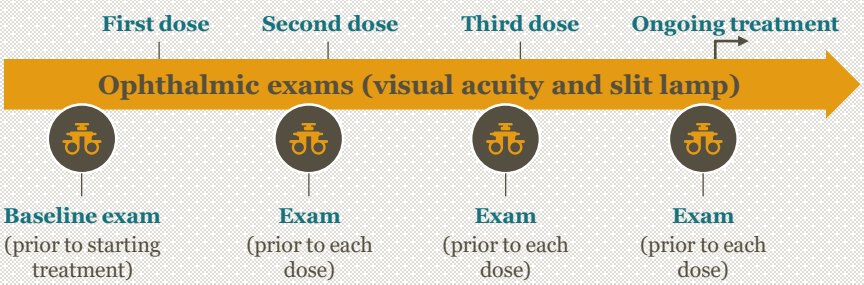
Monitoring and Management of Corneal Events During Treatment with *Blenrep*

Patients Receiving *Blenrep* (belantamab mafodotin-blmf) Require Monitoring By Eye Care Professionals

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.

Monitoring Corneal Events[1]



- Patients must have an ophthalmic examinations (visual acuity and slit lamp) at baseline, prior to each dose, and promptly for worsening symptoms. Perform baseline examinations within 3 weeks prior to the first dose.
- Perform each follow-up examination at least 1 week after the previous dose and within 2 weeks prior to the next dose.
- *Blenrep* is given as an intravenous infusion once every 3 weeks until disease progression or unacceptable toxicity.

A form is available to facilitate communication of corneal examination findings and changes in BCVA to the hematologist/oncologist so that they can determine if dose modifications are needed. To access, click here or scan the QR code.

Supportive Care and Patient Counseling[1]

- Use of preservative-free lubricant eye drops at least 4 times a day starting with the first infusion and continuing until end of treatment
- Advise patients to avoid wearing contact lenses during treatment with *Blenrep* unless directed by an ophthalmologist
- Advise patients to use caution when driving or operating machinery as *Blenrep* may affect their vision

Dosage Modifications for Corneal Adverse Reactions per the KVA Scale[1]

Determine the recommended dosage modification of *Blenrep* based on the worst finding in the worst affected eye.

Grade	Corneal Adverse Event (Reported by an Eye Care Professional)	Recommended Dosage Modifications (To be made by Hematologist/ Oncologist)
1	*Corneal examination finding(s):* Mild superficial keratopathy[a] *Change in BCVA[b]:* Decline from baseline of 1 line on Snellen Visual Acuity	Continue treatment at current dose
2	*Corneal examination finding(s):* Moderate superficial keratopathy[c] *Change in BCVA[b]:* Decline from baseline by 2 or 3 lines on Snellen Visual Acuity and not worse than 20/200	Withhold *Blenrep* until improvement in both corneal examination findings and changes in BCVA to Grade 1 or better and resume at same dose
3	*Corneal examination finding(s):* Severe superficial keratopathy[d] *Change in BCVA[b]:* Decline from baseline by more than 3 lines on Snellen Visual Acuity and not worse than 20/200	Withhold *Blenrep* until improvement in both corneal examination findings and changes in BCVA to Grade 1or better and resume at a reduced dose
4	*Corneal examination finding(s):* Corneal epithelial defect[e] *Corneal examination finding(s):* Snellen Visual Acuity worse than 20/200	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

[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, subepithelial haze (central), or a new central stromal opacity; [e]Corneal epithelial defect such as corneal ulcers

BCVA: best corrected visual acuity;
KVA: keratopathy visual acuity

References: 1. GlaxoSmithKline Local Label.

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