Reference number(s)
4070-A

Specialty Guideline 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.

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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

Authorization of 12 months (including new members) may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of disease progression or unacceptable toxicity while on the current regimen.

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.