

## Clinical Policy: Belantamab Mafodotin-blmf (Blenrep)

Reference Number: PA.CP.PHAR.469

Effective Date: 10/2020

Last Review Date: 04/2024

### Description

Belantamab mafodotin-blmf (Blenrep™) is an anti-B-cell maturation antigen (BCMA) monoclonal antibody and microtubule inhibitor conjugate.

### FDA Approved Indication(s)

Blenrep is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least 4 prior lines of therapy, including an anti-CD38 antibody, a proteasome inhibitor, and an immunomodulatory agent.

This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

**\*GlaxoSmithKline (GSK), the manufacturer of Blenrep, voluntarily withdrew Blenrep after post-market data from the DREAMM-3 Phase 3 trial revealed Blenrep did not meet the requirements of the FDA Accelerated Approval regulation. The FDA withdrew its approval for the product (see Appendix D).**

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of PA Health & Wellness® that Blenrep is **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Multiple Myeloma (must meet all):

1. Provider attestation of acknowledgement of FDA's request for withdrawal of product due to failure to demonstrate superior progression-free survival (PFS) compared to Pomalyst (pomalidomide) in combination with low-dose dexamethasone (PomDex);
2. Diagnosis of multiple myeloma;
3. Prescribed by or in consultation with an oncologist or hematologist;
4. Age  $\geq$  18 years;
5. Blenrep is prescribed as monotherapy;
6. Member has received  $\geq$  4 prior lines of therapy (*see Appendix B for examples*) that include all of the following (a, b, and c):
  - a. One proteasome inhibitor (e.g., bortezomib, Kyprolis®, Ninlaro®);
  - b. One immunomodulatory agent (e.g., Revlimid®, pomalidomide, Thalomid®);
  - c. One anti-CD38 antibody (e.g., Darzalex®/Darzalex Faspro™, Sarclisa®);  
*\*Prior authorization may be required*
7. Request meets one of the following (a or b):
  - a. Dose does not exceed 2.5 mg/kg every 3 weeks;

- b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**B. Other diagnoses/indications**

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

**II. Continued Therapy**

**A. Multiple Myeloma (must meet all):**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Provider attestation of acknowledgement of FDA's request for withdrawal of product due to failure to demonstrate superior PFS compared to Pomalyst (pomalidomide) in combination with low-dose dexamethasone (PomDex);
3. Member is responding positively to therapy;
4. Dose is  $\geq 1.9$  mg/kg every 3 weeks;
5. If request is for a dose increase, request meets one of the following (a or b):
  - a. New dose does not exceed 2.5 mg/kg every 3 weeks;
  - b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 12 months**

