

BLNREP™ REMS Prescriber Knowledge Assessment



BLNREP
belantamab
mafodotin-blmf
for injection 100 mg

To become a certified prescriber in the BLNREP (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.BLNREPREMS.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 BLNREP REMS at 1-888-635-1044.
- You will receive correspondence from the BLNREP REMS within two business days via email or fax confirming your certification in the BLNREP REMS or providing instructions on how to retake your Knowledge Assessment, if necessary.

ASSESSMENT QUESTIONS

- 1- While on treatment with BLNREP patients are at risk of experiencing ocular adverse reactions, such as
 - Keratopathy
 - Blurred vision/Changes in visual acuity
 - Dry eyes
 - All of the above
- 2- BLNREP can cause corneal adverse reactions that may or may not be symptomatic
 - True
 - False
- 3- Before starting a patient on BLNREP, I need to do the following:
 - Enroll the patient in the BLNREP REMS using the *Patient Enrollment Form*
 - Assist the patient in finding an eye care professional if they are not already under an eye care professional's care
 - Ensure the Healthcare Setting or infusion center where administration of BLNREP will take place for the patient is enrolled in the BLNREP 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 BLNREP, I should advise patients:
 - That 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 BLNREP
 - That BLNREP is for at home administration
- 5- As a part of patient counseling, I should inform patients starting on BLNREP of the following:
 - They will need to visit an eye care professional before initiating treatment with BLNREP 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 lubricant eye drops at least four times a day during treatment with BLNREP to help reduce corneal symptoms
 - They should use caution when driving or operating machinery as BLNREP may adversely affect their vision
 - All of the above
- 6- Throughout a patient's treatment with BLNREP 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 BLNREP 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 BLNREP will be administered (infused) also needs to enroll in the BLNREP REMS
 - Ophthalmic exams should only be performed when a patient is experiencing symptoms
 - Each patient being started on BLNREP needs to have an ophthalmic exam before initiating therapy
- 9- I should complete and submit the *Patient Status Form* to the BLNREP REMS:
 - Once annually
 - After every dose of BLNREP
 - Before every dose of BLNREP
 - 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

| Prescriber Information (please print) | |
|--|-------------|
| First Name*: | Last Name*: |
| National Provider Identifier (NPI) #*: | |
| Phone: | |
| Email*: | |

Access this form and enroll online at www.BLNREPREMS.com. To submit this form via fax, please complete all required fields above and fax to the BLNREP REMS at 1-888-635-1044.

