# TABLE of CONTENTS

1. Multiple myeloma
2. Antibody-drug conjugates for cancer
3. BLENREP – a BCMA-targeting antibody-drug conjugate
4. Other antibody-drug conjugates associated with corneal adverse events
5. BLENREP indication and usage
6. DREAMM-2 study design
7. BLENREP-associated corneal adverse events
8. Patient monitoring and management by eye care professionals
9. Patient monitoring – ophthalmic exams
10. How to grade corneal adverse events and communicate to hematologist/oncologist
11. Patient resources
12. BLENREP resources for eye care professionals
Multiple Myeloma (MM) Is an Incurable Hematologic Cancer

Multiple myeloma is an incurable hematologic cancer characterized by accumulation of malignant plasma cells in the bone marrow\(^1\)–\(^3\)

- Patients refractory to agents in all three of these classes have an especially poor prognosis\(^5\)–\(^8\)
  - In recent studies, the median overall survival for these patients was \(<10\) months\(^6,7\)
  - With each subsequent therapy, the likelihood of response and length of survival decrease\(^7\)

- MM accounts for \(~2\%)\) of all new cancer cases in the United States\(^4\)

- Current standard-of-care treatment options include immunomodulatory agents, proteasome inhibitors, and anti-CD38 monoclonal antibodies\(^5\)

- The median age at diagnosis is 69 years\(^4\)

Therefore, novel therapies are needed for patients who have exhausted available treatment options\(^5\)

---

BLENREP for the Treatment of Patients With Relapsed/Refractory Multiple Myeloma

• 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 proteasome 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 trial(s)

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.

• This is not inclusive of all potential adverse events; please refer to the full Prescribing Information for BLENREP for complete safety information

REMS, risk evaluation and mitigation strategy.
Prescribing Information for BLENREP.
Antibody-Drug Conjugates (ADCs) Represent a Newer Class of BCMA-Targeting Therapies

Monoclonal antibody
ADCs leverage the ability to **specifically target** cells with a **monoclonal antibody** directed against proteins expressed on the surface of cells\(^1\)

Linker
A **stable linker** joins the cytotoxic drug to the monoclonal antibody\(^1\)

ADCs are **internalized into cells**; inside the lysosome, **linkers are degraded**\(^1\)

Thus, in principle, the cytotoxic drug is only actively released inside cancer cells\(^1\)

Cytotoxic drug
A cytotoxic drug or "payload" is attached to the monoclonal antibody, providing potent cell-killing activity\(^1\)

Currently 7 ADCs approved for oncology indications and >100 clinical trials of ADCs across tumor types\(^1,2\)

---

BLENREP Is an Antibody-Drug Conjugate Targeting BCMA

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

**BLENREP** is a BCMA-directed antibody and microtubule inhibitor conjugate, composed of three components\(^3\):

1. **Afucosylated, humanized IgG1 anti-BCMA mAb**
2. **MMAF, a microtubule inhibitor**
3. **Protease-resistant maleimidocaproyl linker joining MMAF and the mAb**

---

IgG1, immunoglobulin G1; mAb, monoclonal antibody; MMAF, monomethyl auristatin F.

BLENREP Mechanism of Action

1. BLENREP binds to BCMA expressed on normal and malignant plasma cells
2. BLENREP is internalized and MMAF is released following proteolytic cleavage from the mAb
3. MMAF intracellularly disrupts the microtubule network, leading to cell cycle arrest and apoptosis

BLENREP was also shown to induce tumor cell lysis via ADCC and ADCP

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

Prescribing Information for BLENREP.

