

Regimen Monograph

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A - Regimen Name

MELPDEXA Regimen

Melphalan-Dexamethasone

Disease Site Hematologic - Multiple Myeloma
Light-chain amyloidosis

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 the treatment of patients with immunoglobulin-light-chain amyloidosis, who had received no more than two previous courses of any chemotherapy regimen, who did not have symptomatic multiple myeloma, and who had ECOG score of 2 or lower.

Supplementary [melphalan](#)

Public Funding ODB - General Benefit (melphalan - oral tablets)

dexamethasone

ODB - General Benefit (dexamethasone)

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B - Drug Regimen

melphalan	10 mg /m ²	PO	Days 1 to 4
dexamethasone	40 mg	PO	Days 1 to 4

The dexamethasone dose should be reduced in elderly patients.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

For up to 18 cycles unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

Other Supportive Care:

Prophylaxis with proton pump inhibitors and trimethoprim–sulfamethoxazole (one DS tablet 3 times a week) is recommended.

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

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K - References

PEBC Advice Documents or Guidelines

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

September 2019 Added note on dexamethasone dose in the elderly

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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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