Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

BLIN Regimen

Blinatumomab

Disease Site

Hematologic
Leukemia - Acute Lymphoblastic (ALL)

Intent

Curative
Palliative

Regimen Category

evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

The information provided in this document is intended for use only in the management of adults with leukemia, and for cancer centres with expertise in treating acute leukemia.

Rationale and

For patients with Philadelphia chromosome-negative CD19 positive B-cell

Uses	precursor ALL, in the consolidation phase of multiphase chemotherapy

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B - Drug Regimen

As consolidation therapy

Patients ≥45 kg (fixed dose):

blinatumomab	28 mcg /day	IV continuous infusion	Days 1 to 28*

(This drug is not publicly funded. Universal compassionate access program is available.)

OR

Patients <45 kg (BSA-based dosing):

blinatumomab	15 mcg /m²/day	IV continuous infusion**	Days 1 to 28*

(This drug is not publicly funded. Universal compassionate access program is available.)

*Each cycle is separated by a 2-week treatment-free interval.

**Maximum dose 28 mcg/day

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C - Cycle Frequency

REPEAT EVERY 42 DAYS

For up to a total of 4 cycles. Refer to local protocols for details.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

- Also refer to CCO Antiemetic Recommendations.

Pre-medications (prophylaxis for infusion reaction):
(in adults ≥ 18 years of age)

- Dexamethasone 20 mg or equivalent 1 hour before the first dose of each cycle.
- An antipyretic is recommended during the first 48 hours of each cycle.

Other Supportive Care:

- CNS prophylaxis with intrathecal chemotherapy (before and during treatment) is recommended.
- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely.
- Consider prophylaxis against Pneumocystis jirovecii pneumonia (PJP) and herpes virus infections.
- Consider other antimicrobial prophylaxis as per local guidelines.
- Hospitalization is recommended for, at minimum, the first 3 days of cycle 1 and the first 2 days of cycle 2, to monitor for infusion reactions that are clinically indistinguishable from cytokine release syndrome (CRS).

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J - Administrative Information

Approximate Patient Visit	0.5 hour (connection to IV pump)
Pharmacy Workload (average time per visit)	35.99 minutes
Nursing Workload (average time per visit)	76.29 minutes

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K - References

CADTH reimbursement recommendation (draft): Blinatumomab. April 2025.

Litzow MR, Sun Z, Mattison RJ, et al. Blinatumomab for MRD-Negative Acute Lymphoblastic Leukemia in Adults. N Engl J Med 2024 Jul 25;391(4):320-33.

May 2025 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is

not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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