Antibody-Drug Conjugates Containing MMAF Are Associated With Corneal Adverse Events

Corneal adverse events, such as blurred vision, keratitis, dry eyes, photophobia, or microcystic epithelial findings, have been reported with various ADCs in development which utilize the microtubule-disrupting agent MMAF

1. Ocular surface adverse events observed with ADCs were described as multiple, bilateral, microcyst-like lesions in the superficial cornea starting in the periphery and migrating centrally toward the pupil

2. Corneal adverse events may be related to the nonspecific uptake of the ADC into rapidly-dividing corneal cells, which causes apoptosis and produces visible corneal microcysts

ADC, antibody-drug conjugate; BCMA, B-cell maturation antigen; mAb, monoclonal antibody; MMAF, monomethyl auristatin F.
A Phase II, open-label, randomized, two-dose study in patients with RRMM who were refractory to an immunomodulatory agent, proteasome inhibitor, and were refractory to/intolerant of an anti-CD38 monoclonal antibody

Initial results from the ocular substudy suggest that corticosteroid eye drops were an ineffective prophylaxis for the development of changes to the corneal epithelium

3L+, third line plus; ADA, antidrug antibodies; CBR, clinical benefit rate; DOR, duration of response; HRQOL, health-related quality of life; IRC, independent review committee; IV, intravenous; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PK, pharmacokinetics; PRO, patient-reported outcome; Q3W, every 3 weeks; RRMM, relapsed/refractory multiple myeloma; TTP, time to progression; TTR, time to response.

Screening occurred between June 18, 2018, and January 2, 2019; DREAMM-2 was not designed to compare the two doses; presence or absence of t(4;14), t(14;16), or del(17p13) per the study protocol. 1q21+ was included in the analysis.

DREAMM-2: Comprehensive Assessments of Ocular Events

**Corneal Data Collection**

**AEs as Reported by Patients**
- Collected and graded by investigator using CTCAE
  - Subjective symptoms of blurred vision, dry eye, etc.

**Corneal Exam Findings***
- Graded by investigator based on predefined criteria from the KVA scale

**Best-Corrected Visual Acuity**

Objective findings informed dose modifications

---

AE, adverse event; CTCAE, Common Terminology Criteria for Adverse Events; KVA, Keratopathy and Visual Acuity.

*Patients had to undergo routine ophthalmologic exams prior to every dose.
In DREAMM-2, ocular events were the most commonly reported type of adverse events.

The most common ocular adverse events were keratopathy, decreased visual acuity, blurred vision, and dry eyes.

### Eye Disorders

<table>
<thead>
<tr>
<th>Eye Disorders</th>
<th>All grades (%)</th>
<th>Grade 3–4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keratopathy*</td>
<td>71</td>
<td>44</td>
</tr>
<tr>
<td>Decreased visual acuity†</td>
<td>53</td>
<td>28</td>
</tr>
<tr>
<td>Blurred vision‡</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Dry eyes§</td>
<td>14</td>
<td>1</td>
</tr>
</tbody>
</table>

- Other clinically relevant eye disorders in <10% of patients included photophobia, eye irritation, infective keratitis, and ulcerative keratitis.

*Keratopathy was based on slit lamp eye examination, characterized as corneal epithelium changes with or without symptoms; †visual acuity changes were determined upon eye examination; ‡blurred vision included diplopia, vision blurred, visual acuity reduced, and visual impairment; §dry eyes included dry eye, ocular discomfort, and eye pruritus.

Prescribing Information for BLENREP.
Keratopathy on Slit Lamp Eye Examination Was Characterized by Microcyst-Like Epithelial Changes in the Superficial Layer of the Cornea

MEC, microcyst-like epithelial change. Image courtesy of Dr. Shaohui Liu, Assistant Professor of Clinical Ophthalmology, Indiana University School of Medicine
Progression and Resolution of MECs in the Epithelium

Microcyst-like deposits larger for representation, not to scale. Schematic example

MEC, microcyst-like epithelial change.
On slit lamp microscopy, MEC lesions were small and located within the corneal epithelium.

MECs (shown by arrowheads) are seen here in the corneal periphery and midperiphery.