**B. Other diagnoses/indications (must meet 1 or 2):**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.

**Approval duration: Duration of request or 6 months (whichever is less); or**

2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

**III. Diagnoses/Indications for which coverage is NOT authorized:**

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

BCMA: B-cell maturation antigen

GSK: GlaxoSmithKline

FDA: Food and Drug Administration

PFS: progression free survival

*Appendix B: Therapeutic Alternatives*

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.*

| Drug Name   | Dosing Regimen | Dose Limit/ Maximum Dose |
|---|----------------|--------------------------|
| bortezomib/Revlimid <sup>®</sup> (lenalidomide)/dexamethasone   | Varies         | Varies                   |
| bortezomib/cyclophosphamide/dexamethasone   | Varies         | Varies                   |
| bortezomib/doxorubicin (or liposomal doxorubicin)/dexamethasone   | Varies         | Varies                   |
| Kyprolis <sup>®</sup> (carfilzomib) Revlimid <sup>®</sup> (lenalidomide)/dexamethasone  | Varies         | Varies                   |
| Kyprolis <sup>®</sup> (carfilzomib)/cyclophosphamide/dexamethasone  | Varies         | Varies                   |
| Kyprolis <sup>®</sup> (carfilzomib – weekly or twice weekly)/dexamethasone  | Varies         | Varies                   |
| Ninlaro <sup>®</sup> (ixazomib)/Revlimid <sup>®</sup> (lenalidomide)/dexamethasone  | Varies         | Varies                   |
| Ninlaro <sup>®</sup> (ixazomib)/dexamethasone   | Varies         | Varies                   |
| Ninlaro <sup>®</sup> (ixazomib)/pomalidomide/dexamethasone  | Varies         | Varies                   |
| bortezomib/dexamethasone  | Varies         | Varies                   |
| bortezomib/Thalomid <sup>®</sup> (thalidomide)/dexamethasone  | Varies         | Varies                   |
| cyclophosphamide/Revlimid <sup>®</sup> (lenalidomide)/dexamethasone   | Varies         | Varies                   |
| Revlimid <sup>®</sup> (lenalidomide)/dexamethasone  | Varies         | Varies                   |
| VTD-PACE (dexamethasone/Thalomid <sup>®</sup> (thalidomide)/cisplatin/doxorubicin/cyclophosphamide/etoposide/bortezomib)                                | Varies         | Varies                   |
| Revlimid <sup>®</sup> (lenalidomide)/low-dose dexamethasone   | Varies         | Varies                   |
| Darzalex <sup>®</sup> (daratumumab) or Darzalex Faspro <sup>™</sup> (daratumumab/hyaluronidase-fihj)/bortezomib/melphan/prednisone                      | Varies         | Varies                   |
| Darzalex <sup>®</sup> (daratumumab) or Darzalex Faspro <sup>™</sup> (daratumumab/hyaluronidase-fihj)/bortezomib/dexamethasone                           | Varies         | Varies                   |
| Darzalex <sup>®</sup> (daratumumab) or Darzalex Faspro <sup>™</sup> (daratumumab/hyaluronidase-fihj)/Revlimid <sup>®</sup> (lenalidomide)/dexamethasone | Varies         | Varies                   |
| Darzalex <sup>®</sup> (daratumumab) or Darzalex Faspro <sup>™</sup> (daratumumab/hyaluronidase-fihj)  | Varies         | Varies                   |
| Darzalex <sup>®</sup> (daratumumab) or Darzalex Faspro <sup>™</sup> (daratumumab/hyaluronidase-fihj)/pomalidomide/dexamethasone                         | Varies         | Varies                   |
| Empliciti <sup>®</sup> (elotuzumab)/Revlimid <sup>®</sup> (lenalidomide)/dexamethasone  | Varies         | Varies                   |
| Empliciti <sup>®</sup> (elotuzumab)/bortezomib/dexamethasone  | Varies         | Varies                   |
| Empliciti <sup>®</sup> (elotuzumab)/pomalidomide/dexamethasone  | Varies         | Varies                   |
| bendamustine/bortezomib/dexamethasone   | Varies         | Varies                   |

| Drug Name  | Dosing Regimen | Dose Limit/ Maximum Dose |
|--|----------------|--------------------------|
| bendamustine/Revlimid <sup>®</sup> (lenalidomide)/dexamethasone    | Varies         | Varies                   |
| panobinostat/bortezomib/dexamethasone                              | Varies         | Varies                   |
| panobinostat/Kyprolis <sup>®</sup> (carfilzomib)                   | Varies         | Varies                   |
| panobinostat/Revlimid <sup>®</sup> (lenalidomide)/dexamethasone    | Varies         | Varies                   |
| pomalidomide/cyclophosphamide/dexamethasone                        | Varies         | Varies                   |
| pomalidomide/dexamethasone   | Varies         | Varies                   |
| pomalidomide/bortezomib/dexamethasone                              | Varies         | Varies                   |
| pomalidomide/Kyprolis <sup>®</sup> (carfilzomib)/dexamethasone     | Varies         | Varies                   |
| Sarclisa <sup>®</sup> (isatuximab-irfc)/pomalidomide/dexamethasone | Varies         | Varies                   |

*Therapeutic alternatives are listed as Brand name<sup>®</sup> (generic) when the drug is available by brand name only and generic (Brand name<sup>®</sup>) when the drug is available by both brand and generic.*

#### *Appendix C: Contraindications/Boxed Warnings*

- Contraindication(s): none reported
- Boxed warning(s): ocular toxicity
  - In clinical studies, Blenrep caused changes in the corneal epithelium resulting in changes in vision, including severe vision loss and corneal ulcer, and symptoms, such as blurred vision and dry eyes. Because of these risks, Blenrep is only available through a restricted program, called the Blenrep REMS.

