BLENREP Risk Evaluation and Mitigation Strategy (REMS)

Education Program for Prescribers
Important information

- This educational module contains information on BLENREP (belantamab mafodotin-blmf) associated ocular adverse events observed in DREAMM-2 (Study 205678) in patients with relapsed or refractory multiple myeloma.

- Because of the risks of ocular toxicity, BLENREP is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the BLENREP REMS.

- This education module is not intended to be a comprehensive description of risks associated with the use of BLENREP.

- Please see full Prescribing Information, including Boxed WARNING, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, for further information regarding the use of BLENREP.
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BLENREP:
REMS Summary and
Key US Prescribing Information
BLENREP is a B-cell maturation antigen (BCMA)-directed antibody and microtubule inhibitor conjugate indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least 4 prior therapies including an anti-CD38 monoclonal antibody, a proteosome inhibitor, and an immunomodulatory agent.

This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.
WARNING: OCULAR TOXICITY

- BLENREP caused changes in the corneal epithelium resulting in changes in vision, including severe vision loss and corneal ulcer, and symptoms, such as blurred vision and dry eyes.

- Conduct ophthalmic exams at baseline, prior to each dose, and promptly for worsening symptoms. 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 under a Risk Evaluation and Mitigation Strategy (REMS) called the BLENREP REMS.
Due to the risks of ocular toxicity, BLENREP is available only through a restricted program called the BLENREP REMS

**What is the BLENREP REMS?**

- A Risk Evaluation and Mitigation Strategy, or REMS, is a strategy to manage known or potential risks associated with a product. It is required by the Food and Drug Administration (FDA) to ensure the benefits of the drug outweigh its risks.
- Because of the risk of ocular toxicity, BLENREP is available only through a restricted program called the BLENREP REMS.

**What are the BLENREP REMS requirements?**

**Prescribers** must be certified with the program by enrolling and completing training in the BLENREP REMS, and they must counsel patients receiving BLENREP about the risk of ocular toxicity and the need for ophthalmic examinations prior to each dose.

**Patients** must be enrolled in the BLENREP REMS and comply with monitoring.

**Healthcare facilities** must be certified with the program and verify that patients are authorized to receive BLENREP.

**Wholesalers and distributors** must only distribute BLENREP to certified healthcare facilities.
BLENREP: Overview and Clinical Data
Overview of BLENREP: What it is and how it works

The Target

B-cell maturation antigen (BCMA) is a protein expressed on normal B lymphocytes and multiple myeloma cells that promotes cellular proliferation and survival.1,2

The agent and mechanism of action

BLENREP is a BCMA-directed antibody and microtubule inhibitor conjugate, composed of 3 components:3

1. Anti-BCMA, humanized IgG1 mAb that binds to BCMA-expressing MM cells
2. MMAF, microtubule-disrupting cytotoxic agent that leads to apoptosis of BCMA-expressing MM cells
3. Protease-resistant, maleimidocaproyl linker that joins the MMAF to the mAb

ADC = antibody-drug conjugate; ADCC = antibody-dependent cellular cytotoxicity; ADCP = antibody-dependent cellular phagocytosis; BCMA = B-cell maturation antigen; Fc = fragment crystallizable; IgG1 = immunoglobulin G1; mAb = monoclonal antibody; MM = multiple myeloma; MMAF = monomethyl auristatin F

The safety and efficacy of BLENREP as a single agent were evaluated in the DREAMM-2 study

- DREAMM-2 was an open-label, multicenter study
- Eligible patients had:
  - relapsed or refractory multiple myeloma
  - previously received 3 or more prior therapies, including an anti-CD38 monoclonal antibody
  - were refractory to an immunomodulatory agent and a proteasome inhibitor
- Patients with corneal epithelial disease, except mild punctate keratopathy, at baseline were excluded from the study.
- Patients had measurable disease by International Myeloma Working Group (IMWG) criteria.
- Patients received either BLENREP 2.5 mg/kg or 3.4 mg/kg intravenously once every 3 weeks until disease progression or unacceptable toxicity.
  - Only the efficacy results of the recommended dosage of 2.5 mg/kg are described in the Prescribing Information
- The major efficacy outcome measure was overall response rate as evaluated by an Independent Review Committee (IRC) based on the IMWG Uniform Response Criteria for Multiple Myeloma.
Ocular Adverse Reactions Observed in the 2.5mg/kg Cohort of DREAMM-2