Visualization requires high magnification and is aided by the use of retroillumination off the iris or indirect illumination.
Case Report From DREAMM-2: Slit Lamp and Confocal Images of Microcyst-Like Epithelial Changes

Slit lamp images of left (a) and right (b) eyes with arrows demonstrating MECs.

In vivo confocal images of the same patient (c–f) demonstrating hyperreflective opacities within the corneal epithelium.


Opacities were noted to be most prominent in the wing cells (d) and basal cells (e), compared with the superficial cells (f).

Opacities were not visualized within the anterior stroma (f) or endothelium (not shown).

MEC, microcyst-like epithelial change.
# Objective Corneal Exam Findings by Maximum Grade in DREAMM-2

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>BLENREP 2.5 mg/kg¹ (n=95) n (%)</th>
<th>Pooled safety population² (n=218) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1</td>
<td>Mild superficial keratopathy</td>
<td>8 (8)</td>
<td>16 (7)</td>
</tr>
<tr>
<td>Grade 2</td>
<td>Moderate superficial keratopathy</td>
<td>17 (18)</td>
<td>49 (22)</td>
</tr>
<tr>
<td>Grade 3</td>
<td>Severe superficial keratopathy</td>
<td>42 (44)</td>
<td>99 (45)</td>
</tr>
<tr>
<td>Grade 4</td>
<td>Corneal epithelial defect</td>
<td>0</td>
<td>1 (0.5)</td>
</tr>
</tbody>
</table>

Pooled safety population reflects exposure to BLENREP at a dose of 2.5 mg/kg or 3.4 mg/kg (1.4-times the recommended dose) administered intravenously once every 3 weeks in 218 patients in DREAMM-2

---

1. Data on File. Study 205678. GSK Study Register. Available at: https://www.gsk-studyregister.com; 2. Prescribing Information for BLENREP.
Most Common Adverse Events Leading to Dose Delays and Reductions in DREAMM-2

<table>
<thead>
<tr>
<th>Preferred term (&gt;3% of patients)</th>
<th>Dose delays (%)</th>
<th>Dose reductions (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any patient</td>
<td>54</td>
<td>29</td>
</tr>
<tr>
<td>Keratopathy</td>
<td>47</td>
<td>23</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>3.2</td>
<td>0</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Dry eye</td>
<td>3.2</td>
<td>0</td>
</tr>
</tbody>
</table>

- Though dose delays and reductions were common, 8% of patients discontinued due to adverse events.
- The most frequent adverse event resulting in permanent discontinuation was keratopathy (2.1%).
Keratopathy Can Occur With or Without Symptoms

No new safety signals observed at 13-month follow-up

BLENREP 2.5 mg/kg
n=95

Keratopathy
68/95 (72%)

Symptomatic*
53/95 (56%)

Visual acuity change†
17/95 (18%)

Discontinuation due to corneal AE
3/95 (3%)

82% of patients without clinically significant visual acuity change†

1 patient developed a Grade 4 corneal ulcer

Additional pooled safety data available in the US Prescribing Information

Data based on 13-month update. *Symptomatic = adverse event by preferred term or ≥2 lines of visual acuity change; †visual acuity change = 20/50 or worse in better-seeing eye.

### Recovery of Keratopathy

<table>
<thead>
<tr>
<th></th>
<th>Patients with keratopathy (Grade ≥2) n=60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median time to onset, days (range)</td>
<td>37 (19–143)</td>
</tr>
<tr>
<td>Recovered from first occurrence, n (%)</td>
<td>46 (77)</td>
</tr>
<tr>
<td>Recovered to Grade 1 or lower, n (%)</td>
<td>29 (48)</td>
</tr>
<tr>
<td>Median time to resolution, days (range)</td>
<td>81 (11–232)</td>
</tr>
<tr>
<td>Had ongoing keratopathy, n (%)</td>
<td>31 (52)</td>
</tr>
<tr>
<td>Still on treatment</td>
<td>9 (15)</td>
</tr>
<tr>
<td>In follow-up</td>
<td>5 (8)</td>
</tr>
<tr>
<td>Lost to follow-up/death*</td>
<td>17 (28)</td>
</tr>
</tbody>
</table>

