MyelomaUK

Belantamab mafodotin (Blenrep®)

Treatment Guide

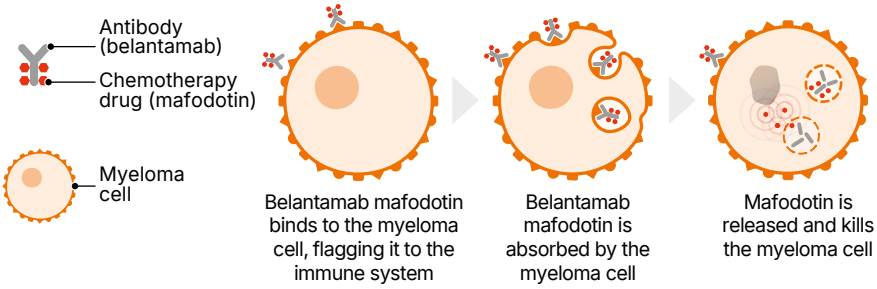
What is belantamab mafodotin?

Belantamab mafodotin is a treatment for myeloma. It is made of two drugs joined together: a monoclonal antibody (belantamab) and a chemotherapy (mafodotin). It is a type of treatment called an antibody-drug conjugate.

How does it work?

Belantamab mafodotin works in two main ways:

- **Attaching:** The monoclonal antibody part of the drug (belantamab) attaches to a protein called BCMA on the surface of a myeloma cell. This flags the myeloma cell to the body's immune system to destroy it.
- **Absorption:** The belantamab mafodotin is then absorbed into the myeloma cell and broken down. This releases the mafodotin chemotherapy part into the myeloma cell, killing the myeloma cell.



Belantamab mafodotin binds to the myeloma cell, flagging it to the immune system. Once absorbed into the myeloma cell, it is broken down and the mafodotin kills the myeloma cell.

How is belantamab mafodotin given?



Belantamab mafodotin is given as a drip into a vein (intravenously).



Belantamab mafodotin is usually given in combination with other myeloma treatments.



When belanatmab mafodotin is given with bortezomib and dexamethasone, you will have it every 21 days. When it is given with pomalidomide and dexamethasone, you will have it every 28 days.



You normally have belantamab mafodotin until your myeloma becomes more active again. Individual treatment plans vary, your healthcare team will discuss your specific plan.

Possible side effects

Belantamab mafodotin has different side effects that vary from person to person, but you will not experience all of them. Report any side effects to your healthcare team as soon as possible.

The most common side effects are listed below. A complete list can be found in the patient information leaflet provided with your treatment. You can ask you healthcare team for it.



More information can be found on our website. Relevant booklets are signposted beneath each side effect. You can also find out more information from your healthcare team or by contacting Myeloma UK.



0800 557 3332



AskTheNurse@myeloma.org.uk



myeloma.org.uk/library

Eye problems and vision changes

Belantamab mafodotin commonly causes changes to the surface of the eye, called the cornea. These changes can happen even if you do not notice symptoms. You may experience:

- Blurred or double vision
- Dry, itchy eyes
- Reduction in how well you can see
- Sensitivity to light

> ⚠ Contact your healthcare team as soon as possible if you experience changes to your vision.

Eye care

You will be prescribed eye drops, called preservative free artificial tears. These should be used in both eyes at least 4 times a day to help keep your eyes moist.

You should not wear contact lenses when having belantamab mafodotin as this will help prevent infections which could make any eye problems worse. Antibiotics will be needed quickly if you develop an eye infection.



Eye examinations

Before starting treatment, you will have an eye examination to check the health of your eyes. You will need an eye examination before the first 4 doses of belantamab mafodotin. Some people may have further eye examinations after this. Eye examinations will check for changes to the eyes, even if you do not have symptoms.

> For more information see the **Eye complications in Myeloma Infosheet** from Myeloma UK

Diarrhoea

Generally, diarrhoea is temporary and your normal bowel pattern should return once treatment has finished. You should drink plenty of fluids to prevent dehydration and avoid highly spiced or fatty foods, caffeine, and alcohol. You may be prescribed medicine to slow down the diarrhoea. If your diarrhoea is severe, contact your healthcare team as you may need fluids via a drip.

