



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 12/04/2025

Blenrep (belantamab mafodotin-blmf)

HCPCS: J9053

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Criteria:

- a. FDA approved indication
- b. FDA approved age
- c. Patient must have been treated with two prior therapies including all of the following:
 - i. A proteasome inhibitor
 - ii. An immunomodulatory agent
- d. Must not be used if prior treatment failure to Blenrep or another B-cell maturation antigen (BCMA)-directed antibody, microtubule inhibitor conjugate
- e. Trial and failure, contraindication, or intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria

- a. Quantity Limits: Align with FDA recommended dosing
- b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
- c. Renewal Criteria: Treatment may be continued until treatment failure, disease progression or until unacceptable toxicity occurs

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information

- Blenrep is a BCMA-directed antibody and microtubule inhibitor conjugate indicated in combination with bortezomib and dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least two prior lines of therapy, including a proteasome inhibitor and an immunomodulatory agent.
- There are no studies and NCCN guidelines do not support use of Blenrep following failure in a previous line of therapy or after failure of another BCMA-directed antibody microtubule inhibitor conjugate.

References:

1. Blenrep [prescribing information]. Durham, NC: GlaxoSmithKline; October 2025.
2. National Comprehensive Cancer Network. Multiple myeloma (Version 2.2026). 2025 July 16. Available at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Accessed on October 27, 2025.
3. Hungria V, Robak P, Hus M, et al. Belantamab mafodotin plus bortezomib and dexamethasone in patients with relapsed or refractory multiple myeloma (DREAMM-7): updated overall survival analysis from a global, randomised, open-label, phase 3 trial. Lancet Onc. 2025 August; 26 (8): 1067 – 80.

Policy History												
#	Date	Change Description										
1.1	Effective Date: 08/12/2026	UM medical management system update for BCBS, BCN, MAPPO, and BCNA <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	Yes											
BCN	Yes											
MAPPO	Yes											
BCNA	Yes											
1.0	Effective Date: 12/04/2025	New Policy <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	No	MAPPO	No	BCNA	No
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	No											
BCN	No											
MAPPO	No											
BCNA	No											

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.