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

Data based on 13-month update. *Median time from last dose to last exam = 23 days.
# Changes in Best-Corrected Visual Acuity

<table>
<thead>
<tr>
<th>BLENREP 2.5 mg/kg n=95</th>
<th>Bilateral BCVA 20/50 or worse</th>
<th>Bilateral BCVA 20/200 or worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients, n (%)</td>
<td>17 (18)</td>
<td>1 (&lt;1)</td>
</tr>
<tr>
<td>Median time to onset, days (range)</td>
<td>66 (20–442)</td>
<td>21 (21–21)</td>
</tr>
<tr>
<td>Median time to resolution, days (range)</td>
<td>22 (7–64)</td>
<td>22 (22–22)</td>
</tr>
<tr>
<td>Resolved as of last assessment, n (%)</td>
<td>14 (82)</td>
<td>1 (100)</td>
</tr>
</tbody>
</table>

Permanent vision loss was not reported

BCVA, best-corrected visual acuity.
Bilateral BCVA-assessed vision changes in the better-seeing eye. Data based on 13-month update.
What is the BLENREP REMS?

A REMS is a strategy to manage known or potential risks associated with a product. It is required by the Food and Drug Administration to ensure the benefits of the drug outweigh its risks.

Due to the risk of ocular toxicity, **BLENREP** is only available through a restricted program called the **BLENREP REMS**.

Prescribers and healthcare site must be certified, and patients must be enrolled in the **BLENREP REMS** and comply with **REMS** requirements in order to receive **BLENREP**.

For more information, please visit [https://blenreprems.com/](https://blenreprems.com/).
Eye Care Professionals Play an Integral Role in Managing Patients Receiving BLENREP

As an eye care professional, you play an integral role in the management of patients receiving BLENREP by:

- Performing ophthalmic exams before patients can initiate treatment with BLENREP and prior to each subsequent dose of BLENREP
- Grading corneal adverse events observed during ophthalmic exams
- Communicating exam findings/corneal adverse events to hematologist/oncologists to inform potential dose modifications
- Advising patients on appropriate supportive care measures

Ophthalmic exams are critical not only for the mitigation and management of corneal adverse events, but also in enabling patients to receive each dose of treatment
Patients Receiving BLENREP Require Monitoring By Eye Care Professionals

• Patients must have an ophthalmic exam (visual acuity and slit lamp) before each dose of BLENREP, and promptly for worsening symptoms
  o BLENREP is given as an intravenous infusion once every 3 weeks
  o Perform each follow-up exam at least 1 week after the previous dose and within 2 weeks prior to the next dose

Before patients can receive treatment with BLENREP, a baseline ophthalmic exam must be performed within 3 weeks prior to first dose

Prescribing Information for BLENREP.
# Grading Corneal Adverse Events per the Keratopathy and Visual Acuity (KVA) Scale to Inform Dosing Decisions

