BLENREP
belantamab mafodotin-blmf
for injection 70 mg

BLENREP REMS
Patient Status Form

INSTRUCTIONS

- **Prescriber** or **Prescriber Designee** must fill out this **Patient Status Form** for each patient **before each dose** of BLENREP.
- **Only the Prescriber may sign and submit the Patient Status Form to the REMS prior to treatment:**
  - This form should not be submitted to the REMS if the patient is not going to be infused.
  - The prescriber treatment authorization in this **Patient Status Form** will be valid for 28 calendar days from the baseline ophthalmic exam, and 10 calendar days from follow-up ophthalmic exams. Inform the healthcare setting where BLENREP will be infused that they must perform REMS verification and authorization code generation within these timeframes.
- Submit this form online at www.BLENREPREMS.com or fax the completed form to 1-888-635-1044.

(Fields marked with an * are REQUIRED)

Patient Information		
*First Name	Middle Initial	*Last Name
*Date of Birth (MM/DD/YYYY)		

Prescriber Information	
*First Name	*Last Name
*National Provider Identifier (NPI)#	*Office Phone Number

Assessment

Ophthalmic exam findings include both corneal exam findings and change in best-corrected visual acuity (BCVA) as determined by an eye care professional.

The overall grade of ophthalmic exam findings is based on the worst finding in the worst affected eye, based on either corneal exam finding or a change in BCVA. Corneal exam findings may or may not be accompanied by changes in BCVA or ocular symptoms.

***Is this the patient's 1st dose?**

☐ Yes ☐ No

***Date of most recent ophthalmic exam** (MM/DD/YYYY) _____

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Phone: 1-855-690-9572 **www.BLENREPREMS.com** **Fax: 1-888-635-1044**

1. *What is the current overall grade for ophthalmic exam findings (SELECT ONE)?

Current Grade / Severity[a]	Ophthalmic Exam Findings	Recommended Dosage Modification
☐ **Normal**	*Corneal Exam Findings*: Cornea clear/No change from baseline and/or *Change in BCVA*: No decline from baseline of 1 line on Snellen Visual Acuity	Continue treatment at current dosage
☐ **Grade 1**	*Corneal Exam Findings*: Mild superficial punctate keratopathy[b] and/or *Change in BCVA*: Decline from baseline of 1 line on Snellen Equivalent BCVA	Continue treatment at current dosage
☐ **Grade 2**	*Corneal Exam Findings*: Moderate superficial punctate keratopathy, patchy microcyst-like deposits[c], peripheral sub-epithelial haze, or a new peripheral stromal opacity and/or *Change in BCVA*: Decline from baseline of 2 lines on Snellen Equivalent BCVA and not worse than 20/200	Withhold BLENREP until improvement in both corneal exam findings and change in BCVA to Grade 1 or less. Resume treatment at Reduced Dosage Level 1 as per Table 1 in the US Prescribing Information. If recurrent Grade 2 or 3 ocular toxicity is experienced, resume treatment at Reduced Dosage Level 2.
☐ **Grade 3**	*Corneal Exam Findings*: Severe superficial punctate keratopathy, diffuse microcyst-like deposits[c] involving the central cornea, central sub-epithelial haze, or a new central stromal opacity and/or *Change in BCVA*: Decline from baseline of 3 or more lines on Snellen Equivalent BCVA and not worse than 20/200	
☐ **Grade 4**	*Corneal Exam Findings*: Corneal epithelial defect or corneal ulcer, with or without infection and/or *Change in BCVA*: Decline to Snellen Equivalent BCVA of worse than 20/200	Consider permanent discontinuation of BLENREP. If continuing treatment, withhold BLENREP until improvement in both corneal exam findings and change in BCVA to Grade 1 or less. For patients previously on 2.5 mg/kg every 3 weeks, resume treatment at Reduced Dosage Level 1 as per Table 1 in the US Prescribing Information. For patients previously on 1.9 mg/kg every 3 weeks, resume treatment at Reduced Dosage Level 2. If recurrent Grade 4 ocular toxicity is experienced, permanently discontinue BLENREP.

a: Adapted and modified from the US Prescribing Information.
b: Mild superficial keratopathy (documented worsening from baseline). Refer to Table 3 in the US Prescribing Information for recommended dosage modifications for other ocular adverse reactions.
c: Microcyst-like deposits are considered at least a Grade 2 finding. Withhold BLENREP if any microcyst-like deposits are observed.

2. *Was the last dose held due to a Grade ≥ 2 ophthalmic exam finding?

☐ Yes ☐ No

Prescriber Agreement

☐ ***By checking this box, I confirm that I have assessed the ophthalmic exam findings for this patient and authorize treatment.**

* **Prescriber Signature**	***Date** (MM/DD/YYYY)

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