#### *Appendix D: Withdrawal from Market*

- GSK, the manufacture of Blenrep, voluntarily withdrew Blenrep after post-market data from the DREAMM-3 Phase 3 trial revealed Blenrep did not meet the requirements of the FDA Accelerated Approval regulation.
  - Blenrep did not meet its primary endpoint of superior PFS compared to pomalidomide and dexamethasone (PomDex) for relapsed or refractory multiple myeloma.
  - The hazard ratio for PFS was 1.03 (95% CI: 0.72, 1.47). However, the observed median PFS was longer for Blenrep vs PomDex (11.2 vs 7 months).
- GSK has stopped new patient enrollment (as of November 22, 2022) into the Blenrep REMS.
- GSK recommends prescribers discuss the individual risk vs benefits to decide ongoing care.
- For enrolled patients deriving clinical benefits, Blenrep will continue to be available until GSK launches compassionate use program.
  - Details on compassionate use program will be provided directly to REMS enrolled prescriber.
- GSK recommends patients currently being treated with Blenrep should consult their healthcare providers.

**V. Dosage and Administration**

| Indication       | Dosing Regimen  | Maximum Dose   |
|------------------|---|----------------|
| Multiple myeloma | 2.5 mg/kg* IV infusion every 3 weeks until disease progression or unacceptable toxicity | 2.5 mg/kg/dose |

*\*If dose reduction to < 1.9 mg/kg is required, discontinue therapy.*

**VI. Product Availability**

Lyophilized powder in a single-dose vial for reconstitution and further dilution for injection:  
100 mg

**VII. References**

1. Blenrep Prescribing Information. Research Triangle Park, NC: GlaxoSmithKline; February 2022. Available at: <https://www.blenrephcp.com/>. Accessed February 2, 2024.
2. Lonial S, Lee HC, Badros A, et al. Belantamab mafodotin for relapsed or refractory multiple myeloma (DREAMM-2): a two-arm, randomised, open-label, phase 2 study. *Lancet Oncology*. 2020; 21(2): 207-221.
3. National Comprehensive Cancer Network. Multiple Myeloma Version 2.2024. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/myeloma.pdf](https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf). Accessed February 2, 2024.
4. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: [http://www.nccn.org/professionals/drug\\_compendium](http://www.nccn.org/professionals/drug_compendium). Accessed February 2, 2024.
5. GSK provides an update on Blenrep (belantamab mafodotin-blmf) US marketing authorisation. November 22, 2022. Available at <https://www.gsk.com/en-gb/media/press-releases/gsk-provides-update-on-blenrep-us-marketing-authorisation/>. Accessed February 2, 2023.

**Coding Implications**

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| HCPCS Codes | Description                                   |
|-------------|---|
| J9037       | Injection, belantamab mafodontin-blmf, 0.5 mg |

| Reviews, Revisions, and Approvals  | Date    |
|--|---------|
| Policy created   | 10/2020 |
| 2Q 2021 annual review: no significant changes; added non-specific HCPCS code as no drug-specific codes are currently available; references reviewed and updated. | 04/2021 |
| 2Q 2022 annual review: updated HCPCS codes; references reviewed and updated.   | 04/2022 |
| RT4: added disclaimer about FDA and manufacturer withdrawal; added requirement for prescriber attestation to all criteria sets; added Appendix D.                | 01/2023 |

| <b>Reviews, Revisions, and Approvals</b>   | <b>Date</b> |
|--|-------------|
| 2Q 2023 annual review: no significant changes, removed inactive HCPCS code C9069; references reviewed and updated. | 04/2023     |
| 2Q 2024 annual review: no significant changes; references reviewed and updated.                                    | 04/2024     |