<table>
<thead>
<tr>
<th>Corneal adverse event (exam by eye care professional)</th>
<th>Recommended dose modifications (Made by hematologist/oncologist)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grade 1</strong></td>
<td>Continue treatment at current dose</td>
</tr>
<tr>
<td>Corneal examination finding(s):</td>
<td></td>
</tr>
<tr>
<td>Mild superficial keratopathy(^a)</td>
<td></td>
</tr>
<tr>
<td>Change in BCVA(^b):</td>
<td></td>
</tr>
<tr>
<td>Decline from baseline of 1 line on Snellen Visual Acuity</td>
<td></td>
</tr>
<tr>
<td><strong>Grade 2</strong></td>
<td>Withhold BLENREP until improvement in both corneal examination findings and change in BCVA to Grade 1 or better and resume at same dose</td>
</tr>
<tr>
<td>Corneal examination finding(s):</td>
<td></td>
</tr>
<tr>
<td>Moderate superficial keratopathy(^c)</td>
<td></td>
</tr>
<tr>
<td>Change in BCVA(^b):</td>
<td></td>
</tr>
<tr>
<td>Decline from baseline by 2 or 3 lines (and Snellen Visual Acuity not worse than 20/200)</td>
<td></td>
</tr>
<tr>
<td><strong>Grade 3</strong></td>
<td>Withhold BLENREP until improvement in both corneal examination findings and change in BCVA to Grade 1 or better and resume at a reduced dose</td>
</tr>
<tr>
<td>Corneal examination finding(s):</td>
<td></td>
</tr>
<tr>
<td>Severe superficial keratopathy(^d)</td>
<td></td>
</tr>
<tr>
<td>Change in BCVA(^b):</td>
<td></td>
</tr>
<tr>
<td>Decline from baseline of more than 3 lines (and Snellen Visual Acuity not worse than 20/200)</td>
<td></td>
</tr>
<tr>
<td><strong>Grade 4</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Corneal examination finding(s):</td>
<td></td>
</tr>
<tr>
<td>Corneal epithelial defect(^e)</td>
<td></td>
</tr>
<tr>
<td>Change in BCVA(^b):</td>
<td></td>
</tr>
<tr>
<td>Snellen Visual Acuity worse than 20/200</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\)Mild superficial keratopathy (documented worsening from baseline), with or without symptoms; \(^b\)changes in visual acuity due to treatment-related corneal findings; \(^c\)moderate superficial keratopathy with or without patchy microcyst-like deposits, sub-epithelial haze (peripheral), or a new peripheral stromal opacity; \(^d\)severe superficial keratopathy with or without diffuse microcyst-like deposits, sub-epithelial haze (central), or a new central stromal opacity; \(^e\)corneal epithelial defect such as corneal ulcers.

BCVA, best-corrected visual acuity.

Prescribing Information for BLENREP.

Non-Promotional Scientific Discussion Use
### Description of Corneal Examination Findings per KVA Scale

**Descriptions from Table 1 of the US Prescribing Information**

<table>
<thead>
<tr>
<th>Finding</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mild superficial keratopathy</strong></td>
<td>documented worsening from baseline, with or without symptoms</td>
</tr>
<tr>
<td><strong>Moderate superficial keratopathy</strong></td>
<td>may be accompanied by patchy microcyst-like deposits, sub-epithelial haze (peripheral), or a new peripheral stromal opacity</td>
</tr>
<tr>
<td><strong>Severe superficial keratopathy</strong></td>
<td>may be accompanied by diffuse microcyst-like deposits, sub-epithelial haze (central), or a new central stromal opacity</td>
</tr>
<tr>
<td><strong>Corneal epithelial defect</strong></td>
<td>such as corneal ulcers.</td>
</tr>
</tbody>
</table>

KVA, Keratopathy and Visual Acuity.

Prescribing Information for BLENREP.
# Reporting Corneal Adverse Events to Hematologist/Oncologists

## REMS Eye Care Professional Consult Request Form

- The information that is requested in this form is vital for the prescriber of BLENREP to make treatment and dose modification decisions
- Please complete this form and provide to the prescriber. This form may be faxed, carried by the patient, or adapted into health care technology

### Section 1: For Baseline Examination Only
- What are the current best-corrected Snellen Visual Acuity results?

<table>
<thead>
<tr>
<th></th>
<th>OD</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong><strong>/</strong></strong></td>
<td><strong><strong>/</strong></strong></td>
</tr>
</tbody>
</table>

