BLENREP™ REMS Prescriber Knowledge Assessment

To become a certified prescriber in the BLENREP (belantamab mafodotin-blmf) Risk Evaluation and Mitigation Strategy (REMS), you must review the Prescribing Information, Program Overview, and Education Program for Prescribers and complete this Prescriber Knowledge Assessment and the Prescriber Enrollment Form. You must answer ALL 9 questions correctly on this assessment.

- Go to www.BLENREPREMS.com to register and complete the Prescriber Knowledge Assessment and Prescriber Enrollment Form online. If online capabilities are not available, you may also fax the completed forms to the BLENREP REMS at 1-888-635-1044.
- You will receive correspondence from the BLENREP REMS within two business days via email or fax confirming your certification in the BLENREP REMS or providing instructions on how to retake your Knowledge Assessment, if necessary.

ASSESSMENT QUESTIONS

1. While on treatment with BLENREP patients are at risk of experiencing ocular adverse reaction, such as
   - [ ] Keratopathy
   - [ ] Blurred vision/Changes in visual acuity
   - [ ] Dry eyes
   - [ ] All of the above

2. BLENREP can cause corneal adverse reactions that may or may not be symptomatic
   - [ ] True
   - [ ] False

3. Before starting a patient on BLENREP, I need to do the following:
   - [ ] Enroll the patient in the BLENREP REMS using the Patient Enrollment Form
   - [ ] Assist the patient in finding an eye care professional if they are not already under an eye care professionals care
   - [ ] Ensure the Healthcare Setting or infusion center where administration of BLENREP will take place for the patient is enrolled in the BLENREP REMS (even if it is at the same location as my practice)
   - [ ] Complete the Patient Status Form attesting that I have reviewed the ophthalmic exam for the patient
   - [ ] All of the above

4. While treating patients with BLENREP, I should advise patients:
   - [ ] They may experience loss of sense of smell
   - [ ] To administer preservative-free lubricant eye drops at least four times a day during treatment, starting with the first infusion, as it may help reduce corneal symptoms
   - [ ] That they should not eat grapefruit while taking BLENREP
   - [ ] That BLENREP is for at home administration

5. As a part of patient counseling, I should inform patients starting on BLENREP of the following:
   - [ ] They will need to visit an eye care professional before initiating treatment with BLENREP and before each subsequent dose
   - [ ] It is important they get their eyes checked because some changes can happen without symptoms
   - [ ] They should use preservative-free lubricating eye drops at least four times a day during treatment with BLENREP to help reduce corneal symptoms
   - [ ] They should use caution when driving or operating machinery as BLENREP may adversely affect their vision
   - [ ] All of the above

6. Throughout a patient’s treatment with BLENREP I must complete a Patient Status Form attesting that I have reviewed the ophthalmic examination prior to each dose
   - [ ] True
   - [ ] False

7. If a patient experiences a Grade 3 corneal adverse reaction per the KVA Scale in the Prescribing Information (Table 1), I should withhold BLENREP until improvement in both corneal examination findings and change in BCVA to Grade 1 or better and resume at reduced dose.
   - [ ] True
   - [ ] False

8. Which of the following statements is FALSE:
   - [ ] Ophthalmic exams need to include an assessment of visual acuity and a slit lamp exam
   - [ ] The Healthcare Setting where BLENREP will be administered (infused) also needs to enroll in the BLENREP REMS
   - [ ] Ophthalmic exams should only be performed when a patient is experiencing symptoms
   - [ ] Each patient being started on BLENREP needs to have an ophthalmic exam before initiating therapy

9. I should complete and submit the Patient Status Form to the BLENREP REMS:
   - [ ] Once annually
   - [ ] After every dose of BLENREP
   - [ ] Before every dose of BLENREP
   - [ ] None of the above

Please provide your name and NPI number so we can associate your progress with your stakeholder record.
You can provide this information below:

*indicates REQUIRED field

<table>
<thead>
<tr>
<th>Prescriber Information (please print)</th>
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<tbody>
<tr>
<td>First Name*:</td>
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<td>Last Name*:</td>
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<tr>
<td>National Provider Identifier (NPI) *:</td>
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<td>Phone:</td>
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Access this form and enroll online at www.BLENREPREMS.com. To submit this form via fax, please complete all required fields above and fax to the BLENREP REMS at 1-888-635-1044.