

Regimen Monograph

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A - Regimen Name

DEXAPOMA+BELA Regimen**Dexamethasone-Pomalidomide-Belantamab**

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

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

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belantamab mafodotin	2.5 mg /kg	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
pomalidomide	4 mg	PO	Days 1 to 21
(This drug is not currently publicly funded for this regimen and intent)			
dexamethasone ¹	40 mg	PO	Days 1, 8, 15, 22

Cycles 2 and beyond:

belantamab mafodotin	1.9 mg /m ²	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
pomalidomide	4 mg	PO	Days 1 to 21
(This drug is not currently publicly funded for this regimen and intent)			
dexamethasone ¹	40 mg	PO	Days 1, 8, 15, 22

¹ In elderly patients, the dexamethasone dose should be reduced (i.e. to 20 mg once weekly).

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Until disease progression or unacceptable toxicity

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K - References

Dimopoulos MA, Beksac M, Pour L, et al. Belantamab mafodotin, pomalidomide, and dexamethasone in multiple myeloma. *N Engl J Med* 2024;391(5):408-21. doi: 10.1056/NEJMoa2403407.

July 2025 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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