MPe Myeloma Patients Europe

Factsheet

Belantamab mafodotin (Blenrep®)

What it is, how it works and how it is used in the treatment of myeloma.

Factsheet

Myeloma Patients Europe

Belantamab mafodotin (Blenrep®)

Belantamab mafodotin is a drug used to treat myeloma (also known as multiple myeloma). You may hear it called by its brand name, Blenrep®, or by the name "belamaf".

This Myeloma Patients Europe (MPE) factsheet provides information on what belantamab mafodotin is, how it works and how it is used in the treatment of myeloma.

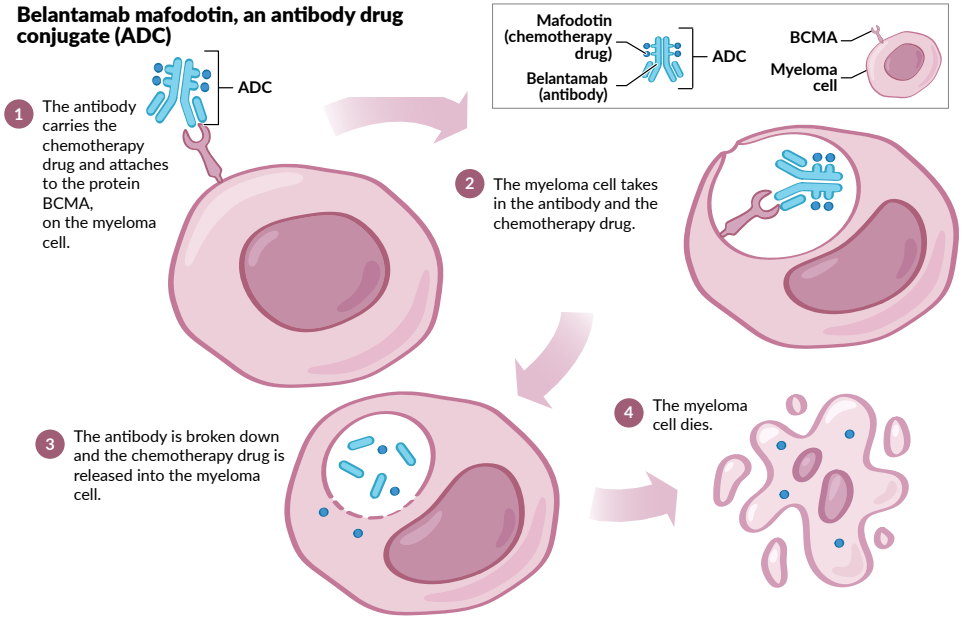
You might be reading this factsheet to help you decide on your myeloma treatment or because you are about to start receiving belantamab mafodotin. You should speak to your doctor or healthcare team if you have any questions or concerns about your treatment.

Contents

What is belantamab mafodotin?

Belantamab mafodotin is an antibody drug conjugate (ADC), which is a monoclonal antibody linked to an anti-cancer agent.

The two parts of belantamab mafodotin work together to kill myeloma cells. The monoclonal antibody recognises a protein found on the surface of myeloma cells. This protein is called B-cell maturation antigen (BCMA), which is found on nearly all myeloma cells making it an effective target for treatment. This enables the monoclonal antibody to find the myeloma cells and bind to them. Once attached, the anti-cancer agent (i.e. mafadotin) is released in the myeloma cell and kills it. Belantamab mafodotin also activates your immune system to find and destroy more myeloma cells.



How is it used to treat myeloma?

Belantamab mafodotin is used in patients whose myeloma has returned (i.e. relapsed) and is not responding to the last treatment (i.e. refractory).

It is usually given as either:

Belantamab mafodotin with **bortezomib** and **dexamethasone** (referred to as **BVd**)

Bortezomib is a proteasome inhibitor and dexamethasone is a steroid. This combination is for myeloma patients who have received at least one prior treatment.

or

Belantamab mafodotin with **pomalidomide** and **dexamethasone** (referred to as **BPd**)

Pomalidomide is an immunomodulatory agent (or IMiD). This combination is for myeloma patients who have received at least one prior treatment including lenalidomide (another IMiD).

These combinations are approved by the European Commission for use across the European Union. This means they work and are safe when used to treat myeloma. However, the ability of patients to receive it will depend on country-level approval and reimbursement decision.

MPE factsheet: Belantamab mafodotin (Blenrep®)

How is it given?

Belantamab mafodotin is an intravenous drug (IV).

This means it is given via an infusion through your vein. These IV infusions usually take around 30 minutes and are given at the hospital (no overnight stay).

The dose of belantamab mafodotin you receive depends on the following:

- **The treatment combination you receive**
- **Your body weight**
- **The side-effects you are experiencing**

How often and for how long is belantamab mafodotin given?

How often you receive belantamab mafodotin depends on the treatment combination.

BVd is usually given **every 3 weeks**

BPd is sually given **every 4 weeks**

Your doctor may recommend less frequent treatment if you experience certain side-effects. You will receive belantamab mafodotin until your myeloma becomes active again.