<table>
<thead>
<tr>
<th>Adverse Reactions (≥10%) in Patients Who Received BLENREP in DREAMM-2</th>
<th>BLENREP 2.5 mg/kg dosing; N = 95</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Grades (%)</td>
</tr>
<tr>
<td>Keratopathy&lt;sup&gt;a&lt;/sup&gt;</td>
<td>71</td>
</tr>
<tr>
<td>Decreased Visual Acuity&lt;sup&gt;b&lt;/sup&gt;</td>
<td>53</td>
</tr>
<tr>
<td>Blurred Vision&lt;sup&gt;c&lt;/sup&gt;</td>
<td>22</td>
</tr>
<tr>
<td>Dry Eyes&lt;sup&gt;d&lt;/sup&gt;</td>
<td>14</td>
</tr>
</tbody>
</table>

- The most common ocular adverse reactions (≥20%) were keratopathy, decreased visual acuity, and blurred vision.
- The most frequent adverse reaction resulting in permanent discontinuation was keratopathy (2.1%).
- Ocular adverse reactions which required a dosage interruption in >3% of patients included keratopathy (47%), blurred vision (5%) and dry eye (3.2%).
- Ocular adverse reactions which required a dose reduction in >3% of patients included keratopathy (23%).

Clinically relevant adverse reactions in <10% of patients included the following eye disorders: Photophobia, eye irritation, infective keratitis, ulcerative keratitis.

<sup>a</sup>Keratopathy was based on slit lamp eye examination, characterized as corneal epithelium changes with or without symptoms

<sup>b</sup>Visual acuity changes were determined upon eye examination

<sup>c</sup>Blurred vision included diplopia, vision blurred, visual acuity reduced, and visual impairment

<sup>d</sup>Dry eyes included dry eye, ocular discomfort, and eye pruritus

Prescribing Information for BLENREP
### Warnings and Precautions: Ocular Toxicity

<table>
<thead>
<tr>
<th>Ocular Adverse Reactions</th>
<th>BLENNREP 2.5 mg/kg dosing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 95</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keratopathy&lt;sup&gt;a&lt;/sup&gt;</th>
<th>71% (n=67)</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Ocular Symptoms&lt;sup&gt;b&lt;/sup&gt;</td>
<td>43% (n=29)</td>
</tr>
<tr>
<td>With decline of 2 or more lines on Snellen Visual Acuity in any eye</td>
<td>66% (n=44)</td>
</tr>
<tr>
<td>With both Ocular Symptoms and decline of 2 or more lines on Snellen Visual Acuity in any eye</td>
<td>30% (n=20)</td>
</tr>
</tbody>
</table>

| Visual Acuity Changes<sup>c</sup>                      | 53% (n=50)                |

| Blurred Vision<sup>d</sup>                               | 22% (n=21)                |

| Dry Eye<sup>e</sup>                                     | 14% (n=13)                |

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<sup>a</sup>Keratopathy was based on slit lamp eye examination, characterized as corneal epithelium changes with or without symptoms

<sup>b</sup>Ocular symptoms included visual acuity changes, blurred vision, or dry eye

<sup>c</sup>Visual acuity changes included all grade BCVA change per KVA scale

<sup>d</sup>Blurred vision included diplopia, vision blurred, visual acuity reduced, and visual impairment

<sup>e</sup>Dry eyes included dry eye, ocular discomfort, and eye pruritus.

DREAMM-2 Data on file.
Warnings and Precautions: Keratopathy

- Keratopathy was reported in 67 of 95 patients as (per the KVA scale):

<table>
<thead>
<tr>
<th>Grade per KVA Scale</th>
<th>Patients with Keratopathy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BLENREP 2.5 mg/kg dosing; N = 95</td>
</tr>
<tr>
<td>All Grades</td>
<td>71%</td>
</tr>
<tr>
<td>Grade 1</td>
<td>8%</td>
</tr>
<tr>
<td>Grade 2</td>
<td>18%</td>
</tr>
<tr>
<td>Grade 3</td>
<td>44%</td>
</tr>
<tr>
<td>Grade 4</td>
<td>0%</td>
</tr>
</tbody>
</table>

- Most keratopathy events developed within the first 2 treatment cycles (cumulative incidence of 54% by Cycle 2).