For more information see the **Diarrhoea and constipation Infosheet** from Myeloma UK

Anaemia and bleeding

Belantamab mafodotin can decrease the number of red blood cells, called anaemia. Symptoms include: looking paler than usual, shortness of breath, and fatigue. It can also decrease the number of platelets, increasing your risk of bleeding or bruising. You may be given treatment for these side effects and to boost your blood cells.

For more information see the **Fatigue and myeloma Infoguide** and **Bleeding and bruising Infosheet** from Myeloma UK

Infusion reaction (cytokine release syndrome)

An infusion reaction usually occurs within a few hours of having treatment. Symptoms include: chills, fever, fast heartbeat, feeling short of breath, and feeling dizzy. You will be given medicines alongside your belantamab mafodotin to reduce the risk of an infusion reaction. If you notice any of these side effects, report them to your healthcare team immediately.



Risk of infection

Belantamab mafodotin may reduce the number of your white blood cells, increasing your risk of infection, particularly chest infections. Common signs include: high or low temperature (37.5°C or above, or below 36°C), feeling shivery or cold, breathing changes, and cough or cold symptoms.



Infections can become serious if not treated quickly. Contact your healthcare team or out of hours service immediately if you think you have an infection.



For more information see the **Infection and myeloma Infosheet** from Myeloma UK



Nausea and vomiting

Belantamab mafodotin can cause nausea or vomiting. Anti-sickness medicines (anti-emetics) can help reduce nausea and vomiting. You must take them as prescribed rather than waiting until you feel sick. There are many types of anti-sickness medicine, and if the one you have is not effective, ask to try another.

Drink plenty of fluids to avoid dehydration. If vomiting is prolonged and you cannot keep anything down, contact your healthcare team.



For more information see the **Nausea and vomiting Infosheet** from Myeloma UK

Important information about belantamab mafodotin



You should not drive or operate machinery when taking belantamab mafodotin, until you have confirmed your vision is not affected.



If you have ever had the hepatitis B virus, belantamab mafodotin may cause this to become active again. Symptoms include: yellow colouring to the skin or eyes, and dark urine.



You must not take belantamab mafodotin during pregnancy, as it is expected to be harmful to the baby. You must use effective contraception while on this treatment, and for 4 months after treatment if you could get pregnant. If your partner could become pregnant, you should use contraception during treatment and for 6 months after treatment has finished.



You should not breastfeed when taking belanatamab mafodotin and for 3 months after treatment has finished, as it is not known if it can pass to the milk.



Supplements or herbal medicines that have not been prescribed by your haematologist may cause harm when taken alongside your prescribed treatment.

You must speak to your healthcare team before taking any kind of supplement or alternative treatment, including herbal, traditional or natural medicines and remedies, and vitamins or wellbeing supplements, to ensure it is safe to do so.



If you have any questions about your treatment, speak to your healthcare team. They are the best people to ask if you have questions about your individual situation. The information in this publication is not meant to replace their advice.

Treatment Guide:
Belantamab mafodotin (Blenrep®)

MyelomaUK

We're here for everything a diagnosis of myeloma brings

Get in touch to find out more about how we can support you

Call the Myeloma Infoline on
0800 980 3332

Email Ask the Nurse at
AskTheNurse@myeloma.org.uk

Visit our website at
myeloma.org.uk

Trusted Information Creator
Patient Information Forum

Myeloma UK
22 Logie Mill, Beaverbank Business Park,
Edinburgh EH7 4HG
0131 557 3332
myelomauk@myeloma.org.uk
Registered Charity No: SC026116

Published by:	Myeloma UK
First published:	August 2026
Next review due:	August 2029

We appreciate your feedback

Please fill in a short online survey about our patient information at **myeloma.org.uk/pifeedback** or email any comments to **patientinfo@myeloma.org.uk**

For more about how we produce our information, visit **myeloma.org.uk/about-our-information**