What do the clinical trials tell us about the benefits?

A clinical trial is a research study that tests a new treatment, treatment combination, therapy, procedure or medical device in patients.

Two large clinical trials found that belantamab mafodotin, when given in combination with existing myeloma drugs, increased response rates and extended the length of time patients had without their disease getting worse when compared with a standard of care (i.e. what patients might currently receive when their disease progresses).

These trials were:

DREAMM-7

This trial looked at belantamab mafodotin in combination with bortezomib (brand name = Velcade) and dexamethasone (BVd) compared with daratumumab (a monoclonal antibody), bortezomib and dexamethasone (DVd).

DREAMM-8

This trial looked at belantamab mafodotin in combination with pomalidomide and dexamethasone (BPd) compared with pomalidomide, bortezomib and dexamethasone (PVd).

Patients on BVd lived longer compared with patients receiving DVd. Survival data (i.e. the length of time people lived after receiving the treatment) is not yet available for the BPd combination.

What side-effects may occur?

Here we describe the most common side-effects of belantamab mafodotin, these happen in more than one in ten patients receiving belantamab mafodotin.

You are unlikely to experience all of these side effects. Side effects vary from person to person and are often manageable with support from your healthcare team. If you have any side-effects or symptoms because of your myeloma and treatment with belantamab mafodotin, you should tell your doctor so they can help you manage them.

Eye-related side-effects

Eye-related side-effects are the most common side-effects for patients receiving belantamab mafodotin. The main way this presents is with damage to the cornea (the vital protective layer of the eye), which can lead to symptoms of dry eyes, blurred vision, less clear vision, eye irritation or pain, photophobia (sensitivity to light which can cause discomfort or pain), cataract (clouding of the lens of the eye) or sensation of having something in the eye. These side-effects can range from mild to severe.

Eye-related side-effects can usually be managed and reversed using dose modifications (i.e. pausing treatment for a time-limited period until the symptoms improve, or through lowering the dose of the treatment). This can usually be done without impacting on your treatment response. You should speak to your doctor if you have concerns.

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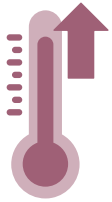
Due to the eye-related side-effects, your doctor should arrange repeat eye-examinations with an ophthalmologist (an eye doctor) or another eye care professional to check your eyes before starting treatment, before you receive each dose of treatment and as needed for any new or worsening eye side-effect. You will also be given regular eye-drops (artificial tears) to use every day throughout your treatment. It is recommended to use those eye-drops at least four times a day to moisten your eyes.

It is important you keep your doctor informed about the eye-related side-effects right away if you notice any new or worsening eye symptom or vision change during treatment, to help you resolve them.

Infusion-related reactions

Some patients may have an allergic-like reaction when they receive an infusion of belantamab mafodotin. This usually develops within minutes or hours but may develop up to a day after treatment (i.e. 24 hours). Symptoms include flushing (a red and hot face), chills, fever, difficulty breathing, rapid heartbeat and a drop in blood pressure. You should contact your doctor or healthcare team immediately if you think you may be having a reaction.

Infections



As a result of treatment with belantamab mafodotin, you are at a higher risk of developing certain infections which can give you a high temperature (i.e. fever) and make you feel unwell. Most common infections include:

COVID-19

Infections of the nose, sinuses and throat (upper respiratory infections)

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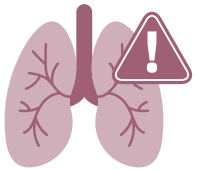
Pneumonia (infection of the lung)

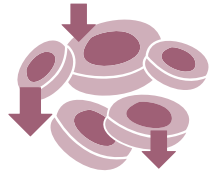


Common signs of pneumonia include high or low temperature, coughing (which may include coughing up yellow or green mucus) and wheezing, shortness of breath, fatigue, loss of appetite and confusion. To prevent or treat infections, your doctor might prescribe antibiotics (medicines that treat bacterial infections). In severe cases, you may also need to stay at the hospital and be given oxygen to help you breathe.

Whilst you are taking belantamab mafodotin, you should take precautions to help avoid infections. This might include washing your hands more often and avoiding large, crowded places. See our resources on infection prevention.

If you are taking belantamab mafodotin, it is important that you seek medical assistance immediately if you develop cold or flu-like symptoms, start to feel unwell and/or have a high or low temperature which is usually caused by the response of your body to an infection.

Blood changes that increase your risk of infection



A reason you are at more risk of infection whilst receiving belantamab mafodotin is due to changes in your blood and immune system which might make it more difficult for you to fight off infections.

Low levels of white blood cells (leukopenia)

Neutropenia and lymphopenia mean a low level of different white blood cells (called neutrophils and lymphocytes), which are important for the immune system and fighting infections. If you have a low level of white blood cells, you are more likely to develop an infection and get unwell. It might also take you a longer time to get better after an infection.