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*Keratopathy was based on slit lamp eye examination, characterized as corneal epithelium changes with or without symptoms.*

*Based on 21JUN2019 data cut-off. 1 patient experienced a grade 4 event (corneal ulcer / infective keratitis) per KVA at the 9-month safety update. DREAMM-2 Data on file.*
Resolution of Grade 2-4 Keratopathy\textsuperscript{a}; Median follow up: 6.3 months

<table>
<thead>
<tr>
<th>Patients with Keratopathy (Grade ≥ 2)</th>
<th>N = 59</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLENREP 2.5 mg/kg dosing</td>
<td></td>
</tr>
</tbody>
</table>

| Recovered to Grade 1 or lower, %     | 41%    |
| Median time to resolution, days (range) | 62 (11, 193) |
| Had ongoing keratopathy, %           | 59%    |
| Still on treatment                   | 29%    |
| In follow-up                         | 7%     |
| Follow-up ended due to death, study withdrawal, or lost to follow up | 24% |

\textsuperscript{a}Keratopathy was based on slit lamp eye examination, characterized as corneal epithelium changes with or without symptoms

DREAMM-2 Data on file.
# Visual Acuity Changes

<table>
<thead>
<tr>
<th></th>
<th>BLNREP 2.5 mg/kg dosing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 95</td>
</tr>
<tr>
<td>Visual Acuity in</td>
<td></td>
</tr>
<tr>
<td>Better-seeing Eye</td>
<td></td>
</tr>
<tr>
<td>Worse than 20/40</td>
<td>17%</td>
</tr>
<tr>
<td>Visual Acuity in</td>
<td></td>
</tr>
<tr>
<td>Better-seeing Eye</td>
<td></td>
</tr>
<tr>
<td>20/200 or Worse</td>
<td>1%</td>
</tr>
</tbody>
</table>

| Patients, %            | 17%                     |
| Resolved, %            | 94%                     |
| Median duration, days  | 22 (7-64 days)          |
| (range)                |                         |
|                        | 22 (22-22 days)         |

DREAMM-2 Data on file.
BLENREP: Management of Ocular Adverse Reactions
Monitoring and Required Ophthalmic Exams

• Conduct ophthalmic examinations (visual acuity and slit lamp) at baseline, prior to each dose, and promptly for worsening symptoms.
  – Perform baseline examinations within 3 weeks prior to the first dose.
  – Perform each follow-up examination at least 1 week after the previous dose and within 2 weeks prior to the next dose
• Withhold BLENREP until improvement and resume at same or reduced dose, or consider permanently discontinuing, based on severity (see Dosage and Admin (2.3), US Prescribing Information)
Recommended Dosage

The recommended dosage of BLENREP is 2.5 mg/kg of actual body weight given as an intravenous infusion over approximately 30 minutes once every 3 weeks until disease progression or unacceptable toxicity.

Dosage Modifications for Adverse Reactions

The recommended dose reduction for adverse reactions is:

- BLENREP 1.9 mg/kg intravenously once every 3 weeks.
- Discontinue BLENREP in patients who are unable to tolerate a dose of 1.9 mg/kg.

Corneal Adverse Reaction

- The recommended dosage modifications for corneal adverse reactions, based on both corneal examination findings and changes in best-corrected visual acuity (BCVA), are provided in on the following slide.
- Determine the recommended dosage modification of BLENREP based on the worst finding in the worst affected eye.
- Worst finding should be based on either a corneal examination finding or a change in visual acuity per the Keratopathy and Visual Acuity (KVA) scale.
## Dosage Modifications for Corneal Adverse Reactions per the KVA Scale

