

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	NA	X	X	X	X

## Blenrep (belantamab mafodotin-blmf)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Blenrep (belantamab mafodotin-blmf) 100 mg vial for intravenous use

### **APPROVAL CRITERIA**

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; **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 for all other indications not included above.

#### **Note:**

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.

#### **Key References:**

- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: August 17, 2020.
- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
- NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on August 17, 2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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

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