

Regimen Monograph

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A - Regimen Name

BORTDEXALENA(LD) Regimen

Bortezomib-Dexamethasone-Lenalidomide (RVD-Lite) (For transplant-ineligible patients)

Disease Site Hematologic
Multiple Myeloma

Intent Palliative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses For treatment of **transplant ineligible** patients with previously untreated multiple myeloma (alternate dosing for elderly patients)

Supplementary Public Funding [bortezomib](#)
New Drug Funding Program (Bortezomib - In Combination with Lenalidomide and Dexamethasone for Previously Untreated Multiple Myeloma Without Intent)

for Stem Cell Transplantation) ([NDFP Website](#))

[lenalidomide](#)

ODB Limited Use (lenalidomide - For the treatment of patients with multiple myeloma, who are deemed to be lenalidomide sensitive, and/or have not experienced progression while on a lenalidomide-based regimen in the treatment or maintenance setting, according to clinical criteria) ([ODB Formulary](#))

dexamethasone

ODB - General Benefit (dexamethasone) ([ODB Formulary](#))

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B - Drug Regimen

bortezomib	1.3 mg /m ²	IV / Subcut	Days 1, 8, 15, 22
(Prior authorization is required for PDRP funding of this drug within this regimen)			
lenalidomide ¹	15 mg	PO	Days 1 to 21
dexamethasone *	20 mg	PO	Days 1, 2, 8, 9, 15, 16, 22, 23

* Given on Days 1, 8, 15, 22 only for patients > 75 years of age

¹ Lenalidomide may only be prescribed and dispensed by physicians and pharmacists registered with a controlled distribution program. Patients must also be registered and meet all conditions of the program.

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C - Cycle Frequency

REPEAT EVERY 35 DAYS

For 9 cycles unless disease progression or unacceptable toxicity occurs

Starting with cycle 10 onwards, continue with bortezomib and lenalidomide as consolidation. Refer to BORTLENA(LD) regimen for details.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low
No routine prophylaxis for lenalidomide

Also refer to [CCO Antiemetic Recommendations](#).

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the [hepatitis B virus screening and management](#) guideline.

Other Supportive Care:

- Antiviral prophylaxis for herpes zoster is recommended.
- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely
- Prophylaxis for venous thromboembolism is recommended in patients at risk.
- Careful consideration and monitoring must be taken with erythropoietin stimulating agents (ESAs), since the concomitant use of ESAs with lenalidomide may potentiate the risk of thrombosis. RBC or platelet transfusions with lenalidomide dose reductions/interruptions may be appropriate in severe / symptomatic anemia or thrombocytopenia.
- Consider GCSF as secondary prophylaxis.
- Optimal control of thyroid function is recommended prior to starting lenalidomide treatment

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J - Administrative Information

Outpatient prescription for home administration (lenalidomide & dexamethasone)

Bortezomib:

Approximate Patient Visit	0.5 hour
Pharmacy Workload (average time per visit)	16.369 minutes
Nursing Workload (average time per visit)	27.5 minutes

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K - References

Bortezomib drug monograph, Ontario Health (Cancer Care Ontario).

Lenalidomide drug monograph, Ontario Health (Cancer Care Ontario).

O'Donnell EK, Laubach JP, MD, Yee AJ, et al. Updated results of a phase 2 study of modified lenalidomide, bortezomib, and dexamethasone (RVd-lite) in transplant-ineligible multiple myeloma. *Blood* (2019) 134 (Supplement 1): 3178.

O'Donnell EK, Laubach JP, Yee AJ, et al. A phase 2 study of modified lenalidomide, bortezomib and dexamethasone in transplant-ineligible multiple myeloma. *Br J Haematol*. 2018 Jul;182(2):222-30.

PEBC Advice Documents or Guidelines

- [Treatment of Multiple Myeloma: ASCO and CCO Joint Clinical Practice Guideline](#)

December 2023 Added Premedication and supportive measures section

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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