Your Practice Guide to

Coordinating Care for Ocular Toxicity

for Patients Being Treated with BLENREP

BLENREP
belantamab mafodotin-blmf
for injection 70 mg

INDICATION

BLENREP is indicated in combination with bortezomib and dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least two prior lines of therapy, including a proteasome inhibitor and an immunomodulatory agent.

IMPORTANT SAFETY INFORMATION

WARNING: OCULAR TOXICITY

- **BLENREP causes changes in the corneal epithelium resulting in changes in vision, including severe visual impairment, and symptoms such as blurred vision and dry eyes. In the clinical study, corneal ulcers, including cases with infection, also occurred.**
- **Conduct ophthalmic exams at baseline, before each dose, promptly for new or worsening symptoms, and as clinically indicated. In the clinical study, 83% of patients required a dosage modification due to ocular toxicity. 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 called the BLENREP Risk Evaluation and Mitigation Strategy (REMS).**

Please see Important Safety Information continued throughout and click to see full Prescribing Information, including BOXED WARNING for BLENREP.

Table of Contents

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Ocular Toxicity

BLENREP causes ocular toxicity, defined as changes in the corneal epithelium and changes in BCVA based on ophthalmic exam (including slit lamp exam), or other ocular adverse reactions as defined by the CTCAE.

In DREAMM-7, ocular toxicity occurred in 92% of patients, including Grade 3 or 4 in 77% of patients. The most common ocular toxicities (>25%) were reduction in BCVA (89%) and corneal exam findings (86%) based on ophthalmic exam findings, blurred vision (66%), dry eye (51%), photophobia (47%), foreign body sensation in eyes (44%), eye irritation (43%), and eye pain (33%).

Please see Important Safety Information continued throughout and click to see full Prescribing Information, including BOXED WARNING for BLENREP.

About This Guide

This guide is specifically designed to drive effective coordination of care in treating patients with BLENREP.

As ocular toxicity is common with BLENREP, **every member of the care team plays a critical role in helping patients throughout their journey**, helping to ensure a well-coordinated experience for patients and care team members alike.

You are an integral part of the patient treatment journey

Ocular toxicity associated with BLENREP requires continuous collaboration across the care team. **Each stakeholder brings a unique expertise that, when aligned, allows patients to receive comprehensive care throughout their BLENREP treatment journey.**

Nurses

Nurses are the central liaisons in treating patients with BLENREP. They help coordinate treatment plans, educate patients, answer their questions about ocular toxicity, and ensure clear and timely communication among all members of the care team.

Oncologists

Oncologists oversee the broader BLENREP treatment plan, making dosage modifications as needed based on ophthalmic exam findings, and guiding the overall patient journey. Their coordination with both nursing staff and ECPs helps maintain continuity of care.[1]

Eye Care Professionals – Ophthalmologists & Optometrists

ECPs play a critical role in conducting baseline and ongoing eye exams. Their timely communication of exam results to the oncology team supports oncologists' treatment decisions related to ocular toxicity. Additionally, ECPs can counsel patients and help educate them on ocular symptoms.

BLENREP
belantamab mafodotin-blmf
for injection 70 mg

Understanding Ocular Toxicity

As part of the treatment journey with BLENREP, patients may experience ocular toxicity.[1]

Coordination between the oncology team and Eye Care Professionals (ECPs) is a critical component of treatment with BLENREP, as eye exams are to be performed before starting BLENREP, before each dose, promptly for any new or worsening eye symptoms, and as clinically indicated.

ECPs are responsible for conducting ophthalmic exams. Findings from ophthalmic exams should be communicated to the oncologist to help inform the need for dosage modifications.[1]

Caring for BLENREP Patients May Include:

For Oncologists: Educating patients on the importance of getting eye exams before BLENREP infusions and connecting them with an ECP to help schedule and perform these exams

For ECPs: Ensuring eye exam results are provided to the oncologist in a timely manner so the oncologist can make any dosage modification decisions accordingly

For Nurses & Oncologists: Sharing information about ophthalmic exam findings and their resolution is important to support patient education while on BLENREP[1]

Visit https://BLENREPhcp.com/safety/adverse-reactions/
to view the data on incidence, severity,
and resolution of ocular toxicity.

Patient Counseling Tips

Further support your patients receiving BLENREP by educating them on eye care recommendations and answering any questions regarding ocular toxicity.

