

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Oncology (Injectable) – Blenrep Utilization Management Medical Policy

- Blenrep™ (belantamab mafodotin-blmf intravenous infusion – GlaxoSmithKline)

REVIEW DATE: 09/28/2022

OVERVIEW

Blenrep, a B-cell maturation antigen-directed antibody and microtubule inhibitor conjugate, is indicated for treatment of adults with relapsed or refractory **multiple myeloma**, in those who have received at least four prior therapies, including an anti-CD38 monoclonal antibody, a proteasome inhibitor, and an immunomodulatory drug.

Guidelines

National Comprehensive Cancer Network (NCCN) guidelines for multiple myeloma (version 1.2023 – September 14, 2022) recommend various regimens as primary therapy (transplant eligible and non-transplant candidates), maintenance therapy, and previously treated multiple myeloma.² The choice of regimen takes into account patient factors as well as response and tolerability to previous regimens. Triplet regimens (e.g., with a proteasome inhibitor, immunomodulatory drug, and corticosteroid) are standard therapy for multiple myeloma. Blenrep is recommended for its approved use in previously treated multiple myeloma, for patients with late relapses (> three prior therapies).

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Blenrep. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Blenrep as well as the monitoring required for adverse events and long-term efficacy, approval requires Blenrep to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Blenrep is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Multiple Myeloma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
 - A) Patient is \geq 18 years of age; AND
 - B) Patient has tried at least four systemic regimens; AND
 - C) Among the previous regimens tried, the patient has received at least one drug from each of the following classes (i, ii, and iii):
 - i. Proteasome inhibitor; AND
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- Note: Examples include Velcade (bortezomib injection), Kyprolis (carfilzomib infusion), Ninlaro (ixazomib capsules).
- ii. Immunomodulatory drug; AND
Note: Examples include Revlimid (lenalidomide capsules), Pomalyst (pomalidomide capsules), Thalomid (thalidomide capsules).
- iii. Anti-CD38 monoclonal antibody; AND
Note: Examples include Darzalex (daratumumab infusion), Darzalex Faspro (daratumumab and hyaluronidase-fihj subcutaneous injection), or Sarelisa (isatuximab-irfc infusion).
- D) The medication will be prescribed by or in consultation with an oncologist.

Dosing. Approve up to 2.5 mg/kg intravenously with subsequent doses separated by at least 3 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Blenrep is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Blenrep™ intravenous infusion [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; February 2022.
2. The NCCN Multiple Myeloma Clinical Practice Guidelines in Oncology (version 1.2023 – September 14, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on September 23, 2022.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/01/2021
Annual Revision	No criteria changes.	09/28/2022