<table>
<thead>
<tr>
<th>Category</th>
<th>Corneal Adverse Reaction</th>
<th>Recommended Dosage Modifications</th>
</tr>
</thead>
</table>
| Grade 1  | *Corneal examination finding(s):* Mild superficial keratopathy<sup>a</sup>  
*Change in BCVA<sup>b</sup>:* Decline from baseline of 1 line on Snellen Visual Acuity | Continue treatment at current dose. |
| Grade 2  | *Corneal examination finding(s):* Moderate superficial keratopathy<sup>c</sup>  
*Change in BCVA<sup>b</sup>:* Decline from baseline of 2 or 3 lines on Snellen Visual Acuity and not worse than 20/200 | Withhold BLENREP until improvement in both corneal examination findings and changes in BCVA to Grade 1 or better and resume at same dose. |
| Grade 3  | *Corneal examination finding(s):* Severe superficial keratopathy<sup>d</sup>  
*Change in BCVA<sup>b</sup>:* Decline from baseline by more than 3 lines on Snellen Visual Acuity and not worse than 20/200 | Withhold BLENREP until improvement in both corneal examination findings and changes in BCVA to Grade 1 or better and resume at reduced dose. |
| Grade 4  | *Corneal examination finding(s):* Corneal epithelial defect<sup>e</sup>  
*Change in BCVA<sup>b</sup>:* Snellen Visual Acuity worse than 20/200 | Consider permanent discontinuation of BLENREP. If continuing treatment, withhold BLENREP until improvement in both corneal examination findings and change in BCVA to Grade 1 or better and resume at reduced dose. |

<sup>a</sup>Mild superficial keratopathy (documented worsening from baseline), with or without symptoms;  
<sup>b</sup>Changes in visual acuity due to treatment-related corneal findings;  
<sup>c</sup>Moderate superficial keratopathy with or without patchy microcyst-like deposits, sub-epithelial haze (peripheral), or a new peripheral stromal opacity;  
<sup>d</sup>Severe superficial keratopathy with or without diffuse microcyst-like deposits, sub-epithelial haze (central), or a new central stromal opacity;  
<sup>e</sup>Corneal epithelial defect such as corneal ulcers.

**Prescribing Information for BLENREP**

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Reference Prescribing Information for BLENREP for management of other adverse reactions.
Patient counseling can support management and identification of corneal adverse reactions

Prior to starting treatment with BLENREP, advise patients:

- That ocular toxicity may occur during treatment with BLENREP
- To use preservative-free lubricant eye drops at least 4 times a day starting with the first infusion and continuing until end of treatment.
- To avoid wearing contact lenses during treatment unless directed by an ophthalmologist
- That changes in visual acuity may be associated with difficulty for driving and reading. Advise patients to use caution when driving or operating machinery.
- Tell your healthcare provider if you notice any changes with your eyes, such as dry eyes, blurred vision, worsening vision
- Your healthcare provider will send you to see an eye specialist
- During treatment, even if your vision seems fine, it is important that you get your eyes checked prior to each dose because some changes can happen without symptoms

Prescribing Information for BLENREP
REMS Goals and Operations
The goal of the BLENREP REMS is to manage the risk of ocular toxicity by:

1. Ensuring that healthcare providers are educated on the risk of ocular toxicity associated with the use of BLENREP

2. Ensuring that healthcare providers are educated and adhere to the following:
   a. submit documentation that ophthalmic exams are being done at baseline and prior to each dose to identify ocular toxicity
   b. counsel patients on the risk of ocular toxicity and the requirement for monitoring via ophthalmic exams at baseline, prior to each dose, and promptly for worsening symptoms as described in the Prescribing Information

3. Ensuring safe use of BLENREP by:
   a. Ensuring that BLENREP is infused in certified healthcare settings only after verification of ophthalmic exams

4. Ensuring that patients are informed about:
   a. the risk of ocular toxicity associated with the use of BLENREP
   b. the requirement for ophthalmic exams at baseline, prior to each dose and promptly for worsening symptoms, as described in the Prescribing Information
Prior to prescribing BLENREP, the Prescriber will review training materials, complete a Knowledge Assessment, and enroll in the REMS.
Access and Complete Knowledge Assessment following review of Training Materials

Answer nine multiple choice and/or true/false questions

If you answer all questions correctly, you will proceed to finalize enrollment

If you do not answer all questions correctly, you will have 2 more opportunities to complete the Assessment. Incorrect answers will be indicated with a red X

If you do not answer all questions correctly after 3 attempts, you must review educational materials prior to attempting the test again
After completing the Knowledge Assessment, fill out and submit the Prescriber Enrollment Form to complete enrollment.