During Treatment, Advise Patients[1]:

- **Ocular toxicity may occur** during treatment with BLENREP
- **To tell their healthcare provider** if they notice any new or worsening eye symptoms
- **To obtain routine eye exams from an ECP** before starting BLENREP, before each dose, promptly for any new or worsening eye symptoms, and as clinically indicated
- **To administer preservative-free artificial tears** at least 4 times per day starting with the first infusion and continuing until end of treatment
  - **Call 1-844-4GSK-ONC to enroll your patients in the GSK Free Eye Drop Program** for access to preservative-free lubricant eye drops
- **To avoid wearing contact lenses** for the duration of therapy unless directed otherwise by their ECP
- **To use caution** when driving or operating machinery, as BLENREP may adversely affect their vision

Because of the risk of ocular toxicity, BLENREP is available only through a restricted program called the BLENREP Risk Evaluation and Mitigation Strategy (REMS)[1]
Certification criteria and additional information are available at www.BLENREPREMS.com and 1-855-690-9572

IMPORTANT SAFETY INFORMATION
WARNINGS AND PRECAUTIONS (CONT'D)

Ocular Toxicity (cont'd)
Ocular toxicity based on ophthalmic exam findings was reported as Grade 2 in 9% of patients, Grade 3 in 56% of patients, and Grade 4 in 21% of patients. The median time to onset of the first Grade 2 to 4 ophthalmic exam findings was 43 days (range: 15 to 611 days). The median duration of all Grade 2 to 4 ophthalmic exam findings was 85 days (range: 5 to 813 days). Patients experienced a median of 3 episodes (range: 1 to 11 episodes) of ocular toxicity based on ophthalmic exam findings. Of the patients with Grade 2 to 4 ophthalmic exam findings, 42% had improvement of the last event to Grade 1 or better; 22% had resolution of the last event based on return to baseline or normal ophthalmic exam findings.

Please see Important Safety Information continued throughout and click to see full Prescribing Information, including BOXED WARNING for BLENREP.

BLENREP
belantamab mafodotin-blmf
for injection 70 mg

Coordination of Care with Eye Care Professionals (ECPs)

The multidisciplinary approach to caring for patients on BLENREP includes a full care team featuring nurses, oncologists, and ECPs.

Helping You Identify ECPs

In order to facilitate successful care partnerships between oncology teams and ECPs, GSK has established **Eyecare Education Specialists (EES)** to provide education to ophthalmologists and optometrists involved in the care of patients on BLENREP.

If you (or your patient) do not already have an established relationship with an ECP, the **ECP Locator Tool** on the BLENREP patient website can help you identify local ECPs. Please contact your GSK representative to have an EES educate your patient's ECP on the required eye exams while on BLENREP.

Coordinating Ophthalmic Exams with ECPs

- The first exam will establish a baseline prior to treatment. Subsequent exams will assess the change from baseline. **The ECP will communicate the grade/severity of the worst findings to the oncology care team**[1]
- Based on ECP final grading of the eye exam results, **the oncologist will determine if dosage modifications are needed for ocular toxicity**[1]

To access the ECP Locator Tool, visit https://BLENREPhcp.com/safety/adverse-reactions/

IMPORTANT SAFETY INFORMATION
WARNINGS AND PRECAUTIONS (CONT'D)

Ocular Toxicity (cont'd)

The most commonly reported corneal exam findings included superficial punctate keratopathy, microcyst-like deposits, epithelial changes, and haze. Cases of corneal ulcer, including cases with infection, have been reported and should be managed promptly by an eye care professional.

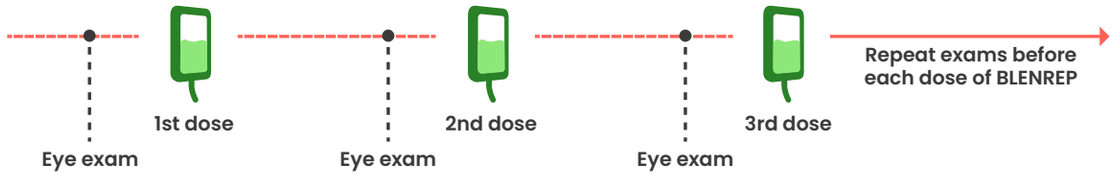
Please see Important Safety Information continued throughout and click to see full Prescribing Information, including BOXED WARNING for BLENREP.

Scheduling Eye Care Exams

Baseline & All Future Doses

- Ophthalmic exams (including slit lamp examination and BCVA assessment) must be conducted by an ECP (ophthalmologist or optometrist) **at baseline, before each dose of BLENREP, promptly for new or worsening symptoms, and as clinically indicated**[1]
- Perform baseline exam within 4 weeks prior to the first dose. Perform each follow-up exam within 10 days prior to the next planned dose. **All effort should be made to schedule the exam as close to BLENREP dosing as possible**

In the event of any new or worsening ocular symptoms, **immediately refer the patient for an eye exam** with an eye care professional upon report.



Monitoring and Documenting Eye Exam Results

In order to facilitate timely communication of eye exam results, fill out the **Eye Care Professional Consult Request Form** according to your role. Here's how each member of the care team will use the form:

Visit https://BLENREPhcp.com/safety/adverse-reactions/ to learn how each member of the care team can use the form.