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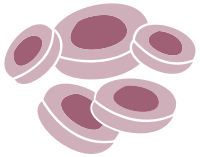
Your doctor will take your blood before and during treatment to monitor your white blood cell levels. In severe cases, G-CSF is a treatment that can be used to treat neutropenia. G-CSF stands for Granulocyte Colony-Stimulating Factor. It is a medication that stimulates cell growth and which can help the bone marrow make more neutrophils to help fight infections. It is injected under the skin (subcutaneously).

Other blood changes



Low platelets (increased risk of bleeding)
Thrombocytopenia means you have a low platelet count. Platelets (also known as thrombocytes) play an important role in slowing or stopping bleeding (i.e. blood clotting) and healing wounds. A low number of platelets can increase your risk of bleeding.

Your doctor will check your blood (including platelet levels) before and during treatment. If you experience abnormal bruising or bleeding (e.g. from your gums, nose or after tests), you should inform your doctor. If severe, this may be managed through dose modifications. It might also be possible to use platelet transfusions, given by an infusion. Your doctor may recommend following some tips to avoid injury and bleeding.

Low level of red blood cells (anaemia)
Anaemia means that you have a low level of red blood cells or low level of haemoglobin. Red blood cells play an important role in carrying oxygen around your body. If you have a low level of red blood cells you might have a lack of energy and feel weak, fatigued, breathless or light-headed. You may also have noticeably paler skin than normal.

Your doctor will take your blood before and during treatment to monitor your red blood cell levels. However, if you experience these symptoms at any point you should speak to your doctor. Treatment for anaemia may include iron tablets, blood transfusions (which gives you extra red blood cells) and a drug called erythropoietin (EPO). EPO can help your body make extra red blood cells.

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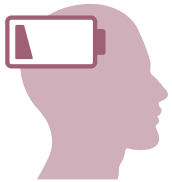
Fatigue



Fatigue is a feeling of extreme and persistent tiredness, which may not be relieved by rest. As with all side-effects, you should tell your doctor or nurse if you are feeling very tired. Treating other side-effects can help relieve fatigue. For example, your fatigue may be caused by a low number of red blood cells (anaemia – see above). If this is treated, you might start to feel less tired. Your doctor might also be able to reduce the dose of certain drugs if they are a contributing factor.

Small amounts of easy exercise can also help as well as periods of rest. Planning and anticipating your daily activities can help manage your fatigue, thinking about rest periods during the day – particularly after more strenuous activities.

Liver damage

Abnormal levels of liver enzymes in the blood can mean that your liver has been inflamed or damaged from treatment with belantamab mafodotin. Your doctor will monitor those levels through blood tests. You should tell your doctor if you notice yellowing of the skin or eyes, your urine appears dark or brown, or you have pain in your stomach. If your liver enzymes are high, your doctor will explore the cause further. They may amend the dose or frequency of belantamab mafodotin to address these side-effects.

Gastrointestinal disorders

Diarrhoea
Diarrhoea is where someone has three or more loose stools (i.e. bowel movements) every day. Having a balanced diet can help with this symptom, as can avoiding foods that upset your stomach like fatty and spicy food and avoiding fruit juice. If you have diarrhoea, make sure you drink plenty of water each day – around 2 to 3 litres each day. Your doctor may also prescribe you medicines to help control your diarrhoea, called anti-diarrhoeals.

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Nausea
Nausea is where someone has an unpleasant urge to vomit.
If you vomit, it is very important to stay hydrated by drinking water.
Try to take small sips if you are not able to keep the water down.
Anti-emetics are anti-sickness drugs, which you may be prescribed to prevent or stop your nausea and sickness.

Constipation
Constipation is a bowel dysfunction that makes bowel movements infrequent or difficult to pass. Stools are often hard. Symptoms can include abdominal pain. Your doctor may prescribe you constipation treatment or recommend you dietary changes. Staying hydrated is important.

Neuropathy

Neuropathy is when a nerve or several nerves are damaged, leading to pain, weakness, numbness or tingling in one or more parts of your body. It can be managed by reducing the dose and/or the schedule of the treatment, using pain relievers or neuroprotective supplements which protect the brain and nervous system from damage.

Other very common side-effects
(which may affect more than 1 in 10 patients)

- **Insomnia** (sleeplessness)
- **Joint pain**
- **Back pain**
- **Cough**

Notes

Notes

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Notes

Questions or concerns

If you have any concerns about your treatment or symptoms, you should speak to your doctor or healthcare team immediately.

References

For a full list of references used to inform this factsheet, please email info@mpeurope.org.

MPE is a network of European myeloma patient organisations. It supports national patient organisations to improve treatment and access for patients in their countries and helps inform and raise awareness on a European level through its educational programmes. Please note, this information does not replace the information provided by your doctor. If there is anything that is not clear to you, please always ask your clinical team.

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We regularly monitor new evidence, safety information, and treatment developments and will update this factsheet before the review date if significant changes occur. If a review does not result in content changes, a new printed version may not be issued. The latest review information is available on our website.

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