| Reference number(s) |
| --- |
| 7252-A |

# Standard Medicare Part B Management Blenrep

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Blenrep | belantamab mafodotin-blmf |

## 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 Indications[1]

Blenrep is indicated, in combination with bortezomib and dexamethasone, for the treatment of adults with relapsed or refractory multiple myeloma who have received at least two prior lines of therapy, including a proteasome inhibitor and an immunomodulatory agent.

### Compendial Uses[2]

- Relapsed or refractory multiple myeloma
- Polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes (POEMS) syndrome
- Plasma-cell related monoclonal immunoglobulin deposition disease (MIDD)
- Plasma cell-related monoclonal gammopathy of renal significance (MGRS)

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


© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

| Reference number(s) |
| --- |
| 7252-A |

# Documentation

Submission of the following information is necessary to initiate the prior authorization review: chart notes or medical record documentation demonstrating failure of previous lines of therapy.

# Coverage Criteria

## Multiple Myeloma[1-3]

Authorization of 12 months may be granted for the treatment of relapsed or refractory multiple myeloma in the following settings:

- In combination with bortezomib and dexamethasone, when the member has received at least two lines of prior therapy, including a proteasome inhibitor and an immunomodulatory agent
- As a single agent for maintenance therapy after completing 8 cycles of combination treatment with bortezomib and dexamethasone, when the member has received at least two lines of prior therapy including a proteasome inhibitor and an immunomodulatory agent
- As a single agent, when the member has received at least three lines of prior therapy

## POEMS, MIDD, and MGRS[2-3]

Authorization of 12 months may be granted, as a single agent or in combination with bortezomib and dexamethasone, for the treatment of POEMS syndrome, plasma cell-related MIDD, or plasma cell-related MGRS.

# Continuation of Therapy

All members requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months (including new members) may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested drug.
- The requested drug is being used to treat an indication in the coverage criteria section.
- The member is receiving benefit from therapy. Benefit is defined as:
    - No unacceptable toxicity while on the current regimen, AND
    - No evidence of disease progression while on the current regimen


© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

| Reference number(s) |
| --- |
| 7252-A |

# Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Blenrep.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- NCCN Guideline: Multiple Myeloma

# Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

# References


1. Blenrep [package insert]. Durham, NC: GlaxoSmithKline LLC.; October 2025.
2. The NCCN Drugs & Biologics Compendium® ©2025 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed November 4, 2025.
3. NCCN Clinical Practice Guidelines in Oncology Multiple Myeloma (Version 3.2026) 2025 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. November 4, 2025.



© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.