Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | References | Other Notes | Disclaimer

A - Regimen Name

BORTDEXAPOMA Regimen

Bortezomib-Dexamethasone-Pomalidomide

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

Treatment of relapsed or refractory multiple myeloma, in patients who have received prior treatment(s) that include lenalidomide

Refer to NDFP form for funding details.

Supplementary Public Funding

bortezomib
New Drug Funding Program (Bortezomib - In Combination with Pomalidomide and Dexamethasone for Previously Treated Multiple Myeloma) (NDFP Website)

dexamethasone
ODB - General Benefit (dexamethasone) (ODB Formulary)

pomalidomide
Exceptional Access Program (pomalidomide - In combination with bortezomib and dexamethasone, for the treatment of patients with relapsed or refractory multiple myeloma, based on criteria) (EAP Website)

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B - Drug Regimen

Pomalidomide 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.

Cycles 1 to 8:

bortezomib	1.3 mg /m²	IV / Subcut	Days 1, 4, 8, 11
dexamethasone*	20 mg	PO	Days 1, 2, 4, 5, 8, 9, 11, 12
pomalidomide	4 mg	PO Daily	Days 1 to 14

Cycle 9 and onwards:

bortezomib	1.3 mg /m²	IV / Subcut	Days 1, 8
dexamethasone*	20 mg	PO	Days 1, 2, 8, 9
pomalidomide	4 mg	PO Daily	Days 1 to 14

*In elderly patients, the dexamethasone dose should be reduced (i.e. to 10 mg on the days above).

Alternative Schedule (bortezomib weekly)**:**

Cycles 1 to 8:

bortezomib	1.3 to 1.5 mg /m²	IV / Subcut	Days 1, 8 and 15
dexamethasone*	40 mg	PO	Days 1, 8, 15
pomalidomide	4 mg	PO Daily	Days 1 to 14

Cycle 9 and onwards:

bortezomib	1.3 to 1.5 mg /m²	IV / Subcut	Days 1, 8
dexamethasone*	40 mg	PO	Days 1, 8, 15
pomalidomide	4 mg	PO Daily	Days 1 to 14

*In elderly patients, the dexamethasone dose should be reduced.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low
No routine prophylaxis for pomalidomide

- 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:

- Prophylactic antithrombotics, such as low dose aspirin, low molecular weight heparins or warfarin, are recommended.
- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely.
- Consider the use of antiviral prophylaxis against herpes zoster (shingles) during bortezomib therapy.

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K - References

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

Lacy MG, LaPlant BR, Laumann KM et al. Pomalidomide, bortezomib and dexamethasone (PVD) for patients with relapsed lenalidomide refractory multiple myeloma. Blood 2014;124(21):304.

Mikkhael JR, Roy V, Richardson PG, et al. A phase I/II trial Of pomalidomide, bortezomib and dexamethasone In patients with relapsed Or refractory multiple myeloma. ASH Annual Meeting, 2013 (abstract 1940)

Paludo J, Mikhael JR, LaPlant BR, et al. Pomalidomide, bortezomib, and dexamethasone for patients with relapsed lenalidomide-refractory multiple myeloma. Blood 2017;130(10):1198-204.

Pomalidomide drug monograph. Ontario Health (Cancer Care Ontario).

Pomalidomide - pCODR Expert Review Committee Final Recommendation, September 18, 2019.

Richardson PG, Oriol A, Beksac M,et al. Pomalidomide, bortezomib, and dexamethasone for patients with relapsed or refractory multiple myeloma previously treated with lenalidomide (OPTIMISMM): a randomised, open-label, phase 3 trial. Lancet Oncol 2019 Jun;20(6):781-794.

PEBC Advice Documents or Guidelines

- Treatment of Multiple Myeloma: ASCO and CCO Joint Clinical Practice Guideline

April 2025 Modified pomalidomide public funding information

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M - Disclaimer

Regimen Abstracts

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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.

Regimen Monographs

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

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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