Reimbursement for Required Eye Exams for Treatment With BLENREP (belantamab mafodotin-blmf)

BLENREP, a B-cell maturation antigen (BCMA)-directed antibody and microtubule inhibitor conjugate, is 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.

WARNING: OCULAR TOXICITY

- BLENREP causes changes in the corneal epithelium resulting in changes in vision, including severe visual impairment, and symptoms such as blurred vision and dry eyes. In the clinical study, corneal ulcers, including cases with infection, also occurred.
- Conduct ophthalmic exams at baseline, before each dose, promptly for new or worsening symptoms, and as clinically indicated. In the clinical study, 83% of patients required a dosage modification due to ocular toxicity. Withhold BLENREP until improvement and resume or permanently discontinue, based on severity.
- Because of the risk of ocular toxicity, BLENREP is available only through a restricted program called the BLENREP Risk Evaluation and Mitigation Strategy (REMS)

Introduction

Patients with relapsed refractory multiple myeloma prescribed BLENREP (belantamab mafodotin-blmf) require an ophthalmic exam at baseline, before each dose of BLENREP, promptly for new or worsening symptoms, and as clinically indicated.¹

Eye exams (including slit lamp examination and best-corrected visual acuity [BCVA] assessment) should be conducted by an eye care professional, such as an ophthalmologist or optometrist. The patient may have been referred to you by a multiple myeloma clinician or may seek you directly for the ophthalmic exam.¹

This guide is intended to provide you with the primary procedure codes for eye health evaluations needed for initiating and continuing treatment with BLENREP.

The billing and coding information provided in this guide is for your reference only. Reimbursement codes are subject to frequent changes. The accurate completion of claims documentation that reflects the patient's diagnosis and disease state is the responsibility of the healthcare provider. GSK does not guarantee reimbursement for any services or products.

Overview of Eye Exams and Monitoring for BLENREP

Participants will be assessed by an eye care professional (ophthalmologist or an optometrist if an ophthalmologist is not available) prior to treatment with BLENREP.¹

A full screening/baseline ophthalmic examination for patients must include for both eyes (OU)^{1,2}:

- 1. Snellen Equivalent BCVA
- 2. Slit lamp examination with focus on the cornea and lens

Ocular toxicity¹

BLENREP causes ocular toxicity, defined as changes in the corneal epithelium and changes in BCVA based on ophthalmic exam (including slit lamp exam), or other ocular adverse reactions as defined by the CTCAE.

In DREAMM-7, ocular toxicity occurred in 92% of patients, including Grade 3 or 4 in 77% of patients. The most common ocular toxicities (>25%) were reduction in BCVA (89%) and corneal exam findings (86%) based on ophthalmic exam findings, blurred vision (66%), dry eye (51%), photophobia (47%), foreign body sensation in eyes (44%), eye irritation (43%), and eye pain (33%).

Ocular toxicity based on ophthalmic exam findings was reported as Grade 2 in 9% of patients, Grade 3 in 56% of patients, and Grade 4 in 21% of patients. The median time to onset of the first Grade 2 to 4 ophthalmic exam findings was 43 days (range: 15 to 611 days). The median duration of all Grade 2 to 4 ophthalmic exam findings was 85 days (range: 5 to 813 days). Patients experienced a median of 3 episodes (range: 1 to 11 episodes) of ocular toxicity based on ophthalmic exam findings. Of the patients with Grade 2 to 4 ophthalmic exam findings, 42% had improvement of the last event to Grade 1 or better; 22% had resolution of the last event based on return to baseline or normal ophthalmic exam findings.

The most commonly reported corneal exam findings included superficial punctate keratopathy, microcyst-like deposits, epithelial changes, and haze. Cases of corneal ulcer, including cases with infection, have been reported and should be managed promptly by an eye care professional.

A reduction in BCVA to 20/50 or worse in at least one eye occurred in 69% of patients, including 29% who experienced a change in BCVA to 20/100 or worse, and 12% who experienced a change in BCVA to 20/200 or worse. Of the patients with reduced BCVA to 20/50 or worse in at least one eye, 61% had resolution of the last event to baseline or better. Of the patients with reduced BCVA to 20/100 or worse, 57% had resolution of the last event. Of the patients with reduced BCVA to 20/200 or worse, 48% had resolution of the last event.

CTCAE = Common Terminology Criteria for Adverse Events.

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Ocular toxicity¹ (cont'd)

Ophthalmic exams (including slit lamp exam and BCVA assessment) should be conducted by an eye care professional, such as an ophthalmologist or optometrist, at baseline, before each dose of BLENREP, promptly for new or worsening symptoms, and as clinically indicated. Perform baseline exam within 4 weeks prior to the first dose. Perform each follow-up exam within 10 days prior to the next planned dose. All effort should be made to schedule the exam as close to BLENREP dosing as possible. Withhold BLENREP until improvement in both corneal exam findings and change in BCVA to Grade 1 or less and resume at same or reduced dose or permanently discontinue based on severity.

