Reference number(s)
4070-A

SPECIALTY GUIDELINE MANAGEMENT

BLENREP (belantamab mafodotin-blmf)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Blenrep is indicated for the treatment of adults 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.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Multiple Myeloma
Authorization of 12 months may be granted for treatment of relapsed or refractory multiple myeloma as a single agent in members who have received at least 4 prior therapies, including at least one drug from each of the following categories:

1. Anti-CD38 monoclonal antibody (e.g., daratumumab)
2. Proteasome inhibitor (e.g., bortezomib, ixazomib, carfilzomib)
3. Immunomodulatory agent (e.g., lenalidomide pomalidomide)

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

IV. REFERENCES

1. Blenrep [package insert].Research Triangle Park, NC: GlaxoSmithKline; August 2020.