### Section 2: For Follow-up Examinations
- What are the current best-corrected Snellen Visual Acuity results?

<table>
<thead>
<tr>
<th></th>
<th>OD</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong><strong>/</strong></strong></td>
<td><strong><strong>/</strong></strong></td>
</tr>
</tbody>
</table>

- Were there findings upon corneal examination and/or visual acuity assessment? Y / N
  - If Y, please check affected eyes
    - OD
    - OS
    - OU

### Corneal Examination Findings

<table>
<thead>
<tr>
<th>Check one</th>
<th></th>
<th>BCVA Changes From Baseline (per Snellen Visual Acuity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change from baseline</td>
<td>□</td>
<td>No change from baseline</td>
</tr>
<tr>
<td>Mild superficial keratopathy</td>
<td>□</td>
<td>Decline from baseline of 1 line</td>
</tr>
<tr>
<td>Moderate superficial keratopathy</td>
<td>□</td>
<td>Decline from baseline of 2 or 3 lines (and not worse than 20/200)</td>
</tr>
<tr>
<td>Severe superficial keratopathy</td>
<td>□</td>
<td>Decline from baseline of more than 3 lines (and not worse than 20/200)</td>
</tr>
<tr>
<td>Corneal epithelial defect</td>
<td>□</td>
<td>Snellen Visual Acuity worse than 20/200</td>
</tr>
<tr>
<td>Other</td>
<td>_______</td>
<td></td>
</tr>
</tbody>
</table>

Additional corneal examination finding:

- □ No change from baseline
- □ Decline from baseline of 1 line
- □ Decline from baseline of 2 or 3 lines (and not worse than 20/200)
- □ Decline from baseline of more than 3 lines (and not worse than 20/200)
- □ Snellen Visual Acuity worse than 20/200

There will be two boxes to complete: one for the right eye (OD) and one for the left eye (OS)

BCVA, best-corrected visual acuity; OD, oculus dexter (left eye); OS, oculus sinister (right eye); OU, oculus uterque (both eyes); REMS, risk evaluation and mitigation strategy.
### Section 3: What is the current grading from the examination finding(s) and BCVA? (Report the grade for the worst eye by checking the box)

**Table 1. Corneal Adverse Reactions per the KVA Scale**

<table>
<thead>
<tr>
<th>Report the grade for the worst eye by checking the box</th>
<th>Grades</th>
<th>Corneal Adverse Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Normal</td>
<td></td>
<td>Corneal examination finding(s): Cornea clear / No change from baseline Change in BCVA: No decline from baseline of 1 line on Snellen Visual Acuity</td>
</tr>
<tr>
<td>□ Grade 1</td>
<td></td>
<td>Corneal examination finding(s): Mild superficial keratopathy&lt;sup&gt;b&lt;/sup&gt; Change in BCVA&lt;sup&gt;c&lt;/sup&gt;: Decline from baseline of 1 line on Snellen Visual Acuity</td>
</tr>
<tr>
<td>□ Grade 2</td>
<td></td>
<td>Corneal examination finding(s): Moderate superficial keratopathy&lt;sup&gt;d&lt;/sup&gt; Change in BCVA&lt;sup&gt;c&lt;/sup&gt;: Decline from baseline of 2 or 3 lines on Snellen Visual Acuity and not worse than 20/200</td>
</tr>
<tr>
<td>□ Grade 3</td>
<td></td>
<td>Corneal examination finding(s): Severe superficial keratopathy&lt;sup&gt;e&lt;/sup&gt; Change in BCVA&lt;sup&gt;c&lt;/sup&gt;: Decline from baseline by more than 3 lines on Snellen Visual Acuity and not worse than 20/200</td>
</tr>
<tr>
<td>□ Grade 4</td>
<td></td>
<td>Corneal examination finding(s): Corneal epithelial defect&lt;sup&gt;f&lt;/sup&gt; Change in BCVA&lt;sup&gt;c&lt;/sup&gt;: Snellen Visual Acuity worse than 20/200</td>
</tr>
</tbody>
</table>