For Nurses

- Fill out the oncologist information and either eFax, fax, share via the Electronic Medical Record system, or hand to the patient to give to the ECP
- **Schedule the ECP visit up to 5 days prior to the infusion date** to allow time for the oncologist to review results and inform treatment decisions. Eye exam results should be flagged for pre-infusion meetings

For ECPs

Record the corneal exam findings determined from slit lamp exam, changes in BCVA from baseline, and final grading on the **Eye Care Professional Consult Request Form**, which provides clear directions on how to determine the final ocular grading. These results will then be used by oncologists to inform potential dosage modifications.

- The completed form may be faxed, eFaxed, carried by the patient, or adapted into the electronic medical record for communication of results to the oncologist

BLENREP
belantamab mafodotin-blmf
for injection 70 mg

Patient Education

Monitoring and Reporting Symptoms

Encourage patients to report any new or worsening symptoms. They should communicate regularly with you about any ocular symptoms rather than waiting to report at their next appointment.

Be sure to talk to your patients about ocular toxicity, the importance of eye exams, and proactive symptom reporting. Key points of discussion may include:

Discussing ophthalmic exam findings with patients and advising them on symptoms to monitor for. The most common ocular toxicities include reduction in Best-Corrected Visual Acuity (BCVA), corneal exam findings, blurred vision, dry eye, photophobia, foreign body sensation in eyes, eye irritation, eye pain, and cataract[1]

Highlighting the requirement for eye exams and the importance of receiving eye exams in a timely manner to help guide the administration of BLENREP therapy

Conveying that dosage reductions and/or interruptions are common. Ensuring ongoing communication with the patient during dosage interruptions in order to help them continue with therapy as and if clinically appropriate[1]

GSK Patient Assistance Program

For coordination of care assistance via ***Together with BLENREP***, visit **TogetherwithBLENREPHCP.com**

Helpful Resources

Support patients throughout their BLENREP journey with the following resources:

Oncology Care Team Resources

US Prescribing Information
HCP to Patient Discussion Guide
Dosing and Administration Guide
Patient to Nurse Discussion Guide
Patient Brochure
Caregiver Guide
Core Leave Behind

Eye Care Professional Resources

ECP Discussion Guide
Patient FAQ Document
Eyecare Education Specialists

To access materials and resources, **contact your local GSK representative or visit the HCP website at BLENREPhcp.com.**

IMPORTANT SAFETY INFORMATION
WARNINGS AND PRECAUTIONS (CONT'D)

Ocular Toxicity (cont'd)

A reduction in BCVA to 20/50 or worse in at least one eye occurred in 69% of patients, including 29% who experienced a change in BCVA to 20/100 or worse, and 12% who experienced a change in BCVA to 20/200 or worse. Of the patients with reduced BCVA to 20/50 or worse in at least one eye, 61% had resolution of the last event to baseline or better. Of the patients with reduced BCVA to 20/100 or worse, 57% had resolution of the last event. Of the patients with reduced BCVA to 20/200 or worse, 48% had resolution of the last event.

Please see Important Safety Information continued throughout and click to see full Prescribing Information, including BOXED WARNING for BLENREP.

BLENREP
belantamab mafodotin-blmf
for injection 70 mg

INDICATION

BLENREP is indicated in combination with bortezomib and dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least two prior lines of therapy, including a proteasome inhibitor and an immunomodulatory agent.

IMPORTANT SAFETY INFORMATION

WARNING: OCULAR TOXICITY

- **BLENREP causes changes in the corneal epithelium resulting in changes in vision, including severe visual impairment, and symptoms such as blurred vision and dry eyes. In the clinical study, corneal ulcers, including cases with infection, also occurred.**
- **Conduct ophthalmic exams at baseline, before each dose, promptly for new or worsening symptoms, and as clinically indicated. In the clinical study, 83% of patients required a dosage modification due to ocular toxicity. 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 called the BLENREP Risk Evaluation and Mitigation Strategy (REMS).**

WARNINGS AND PRECAUTIONS

Ocular Toxicity
BLENREP causes ocular toxicity, defined as changes in the corneal epithelium and changes in BCVA based on ophthalmic exam (including slit lamp exam), or other ocular adverse reactions as defined by the CTCAE.

In DREAMM-7, ocular toxicity occurred in 92% of patients, including Grade 3 or 4 in 77% of patients. The most common ocular toxicities (>25%) were reduction in BCVA (89%) and corneal exam findings (86%) based on ophthalmic exam findings, blurred vision (66%), dry eye (51%), photophobia (47%), foreign body sensation in eyes (44%), eye irritation (43%), and eye pain (33%).

