Clinical Criteria

Subject: Blenrep (belantamab mafodotin-blmf)

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Overview

This document addresses the use of Blenrep (belantamab mafodotin-blmf). Blenrep is a B-cell maturation antigen (BCMA)-directed antibody and microtubule inhibitor conjugate. Blenrep is FDA indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least 4 prior therapies including an anti-CD38 monoclonal antibody, a proteasome inhibitor, and an immunomodulatory agent

The FDA label includes a Boxed Warning stating Blenrep causes changes in the corneal epithelium resulting in alterations in vision, including severe vision loss and corneal ulcer, and symptoms, such as blurred vision and dry eyes. Ophthalmic exams at baseline, prior to each dose, and promptly for worsening symptoms should be conducted.

Because of the risks of ocular toxicity, Blenrep is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS), called the BLENREP REMS

Definitions and Measures

Multiple Myeloma: Is an infiltration of plasma cells into the bone or other organs producing a monoclonal immunoglobulin. The plasma cells proliferate in the bone marrow and can result in extensive skeletal destruction with osteolytic lesions, osteopenia, and/or pathologic fractures.

Refractory Disease: Illness or disease that does not respond to treatment.

Relapse or recurrence: After a period of improvement, during which time a disease (for example, cancer) could not be detected, the return of signs and symptoms of illness or disease. For cancer, it may come back to the same place as the original (primary) tumor or to another place in the body.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Blenrep (belantamab mafodotin-blmf)

Requests for Blenrep (belantamab mafodotin-blmf) may be approved if the following criteria are met:

- I. Individual has a diagnosis of relapsed or refractory multiple myeloma (Label, NCCN 2A); AND
- II. Individual has had at least four prior therapies, including an anti-CD38 monoclonal antibody (e.g. daratumumab), a proteasome inhibitor (e.g. bortezomib, ixazomib, or carfilzomib), and an immunomodulatory agent (e.g. lenalidomide or pomalidomide).

Requests for Blenrep (belantamab mafodotin-blmf) may not be approved when the above criteria are not met and for all other indications not included above.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J9037	Injection, belantamab mafodontin-blmf, 0.5 mg [Blenrep]	
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ICD-10 Diagnosis

10D-10 Diagnosis	
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Document History

Revised: 08/19/2022 Document History:

- 08/19/2022 Annual Review: Wording and formatting updates. Coding reviewed: ICD-10-CM C90.00-C90.32.
- 08/20/2021 Annual Review: Added reference for NCCN. Coding reviewed: No changes.
- 09/14/2020 Annual Review: New clinical criteria document for Blenrep (belantamab mafodotin-blmf). Coding reviewed: Added HCPCS J9999, Added ICD-10-CM C90.00-C90.32, Z85.79. Effective 1/1/21 Added HCPCS C9096. Added All Diagnosis pend for NOC code only. Effective 4/1/2021: Added HCPCS J9037. Removed HCPCS J9999, C9096. Removed all diagnosis pend.

References

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 - a. Multiple Myeloma. V5.2022. Revised March 9, 2022.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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