

**FOR HEALTHCARE SETTING USE**



**As a condition of your authorization to infuse BLENREP, this checklist must be completed online or faxed to 1-888-635-1044.**

**Verify patient eligibility by obtaining an authorization code prior to dispensing BLENREP online at [www.BLENREPREMS.com](http://www.BLENREPREMS.com).**

1. Log into the BLENREP REMS online portal at [www.BLENREPREMS.com](http://www.BLENREPREMS.com)
2. Select the REMS Verification tab in the online portal to verify patient eligibility (i.e. prescriber is certified, patient is enrolled and authorized to receive the dose)
  - a. If the patient is eligible you must generate an authorization code prior to dispensing BLENREP
  - b. If the patient is not eligible call the BLENREP REMS at 1-855-209-9188
3. Select the REMS Checklist Tab (online portal referenced above) to provide the dosing information and submit within 5 days of the infusion.

**If you complete this information online, you do not need to fax a paper copy to the BLENREP REMS.**

If online capabilities are not available, you have the option to call the BLENREP REMS at 1-855-209-9188 to verify patient eligibility and obtain an authorization code prior to dispensing BLENREP.

(Fields marked with an \* are REQUIRED)

Patient Information	
First Name*:	Last Name*:
Date of Birth (MM/DD/YYYY)*:	Patient BLENREP REMS Identification #:
Prescriber Information	
First Name*:	Last Name*:
National Provider Identifier (NPI) #*:	
Healthcare Setting Information	
Healthcare Setting Name*:	
National Provider Identifier (NPI) #*:	
Healthcare Setting BLENREP REMS Identification #:	
Phone*:	
Authorization Code Prior to Dispensing	
Authorization:	
Date of infusion (MM/DD/YYYY)*:	Actual dose (mg)*:



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### Signature of Staff Completing Checklist

First Name*:		Last Name*:	
Signature*:		Signature Date*:	
Credentials*: <input type="checkbox"/> DO <input type="checkbox"/> MD <input type="checkbox"/> PharmD <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other (please specify)			
Phone*:		Fax*:	E-mail*:

### Send infusion information to the BLENREP REMS

**Fax to the BLENREP REMS at 1-888-635-1044 within 5 business days of infusion. You will receive a confirmation of receipt via e-mail.**

