GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE℠

TOTAL CARE ADVANTAGE PART B CLINICAL GUIDELINES

BLENREP *(belantamab mafodotin-blmf)* injection, for IV use

<table>
<tr><th>PA Criteria</th><th>Criteria Details</th></tr>
<tr><td>Description</td><td>BLENREP is a B-cell maturation antigen (BCMA)-directed antibody and microtubule inhibitor conjugate.</td></tr>
<tr><td>Covered Uses
(FDA approved indication)</td><td>BLENREP is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma, in combination with bortezomib and dexamethasone, who have received at least two prior lines of therapy (including a proteasome inhibitor and an immunomodulatory agent).</td></tr>
<tr><td>Dosing and Administration</td><td>
<table>
<tr><th>Indication</th><th>Dosing Regimen</th></tr>
<tr><td>Multiple Myeloma</td><td>2.5 mg/kg (using actual BW) IV infusion Q3 weeks for eight cycles (given with bortezomib + dexamethasone), followed by BLENREP 2.5 mg/kg Q3 weeks as a single agent.

Continue until disease progression or unacceptable toxicity.

Infuse each dose over 30 minutes.</td></tr>
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<tr><td>Billing and Coding Information</td><td>
<table>
<tr><th>10-digit NDC</th><th>11-digit NDC</th></tr>
<tr><td>0173-0913-01</td><td>00173-0913-01</td></tr>
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<table>
<tr><th>HCPCS Code</th><th>Description</th></tr>
<tr><td>J9999</td><td>Not otherwise classified, antineoplastic drugs</td></tr>
<tr><td>J3590</td><td>Unclassified biologics</td></tr>
<tr><td>C9399</td><td>Unclassified drugs or biologics</td></tr>
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<table>
<tr><th>CPT Procedural Codes</th><th>Description</th></tr>
<tr><td>96413</td><td>Chemotherapy IV infusion, up to 1 hour</td></tr>
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</td></tr>
<tr><td>Product Availability</td><td>Single-dose vial: 70 mg lyophilized powder for reconstitution.</td></tr>
<tr><td>Contraindications</td><td>None.</td></tr>
<tr><td>Recommended Medical Monitoring</td><td>BLACK BOX WARNING: Ocular Toxicity – BLENREP causes changes in the corneal epithelium resulting in vision changes, including severe visual impairment and symptoms, such as blurred vision and dry eyes. In clinical studies, corneal ulcers, including cases with infection, also occurred.
a. Conduct ophthalmic exams at baseline, before each dose, promptly for new or worsening symptoms and as clinically indicated.
b. BLENREP is only available through the BLENREP Risk Evaluation and Mitigation Strategy (REMS).

BLENREP REMS: www.BLENREPREMS.com or 1-855-690-9572.

BLENREP has also been associated with:
a. Thrombocytopenia
b. Embryo-fetal Toxicity

Patients should be monitored for any of these reactions. BLENREP dose may be delayed, reduced or permanently discontinued based on the severity of adverse reactions.</td></tr>
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	BLENREP can cause fetal harm when administered to a pregnant woman. Verify pregnancy status in females of reproductive potential prior to initiating BLENREP treatment. Female patients of reproductive potential should be advised to use effective contraception during treatment with BLENREP and for **four months** after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment and for **six months** after the last dose.
Approval Criteria **Multiple Myeloma**	a. Physician administered IV infusion; in-office or HOPD i. Cannot be self-administered b. Multiple Myeloma **(must meet all)**: i. Diagnosis of relapsed or refractory Multiple Myeloma ii. Received at least two prior lines of therapy, including a proteasome inhibitor AND an immunomodulatory agent (See Appendix) iii. Prescribed by or in consultation with an oncologist iv. Patient age ≥ 18 years v. First eight cycles used in conjunction with bortezomib + dexamethasone vi. Request meets one of the following: 1. Dose does not exceed 2.5 mg/kg (actual BW) every three weeks (21-day cycle) 2. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence)
Age Restriction	Adults ≥ 18 years old
Coverage Duration	**Initial**: six months. **Reauthorization**: 12 months. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.
Other Criteria (LCD, NCD, etc.)	Must follow LCD L37205 – Chemotherapy Drugs and their Adjuncts
Misc Info, Appendix Etc.	**Examples of proteosome inhibitors for treatment of Multiple Myeloma** a. Bortezomib b. Kyprolis c. Ninlaro **Examples of immunomodulatory agents for treatment of Multiple Myeloma** a. Pomalidomide b. Revlimid c. Thalomid

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	1/6/26	1/6/26	Tamara Chinarian, PharmD, Clinical Pharmacist	N/A
Approved	N/A	2/12/26	Pharmacy & Therapeutics (P&T) Committee	2/12/26