Ocular toxicity based on ophthalmic exam findings was reported as Grade 2 in 9% of patients, Grade 3 in 56% of patients, and Grade 4 in 21% of patients. The median time to onset of the first Grade 2 to 4 ophthalmic exam findings was 43 days (range: 15 to 611 days). The median duration of all Grade 2 to 4 ophthalmic exam findings was 85 days (range: 5 to 813 days). Patients experienced a median of 3 episodes (range: 1 to 11 episodes) of ocular toxicity based on ophthalmic exam findings. Of the patients with Grade 2 to 4 ophthalmic exam findings, 42% had improvement of the last event to Grade 1 or better; 22% had resolution of the last event based on return to baseline or normal ophthalmic exam findings.

The most commonly reported corneal exam findings included superficial punctate keratopathy, microcyst-like deposits, epithelial changes, and haze. Cases of corneal ulcer, including cases with infection, have been reported and should be managed promptly by an eye care professional.

A reduction in BCVA to 20/50 or worse in at least one eye occurred in 69% of patients, including 29% who experienced a change in BCVA to 20/100 or worse, and 12% who experienced a change in BCVA to 20/200 or worse. Of the patients with reduced BCVA to 20/50 or worse in at least one eye, 61% had resolution of the last event to baseline or better. Of the patients with reduced BCVA to 20/100 or worse, 57% had resolution of the last event. Of the patients with reduced BCVA to 20/200 or worse, 48% had resolution of the last event.

Ophthalmic exams (including slit lamp exam and BCVA assessment) should be conducted by an eye care professional, such as an ophthalmologist or optometrist, at baseline, before each dose of BLENREP, promptly for new or worsening symptoms, and as clinically indicated. Perform baseline exam within 4 weeks prior to the first dose. Perform each follow-up exam within 10 days prior to the next planned dose. All effort should be made to schedule the exam as close to BLENREP dosing as possible. Withhold BLENREP until improvement in both corneal exam findings and change in BCVA to Grade 1 or less and resume at same or reduced dose or permanently discontinue based on severity.

Counsel patients to promptly inform their healthcare provider of any ocular symptoms. Counsel patients to use preservative-free artificial tears at least 4 times a day starting with the first infusion and continuing until the end of treatment, and to avoid wearing contact lenses for the duration of therapy. Bandage contact lenses may be used under the direction of an eye care professional.

Changes in visual acuity may be associated with difficulty for driving and reading. Counsel patients to use caution when driving or operating machinery.

BLENREP Risk Evaluation and Mitigation Strategy (REMS)
BLENREP is available only through a restricted program called the BLENREP REMS because of the risk of ocular toxicity.

Further information is available at www.BLENREPREMS.com and 1-855-690-9572.

Thrombocytopenia
Thrombocytopenia of any grade occurred in 100% of patients in DREAMM-7.

Grade 2 thrombocytopenia occurred in 10% of patients, Grade 3 in 29% of patients, and Grade 4 in 45% of patients. Clinically significant bleeding (Grade ≥2) occurred in 7% of patients with concomitant low platelet levels (Grade 3 or 4).

Monitor complete blood cell counts at baseline and periodically during treatment as clinically indicated. Withhold or reduce the dose of BLENREP based on severity.

Embryo-fetal Toxicity
Based on its mechanism of action, BLENREP can cause fetal harm when administered to a pregnant woman because it contains a genotoxic compound (the microtubule inhibitor, monomethyl auristatin F [MMAF]) and it targets actively dividing cells.

Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with BLENREP and for 4 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with BLENREP and for 6 months after the last dose.

ADVERSE REACTIONS

The most common adverse reactions (≥20%) with BLENREP in combination with bortezomib and dexamethasone are reduction in BCVA, corneal exam findings, blurred vision, dry eye, photophobia, foreign body sensation in eyes, eye irritation, upper respiratory tract infection, hepatotoxicity, eye pain, diarrhea, fatigue, pneumonia, cataract and COVID-19.

The most common Grade 3 or 4 (≥10%) laboratory abnormalities are decreased platelets, decreased lymphocytes, decreased neutrophils, increased gamma-glutamyl transferase, decreased white blood cells, and decreased hemoglobin.

Click to see full Prescribing Information, including BOXED WARNING for BLENREP.

BLENREP
belantamab
mafodotin-blmf
for injection 70 mg

Together, you can deliver coordinated care that helps patients get the most out of their treatment

To learn more about BLENREP, visit the HCP website at BLENREPhcp.com.

Reference: 1. BLENREP. Prescribing information. GSK; 2025.

Click to see full Prescribing Information, including BOXED WARNING for BLENREP.

To report SUSPECTED ADVERSE REACTIONS, contact GSK at https://gsk.public.reportum.com or 1-888-825-5249 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Intended for US healthcare professionals only.

PMUS-BLMBROC250009 October 2025
Produced in USA.

File Name: Coordination of Care Guide.

BLENREP
belantamab mafodotin-blmf
for injection 70 mg