<sup>a</sup>Adapted and modified from the Prescribing Information; <sup>b</sup>mild superficial keratopathy (documented worsening from baseline), with or without symptoms; <sup>c</sup>changes in visual acuity due to treatment-related corneal findings; <sup>d</sup>moderate superficial keratopathy with or without patchy microcyst-like deposits, sub-epithelial haze (peripheral), or a new peripheral stromal opacity; <sup>e</sup>severe superficial keratopathy with or without diffuse microcyst-like deposits, sub-epithelial haze (central), or a new central stromal opacity; <sup>f</sup>corneal epithelial defect such as corneal ulcers.

BCVA, best-corrected visual acuity; KVA, Keratopathy and Visual Acuity; REMS, risk evaluation and mitigation strategy.
The steps below summarize the process for communicating ophthalmic exam results to hematologist/oncologists:

- Assess the patient for corneal examination finding(s) and decline of BCVA
- Determine the most severely affected eye as both eyes may not be affected to the same degree
- Report the grade for the worst eye for examination finding(s) and BCVA to the treating physician by using Table 1 Corneal Adverse Reactions per the KVA Scale
- Communicate findings by completing the Eye Care Consult Request Form

Hematologist/oncologist will:
- Review ophthalmic exam findings before dosing
- Determine the dose of BLENREP based on worst finding in the worst affected eye

Consult the Prescribing Information for BLENREP for other adverse events

KVA, Keratopathy and Visual Acuity.
use preservative-free lubricant eye drops at least 4 times a day starting with the first infusion and continuing until the end of treatment

avoid the use of contact lenses unless directed by an eye care professional

use caution when driving or operating machinery as changes in visual acuity may be associated with difficulty driving or reading
Supportive Care and Resources for Patients During Treatment

Eye Drop Administration Guide

- Allows patients to have HCP contacts and a list of past and upcoming appointments in one location

Patient Appointment Tracker

- Patients can opt in to receive eye exam appointment scheduling support for first two appointments via the Together With GSK Oncology Program (1-844-447-5662)

Eye Drop Administration Video

Medication Guide

- The Patient Guide includes:
  - Overview of what to expect while receiving BLENREP
  - Information on risk of eye problems
  - Explanation of REMS program and how to enrol with HCP’s help
  - A Patient Wallet Card with Care Team contact information

Patient Guide

- Medication Guide, also available here

ECP Appointment Scheduling Support

- Patients can access an Eye Care Professional Locator Tool here
  - For help using this tool, patients may call the Together With GSK Oncology Program

ECP Locator Tool

ECP, eye care professional; HCP, health care provider; REMS, risk evaluation and mitigation strategy.
Summary

Eye care professionals play a critical role in the monitoring, mitigation, and management of corneal adverse events in patients receiving BLENREP.

Optimal management of patients’ multiple myeloma is contingent upon prompt eye exams (visual acuity and slit lamp assessments):

- Patients must have a baseline eye exam before initiating treatment with BLENREP.
- Patients must have an eye exam before receiving each dose of BLENREP.
- Eye exams must be performed at any sign of worsening eye symptoms.

Communication and collaboration between eye care professionals and hematologist/oncologists are essential for optimal patient outcomes.
Eye Care Professional Resources

Resources for eye care professionals are available in the GSK US Medical Affairs Portal. Please find links to additional resources below:

- Eye Care Professional Training Deck (this slide deck)
- Eye Care Professional Communications Handout
- Eye Care Professional Dose Modification Handout
Addressing Your Concerns
GSK is available to address your questions or concerns

Please contact us by clicking the boxes below

Chat
8 AM – 6 PM (Mon–Fri)

Call
1-877-475-6448
8 AM – 6 PM (Mon–Fri)

Request a
Follow-up

Report an
Adverse Event

Please visit https://www.gskusmedicalaffairs.com/contact-us.html for contact information.