILITY

For BLINCYTO® (blinatumomab) vial and IVSS vial:

Refrigerate at 2°C to 8°C

Do not freeze

Protect from light

Maximum storage time for lyophilized BLINCYTO vial and IVSS*	Maximum storage time of reconstituted BLINCYTO vial		Maximum storage time of prepared BLINCYTO infusion bag (preservative-free)		Maximum storage time of prepared BLINCYTO infusion bag (with preservative)	
Room temp. 23-27°C	Room temp. 23-27°C	Refrigerated 2-8°C	Room temp. 23-27°C	Refrigerated 2-8°C	Room temp. 23-27°C	Refrigerated 2-8°C
8 hr	4 hr	24 hr	96 hr†	10 days†	7 days†	14 days†

*While stored, protect BLINCYTO vials and IVSS from light.

†Storage time includes infusion time. If IV bag containing BLINCYTO solution for infusion is not administered within the time frames and temperatures indicated, it must be discarded; it should not be refrigerated again.

IVSS = IV solution stabilizer.

BLINCYTO®
blinatumomab

SAFETY INFORMATION

Clinical use

Compared to younger adults (18-64 years of age), elderly patients (≥65 years of age) experienced a higher rate of neurologic events including cognitive disorder, encephalopathy, and confusion.

Most serious warnings and precautions

Cytokine release syndrome (CRS): including those that are severe, life-threatening or fatal events have occurred. Clinically significant infusion reactions, which may be indistinguishable from CRS, have also been observed.

Tumour lysis syndrome (TLS): including severe, life-threatening or fatal events have been observed.

Neurological events: including severe, life-threatening or fatal events have occurred.

Serious infections: including some that were life-threatening or fatal events have been reported. Fatal infections included sepsis, pneumonia, Fusarium infection, pneumonia fungal, septic shock, Aspergillus infection, bronchopneumonia, Candida infection, Enterococcal bacteremia, Escherichia sepsis and lung infection.

Pancreatitis: including severe, life-threatening or fatal events have occurred.

Other relevant warnings and precautions

- Infusion reactions, which may be indistinguishable from CRS, especially during first infusion of first and second cycles
- Medication errors; strictly follow instructions for preparation and administration. Use BSA dosing calculation (not fixed dosing) for patients <45 kg
- "Gasping syndrome"; serious and fatal events reported in pediatric patients, particularly in neonates and infants treated with BLINCYTO containing benzyl alcohol preservative. 7-day bags of BLINCYTO solution for infusion contain benzyl alcohol; not recommended for use in patients <22 kg
- Transient elevations in liver enzymes
- Neutropenia and febrile neutropenia; life threatening cases have been observed
- Neurologic events
- Leukoencephalopathy
- Effects on ability to drive and use machines
- Females of reproductive potential should use contraception during and for 48 hours after treatment
- Discontinue breastfeeding during and for at least 48 hours after treatment

For more information

Consult the Product Monograph at www.amgen.ca/Blincyto_PM.pdf for important information relating to warnings and precautions, and for important information relating to adverse reactions, drug interactions, and dosing and administration, which has not been discussed in this piece. The Product Monograph is also available by calling 1-866-502-6436.

BSA = body surface area.

Reference:
BLINCYTO Product Monograph. Amgen Canada Inc. December 2019.

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AMGEN® Oncology

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REVIEWED BY PAAB