BlueCross BlueShield of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

Corporate Medical Policy

Belantamab mafodotin-blmf (Blenrep™)

File Name: belantamab_mafodotin_blenrep
Origination: 10/2020
Last CAP Review: 1/2021
Next CAP Review: 1/2022
Last Review: 1/2021

Description of Procedure or Service

Belantamab mafodotin-blmf (Blenrep™) is a B-cell maturation antigen (BCMA)-directed antibody and microtubule inhibitor conjugate indicated for the treatment of adults with relapsed or refractory multiple myeloma who have received at least four prior therapies including an anti-CD38 monoclonal antibody, a proteasome inhibitor, and an immunomodulatory agent.

Multiple myeloma (MM) is a malignant neoplasm of immunoglobulin-producing plasma cells, which accumulate in the bone marrow and lead to marrow failure. Systemic effects include skeletal bone destruction and infiltration and damage to organs. Treatment is generally based on risk stratification and transplant eligibility. Newly diagnosed MM is usually responsive to cytotoxic therapy. However, there is no cure for MM, and relapsing disease is typical, requiring use of multiple lines of therapy, as well as different classes and generations of drugs.

Belantamab mafodotin-blmf (Blenrep) was approved by the U.S. Food and Drug Administration (FDA) in August 2020 for the treatment of relapsed or refractory multiple myeloma. It is a BCMA-directed antibody and microtubule inhibitor conjugate that induces cell cycle arrest and apoptosis by binding to BCMA expressed on multiple myeloma cells, followed by internalization and release into the cells. Belantamab mafodotin also causes tumor cell lysis through antibody-dependent cellular cytotoxicity (ADCC) and antibody-dependent cellular phagocytosis (ADCP).

Related Medical Policies:
Carfilzomib (Kyprolis®)
Daratumumab (Darzalex®)
Elotuzumab (Empliciti®)
Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome
Isatuximab-irfc (Sarclisa®)

Related Pharmacy Policies:
Ninlaro®
Pomalyst®

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

Belantamab mafodotin-blmf (Blenrep™)

BCBSNC will provide coverage for belantamab mafodotin-blmf (Blenrep™) when it is determined to be medically necessary because the medical criteria and guidelines noted below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Belantamab mafodotin-blmf (Blenrep) is covered

Initial Therapy

Belantamab mafodotin-blmf (Blenrep) may be considered medically necessary for the treatment of adult patients with multiple myeloma when the following criteria are met:

- The patient has a diagnosis of multiple myeloma; and
- The patient has relapsed or refractory disease; and
- The patient has received at least four prior systemic chemotherapies, including an anti-CD38 monoclonal antibody, a proteasome inhibitor, and an immunomodulatory agent.

Initial authorization: 12 months

Continuation Therapy

Continuation of treatment with belantamab mafodotin-blmf (Blenrep) beyond 12 months after initiation of therapy, and every 12 months thereafter, is considered medically necessary for the treatment of relapsed or refractory multiple myeloma when the following criteria are met:

1. The patient is currently receiving belantamab mafodotin and continues to meet initial criteria; and
2. The patient has continued clinical benefit on belantamab mafodotin therapy as demonstrated by tumor response or lack of disease progression, and an acceptable toxicity profile.

Use of belantamab mafodotin-blmf (Blenrep) may be considered medically necessary for clinical indications not listed above when the drug is prescribed for the treatment of cancer either:

- In accordance with FDA label (when clinical benefit has been established, (see Policy Guidelines); **OR**

- In accordance with specific strong endorsement or support by nationally recognized compendia, when such recommendation is based on strong/high levels of evidence, and/or uniform consensus of clinical appropriateness has been reached.

When Belantamab mafodotin-blmf (Blenrep) is not covered

Belantamab mafodotin-blmf (Blenrep) is considered **investigational** and therefore not covered when the above criteria are not met.

Belantamab mafodotin-blmf (Blenrep) is considered investigational when used for:

1. Non-cancer indications; **OR**

2. When criteria are not met regarding FDA labeling **OR** strong endorsement/support by nationally recognized compendia, as stated under "When Belantamab mafodotin-blmf (Blenrep™) is covered."

Policy Guidelines

Dosing and Administration

The recommended dose of Blenrep is 2.5 mg/kg given as an intravenous infusion once every three weeks until disease progression or unacceptable toxicity.