Provide requested personal and practice contact information.
You may designate a delegate who will be copied on your automatic e-mail notifications; you may also designate a second practice location.

### Prescriber Delegate Information

- **First Name**: John
- **Last Name**
- **Email**
- **Address - Same as Prescriber Address**
- **Address Line 1**
- **Address Line 2**
- **City**
- **State**
- **ZIP Code**
- **Phone**
- **Fax**

### Alternative Practice/Facility Location

- **Address Line 1**
- **Address Line 2**
- **City**
- **State**
- **ZIP Code**

- Delegates added by Prescribers will be able to enter Patient Status Forms on their behalf starting in late 2020.
- The Certified Prescriber of Record is responsible for compliance with the REMS Requirements, including monitoring, evaluation, and management of each patient under his or her care.
Review and agree to Prescriber Responsibilities to complete enrollment

**PRESCRIBER RESPONSIBILITIES**

I have:
- Reviewed the drug’s prescribing information.
- Reviewed the Program Overview and Education Program for Prescribers.
- Successfully completed the Knowledge Assessment and submitted it to the BLEREP REMS.

Before treatment initiation (first dose), I must:
- Counsel the patient, using the Patient Guide, on:
  - the risk of ocular toxicity associated with BLEREP and
  - requirements for monitoring via ophthalmic examinations (e.g., visual acuity and slit lamp) at:
    - baseline,
    - prior to each dose, and
    - promptly for worsening symptoms.
- Enroll the patient by completing and submitting the Patient Enrollment Form to the BLEREP REMS.
- Assess the patient’s ocular health by consulting an eye care professional to complete the visual acuity and slit lamp examinations using the Eye Care Professional Consult Request Form or equivalent.
- Assess the patient’s ophthalmic consult results for appropriateness of initiating treatment. Document and submit to the BLEREP REMS using the Patient Status Form.

Before each infusion, I must:
- Assess the patient’s ocular health by consulting an eye care professional to complete the visual acuity and slit lamp using the Eye Care Professional Consult Request Form or equivalent.
- Assess the patient’s ophthalmic consult results for appropriateness of continuing treatment. Document and submit to the REMS Program using the Patient Status Form.

I understand that if I do not maintain compliance with the requirements of the BLEREP REMS, I will no longer be able to prescribe BLEREP.

By signing this form, I agree BLEREP is only available through the BLEREP REMS and I must comply with the REMS Requirements.

You may also fax a completed paper enrollment form (available at www.BLEREPREMS.com) to 1-888-635-1044.

For support, call 1-855-209-9188.

Click “Prescriber Signature” and then “Submit” to complete enrollment.
To enroll patients, the prescriber will login to BLENREPREMS.com, access “My Patients” and select “Enroll Patient”.

Click “Enroll Patient” to begin Patient Enrollment; each Patient must be enrolled prior to receiving BLENREP.

Enter Name and Date of Birth.
Patients will provide their contact information.
To allow Patients or Legal Guardians to electronically sign and agree to the terms, patients will receive a verification code via email or text message.

If this box is checked, patients will receive both an email and text message with a verification code (based on the contact information provided); if not checked, patients will only receive the verification code at their email address.
Patients will enter the verification code received via text message or e-mail, agree to the terms and conditions, and adopt a signature.
The Prescriber assesses the Patient’s ocular health prior to each dose by consulting an Eye Care Professional.

<table>
<thead>
<tr>
<th>Corneal Examination Findings and Best Corrected Visual Acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please refer to Table 1 for information on relevant examination findings for BLNREP.</td>
</tr>
<tr>
<td>Date of Assessment:</td>
</tr>
</tbody>
</table>

Section 1: For Baseline Examination Only

- What are the current best corrected Snellen visual acuity results?
  - OD: ____, OS: ____

Section 2: For Follow Up Examinations

- What are the current best corrected Snellen visual acuity results?
  - OD: ____, OS: ____

- Were there findings upon corneal examination and/or visual acuity assessment?  ____ Yes  ____ No

Additional Corneal Examination Finding:

