Mass General Brigham
Health Plan

Blenrep (belantumab mafodotin-blmf)
Effective 04/01/2021

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Multiple myeloma is a cancer of plasma cells. Malignant plasma cells accumulate in the bone marrow crowding out normal plasma cells used to help fight infection.

Blenrep (belantumab mafodotin-blmf) is an antibody-drug conjugate that mediates killing of tumor cells through MMAF-induced apoptosis, as well as by tumor cell lysis through antibody-dependent cellular toxicity (ADCC) and antibody-dependent cellular phagocytosis (ADCP).

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with Blenrep excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member has a diagnosis of relapsed or refractory multiple myeloma
2. The member has received at least 4 prior therapies including at least one drug from each of the following categories:
    a. Anti-CD38 monoclonal antibody (e.g. daratumumab)
    b. Proteasome inhibitor (e.g. bortezomib, ixazomib, carfilzomib)
    c. Immunomodulatory agent (e.g. lenalidomide pomalidomide)

<u>Continuation of Therapy</u>

Reauthorization may be granted when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Limitations
Initial approvals and reauthorizations will be for 12 months.

References

1. Blenrep (belantamab mafodotin) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; August 2020.
2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/761158s000lbl.pdf

Review History
3/17/2021 – Created and Reviewed at March P&T. Effective 4/1/21.