Blenrep can cause changes in the corneal epithelium resulting in vision changes, including severe vision loss and corneal ulcer, as well as symptoms such as blurred vision and dry eyes. Ophthalmic exams should be conducted in patients at baseline, prior to each dose, and promptly for worsening symptoms. Blenrep should be withheld until improvement of ocular symptoms, or permanently discontinued based on severity. Because of the risk of ocular toxicity, Blenrep is only available through a restricted program, call the BLENREP REMS program.

According to the manufacturer's safety information for Blenrep, the most common adverse reactions (≥20% incidence) include keratopathy (corneal epithelium change on eye exam), decreased visual acuity, nausea, blurred vision, fever, infusion-related reactions, and fatigue.

Evidence Summary

The efficacy and safety of belantamab mafodotin-blmf (Blenrep) was evaluated in a randomized, open-label, multicenter phase 2 clinical trial of 196 patients with relapsed and refractory multiple myeloma with disease progression after three or more lines of therapy and who were refractory to immunomodulatory drugs and proteasome inhibitors, and refractory or intolerant (or both) to an anti-CD38 monoclonal antibody (DREAMM-2 trial; NCT03525678). Patients were excluded from the trial with corneal epithelial disease at baseline, except mild punctate keratopathy. Patients received either belantamab mafodotin 2.5 mg/kg (n=97) or 3.4 mg/kg (n=99) intravenously once every 3 weeks until disease progression or unacceptable toxicity. The primary outcome was overall response rate, which was 31% (30/97; 97.5% CI 20.8-42.6) in the 2.5 mg/kg cohort and 34% (34/99; CI 23.9-46.0) in the 3.4 mg/kg cohort. Belantamab madofotin resulted in clinically meaningful activity in patients with relapsed or refractory multiple myeloma. The median duration of response was not reached but duration of follow-up was short. The median progression-free survival was 2.9 months in the 2.5 mg/kg cohort and 4.9 months in the 3.4 mg/kg cohort. The most common reason for treatment discontinuation was keratopathy.

Drugs prescribed for treatment of cancer in accordance with FDA label may be considered medically necessary when clinical benefit has been established and should not be determined to be investigational as defined in Corporate Medical Policy (CMP), "Investigational (Experimental) Services."

Please refer to CMP "Investigational (Experimental) Services" for a summary of evidence standards from nationally recognized compendia.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: *J9037, S0353, S0354*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

GlaxoSmithKline. Blenrep (belantamab mafodotin-blmf) for injection for intravenous use. Highlights of prescribing information. August 2020. Available at: https://gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Blenrep/pdf/BLENREP-PI-MG.PDF. Last accessed September 2020.

U.S. Food and Drug Administration. FDA granted accelerated approval to belantamab mafodotin-blmf for multiple myeloma. August 5, 2020. Available at: https://www.fda.gov/drugs/drug-approvals-and-databases/fda-granted-accelerated-approval-belantamab-mafodotin-blmf-multiple-myeloma. Last accessed September 2020.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Multiple Myeloma, version 2.2021. Revised September 9, 2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Last accessed September 2020.

Lonial S, Lee HC, Badros A, el al. Belantamab mafodotin for relapsed or refractory multiple myeloma (DREAMM-2): a two arm, randomized, open-label, phase 2 study. Lancet Oncol 2020;21:207-21.

Medical Director review 9/2020

Blue Cross NC Pharmacy and Therapeutics Committee 1/2021

Policy Implementation/Update Information

10/1/20 New policy developed. Blenrep is considered medically necessary for the treatment of adult patients with multiple myeloma when specified medical criteria and guidelines are met. Added HCPCS codes C9399, J3490, J3590, J9999, S0353, and S0354 to

Billing/Coding section. References added. Medical Director review 9/2020. **Policy notification given 10/1/2020 for effective date 1/1/2021**. (krc)

12/31/20 Added HCPCS code C9069 to Billing/Coding section effective 1/1/2021. (krc)

3/31/21 Added HCPCS code J9037 to Billing/Coding section effective 4/1/2021 and deleted codes C9069, C9399, J3490, J3590, J9999 termed 3/31/2021. Blue Cross NC Pharmacy and Therapeutics Committee 1/5/2021. (krc)