Counsel patients to promptly inform their healthcare provider of any ocular symptoms. Counsel patients to use preservative-free artificial tears at least 4 times a day starting with the first infusion and continuing until the end of treatment, and to avoid wearing contact lenses for the duration of therapy. Bandage contact lenses may be used under the direction of an eye care professional.

Changes in visual acuity may be associated with difficulty for driving and reading. Counsel patients to use caution when driving or operating machinery.

BLENREP is available only through a restricted program called the BLENREP REMS because of the risk of ocular toxicity. Further information is available at www.BLENREPREMS.com and 1-855-690-9572.

Billing and Coding for Eye Exams Required for Treatment With BLENREP

CPT® Codes for Ophthalmological Services³			
Code	Description		
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient		
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic treatment program; comprehensive, new patient, one or more visits		
92012	Ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient		
92014	Ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits		

Providers should consult with the payer for specific direction about billing for eye exams required for treatment with BLENREP.

Billing the patient's vision plan may result in claim denial.

Note: The information contained herein is gathered from various sources and is subject to change without notice. The coding information above is provided for your information. It is up to the provider to ensure that the coding information submitted is accurate and consistent with the patient's diagnosis and medical condition. Providers should contact third-party payers for specific information about their coding, coverage, and payment policies.

CPT = Current Procedural Terminology.

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CPT® Codes for Evaluation and Management³

99201-99205: Codes for new patients			
Code	Description		
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making. When using total time on date of encounter for code selection, 15 minutes must be met or excluded.		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of decision-making. When using total time on date of encounter for code selection, 30 minutes must be met or excluded.		
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of decision-making. When using total time on date of encounter for code selection, 45 minutes must be met or excluded.		
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of decision-making. When using total time on date of encounter for code selection, 60 minutes must be met or excluded.		

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CPT® Codes for Evaluation and Management (cont'd)3

99211-99215: Codes for established patients Code Description Office or other outpatient visit for the evaluation and management of an established patient, that 99211 may not require the presence of a physician or other qualified healthcare professional. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical thinking. 99212 When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical thinking. 99213 When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical thinking. 99214 When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical thinking. 99215 When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

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International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) Multiple Myeloma Diagnosis Codes for Consideration ⁴				
Code	Description			
C90.00	Multiple myeloma not having achieved remission			
C90.02	Multiple myeloma in relapse			
Z79.899	Other long term (current) drug therapy			
ICD-10-CM Codes for Ocular Toxicity ^{4,5}				
Code	Description			
H04.121-H04.123	Dry eye syndrome			
H57.11-H57.13	Ocular pain			
Keratitis Control of the Control of				
H16.101-H16.103	Unspecified superficial keratitis			
H16.141-H16.143	Punctate keratitis			
H16.011-H16.013	Central corneal ulcer			
Corneal Edema/Opacity/Degeneration				
H18.421-H18.423	Band keratopathy			
H18.11-H18.13	Bullous keratopathy			
H18.231-H18.233	Secondary corneal edema			

Note: This table reflects ICD-10-CM codes that are commonly used for ocular toxicity. The coding information above is provided for your information. It is up to the provider to ensure that the coding information submitted is accurate and consistent with the patient's diagnosis and medical condition. Providers should contact third-party payers for specific information about their coding, coverage, and payment policies.



ICD-10-CM Codes for Ocular Toxicity (cont'd)4,5				
Others				
H53.141-H53.143	Visual discomfort			
H53.149	Visual discomfort, unspecified			
	Description synonyms	PhotophobiaVisual discomfort		
H53.8	Other visual disturbances			
	Description synonyms	 Blurred vision Hazy vision Multiple visual images Reduced visual acuity Visual acuity reduced Visual disturbance, multiple images 		
H57.8	Other specified disorders of the eye and adnexa			
H57.9	Unspecified disorder of the eye and adnexa			
H57.8A1-3	Foreign body sensation eye (ocular)			
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter			
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter			
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequelae			

Note: This table reflects ICD-10-CM codes that are commonly used for ocular toxicity. The coding information above is provided for your information. It is up to the provider to ensure that the coding information submitted is accurate and consistent with the patient's diagnosis and medical condition. Providers should contact third-party payers for specific information about their coding, coverage, and payment policies.



References

- 1. BLENREP (belantamab mafodotin-blmf). Prescribing Information. GSK; 2025.
- **2.** Evaluation and management codes. American Academy of Ophthalmology. Accessed October 20, 2025. https://www.aao.org/young-ophthalmologists/yo-info/article/how-to-choose-between-e-m-eye-codes
- 3. American Medical Association. CPT® Professional 2025. American Medical Association Press; 2024.
- **4.** National Center for Health Statistics—ICD-10-CM. Centers for Disease Control and Prevention. Accessed October 20, 2025. https://icd10cmtool.cdc.gov/?fy=FY2025
- **5.** ICD-10-CM code for adverse effect of antineoplastic and immunosuppressive drugs T45.1X5. American Academy of Professional Coders. Accessed October 20, 2025. https://www.aapc.com/codes/icd-10-codes/T45.1X5

For additional information, please see the full <u>Prescribing Information</u>, including Boxed Warning, for BLENREP.

