

Regimen Monograph

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A - Regimen Name

CYCLDEXAIXAZ Regimen

cyclophosphamide-dexamethasone-ixazomib

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 An all-oral treatment option for:

- Relapsed/refractory multiple myeloma
- Newly diagnosed multiple myeloma in patients who are ineligible for transplant

Supplementary Public Funding **dexamethasone**
 ODB - General Benefit (dexamethasone) ([ODB Formulary](#))

[cyclophosphamide](#)ODB - General Benefit (cyclophosphamide - oral tablets) ([ODB Formulary](#))[back to top](#)**B - Drug Regimen**

cyclophosphamide	300 mg /m ²	PO	Days 1, 8, 15
dexamethasone[^]	40 mg	PO	once a week on Days 1, 8, 15, and 22

[^]In elderly patients, the dexamethasone dose should be reduced (i.e. to 20 mg once weekly).

ixazomib	4 mg	PO	Days 1, 8, and 15
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(This drug is not currently publicly funded for this regimen and intent)

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Relapsed Refractory: Until disease progression or unacceptable toxicity.

Transplant Ineligible: CYCLDEXAIXAZ For a usual total of 13 cycles, then single agent ixazomib continues until disease progression or unacceptable toxicity.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low – No routine prophylaxis; PRN recommended (ixazomib)
Moderate – Consider prophylaxis daily (cyclophosphamide)

Other Supportive Care:

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

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J - Administrative Information

Outpatient prescription for home administration

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K - References

Kumar SK, Grzasko N, Delimpasi S, et al. Phase 2 study of all-oral ixazomib, cyclophosphamide and low-dose dexamethasone for relapsed/refractory multiple myeloma. *British Journal of Haematology* 2019;184: 536-546.

Dimopoulos MA, Grosicki S, Jedrzejczak WW, et al. All-oral ixazomib, cyclophosphamide, and dexamethasone for transplant-ineligible patients with newly diagnosed multiple myeloma. *European Journal of Cancer* 2019;106:89e98. <https://doi.org/10.1016/j.ejca.2018.09.011>

PEBC Advice Documents or Guidelines

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

December 2020 New ST-QBP regimen

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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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