<table>
<thead>
<tr>
<th>Corneal Examination Findings</th>
<th>Changes in BCVA from Baseline (per Snellen Visual Acuity) Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check One</td>
<td>Check One</td>
</tr>
<tr>
<td>□ No change from baseline</td>
<td>□ No change from baseline</td>
</tr>
<tr>
<td>□ Decline from baseline of 1 line</td>
<td>□ Decline from baseline of 1 line</td>
</tr>
<tr>
<td>□ Decline from baseline of 2 or 3 lines on Snellen Visual Acuity and not worse than 20/200</td>
<td>□ Decline from baseline of 2 or 3 lines on Snellen Visual Acuity and not worse than 20/200</td>
</tr>
<tr>
<td>□ No Snellen Visual Acuity or worse than 20/200</td>
<td>□ No Snellen Visual Acuity or worse than 20/200</td>
</tr>
</tbody>
</table>

The Eye Care Professional Consult Form may be faxed or adapted as a template to use within healthcare information technology system software.
To manage enrolled patients, the prescriber will login to BLENREPREMS.com and access “My Patients”.

A list of enrolled patients may be downloaded, or search enrolled patients using the fields provided.
The Prescriber will review information provided by the Eye Care Professional and input it to a Patient Status Form by selecting “Submit PSF.”
The Prescriber will enter the Eye Care Professional’s Information, Ophthalmic Assessment, and attest to having reviewed the ophthalmic exam.

The Prescriber will enter the Eye Care Professional’s Information, Ophthalmic Assessment, and attest to having reviewed the ophthalmic exam. Additional detail will be requested if you select “no”, see next slide.
For the second and later doses, the Prescriber will enter (if applicable) dose modifications, dose holds, and ophthalmic adverse event findings and BCVA gradings from the Eye Care Professional.

*Is this the patient's 1st dose? (Yes/No)

*Are you recommending dose modifications due to a corneal adverse reaction based on this ophthalmic assessment? (Yes/No)

Please refer to Table 1 for information on relevant corneal adverse reactions for BLENREP.

If, yes, please check affected eyes: Right eye (OD) Left eye (OS)

If yes, please complete the following:

Right eye (OD):

*Corneal Examination Finding
- Change in BCVA from baseline (per Snellen Visual Acuity) (Apply)
- Additional corneal examination finding

*Was the last cycle held due to a corneal adverse reaction? (Yes/No)

Consult the Dosage Modifications for Corneal Adverse Reactions per the KVA Scale Table in the Prescribing Information to Support Dose Modification or Dose Hold Decisions.

Repeated for Left eye (not pictured)

*What is the current grading from the examinations finding(s) and BCVA? (Report the grade for the worst eye based on Keratopathy and Visual Acuity (KVA) scale)
- Normal
- Grade 1
- Grade 2
- Grade 3
- Grade 4

You may also fax a completed paper patient status form (available at www.BLENREPREMS.com) to 1-888-635-1044.

For support, call 1-855-209-9188.

If the Prescriber answers "yes" to these questions: information about Affected Eyes, Corneal Exam Findings, and Change in BCVA will be requested.
To report a Corneal Adverse Event, access “My Patients” and select “Report Corneal Adverse Event”
BLENREP REMS: Key points to remember

- **Ensure you enroll** in the BLENREP REMS
- **Enroll each patient** in the BLENREP REMS
- **Counsel patients** on the risk of corneal adverse reactions and the requirement for monitoring via ophthalmic examinations at baseline, prior to each dose and promptly for worsening symptoms
- **Assess** the patient’s ocular health by consulting an eye care professional to complete visual acuity and slit lamp examinations using the *Eye Care Professional Consult Request Form Template*
- **Manage** corneal adverse reactions per the *Prescribing Information* with dose reductions or withhold BLENREP until improvement based on severity.
- **Document** ophthalmic exam findings using the *Patient Status Form* prior to each dose in the REMS

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This educational module for Prescribers is not intended to be a comprehensive description of the complete safety information for BLENREP. For complete safety information, please see the full Prescribing Information, including Boxed Warning, available at www.BLENREPREMS.com
BLENREPREMS.com provides rapid support for the BLENREP REMS program, with additional support available via the REMS Coordinating Center.

Key Features of BLENREPREMS.com
- real-time enrollment certification
- real-time patient status form entry
- automatic email notifications for REMS enrollment and patient status form submission

For More Information
Call 1-855-209-9188
Visit www.BLENREPREMS.com