

## Belantamab mafodotin-blmf (Blenrep)

### Place of Service

Office Administration

Infusion Center Administration

Outpatient Facility Administration

HCPCS: J9037 per 0.5 mg

### Condition listed in policy (*see criteria for details*)

- [Multiple myeloma](#)

**AHFS therapeutic class:** Antineoplastic agent

**Mechanism of action:** B-cell maturation antigen (BCMA)-directed antibody and microtubule inhibitor conjugate

### (1) Special Instructions and pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review via fax.

### (2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for belantamab mafodotin-blmf (Blenrep) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

#### Multiple myeloma

1. Being used as single agent therapy, **AND**
2. Patient has received at least four prior therapies that include the use of all of the following:
  - a. An anti-CD38 monoclonal antibody (e.g., Darzalex, Sarclisa), **and**
  - b. A proteasome inhibitor (e.g., Velcade, Kyprolis, Ninlaro), **and**
  - c. An immunomodulatory agent (e.g., Pomalyst, Revlimid, Thalomid)

#### **Covered Dose**

Up to 2.5 mg/kg IV every 3 weeks

#### **Coverage Period**

Indefinite

#### **ICD-10:**

C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, Z85.79

### (3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for belantamab mafodotin-blmf (Blenrep) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

### (4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

### (5) Additional Information

#### How supplied:

Commercial

belantamab mafodotin-blmf (Blenrep)

- 100 mg single-dose vial

## **(6) References**

- AHFS®. Available by subscription at <http://www.lexi.com>
- Blenrep (belantamab mafodotin-blmf) [Prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; 2/2022.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network. Multiple Myeloma (Version 5.2022). Available at: [www.nccn.org](http://www.nccn.org).

## **(7) Policy Update**

Date of last review: 4Q2022

Date of next review: 4Q2023

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*