

## PROVINCIAL FUNDING SUMMARY

### Pomalidomide (Pomalyst) for Multiple Myeloma (pCODR 10036)

pERC Recommendation: Recommends with Conditions

For further details, please see [pERC Final Recommendation](#).

Notification to Implement Issued by pCODR: August 18, 2014

This information is current as of February 6, 2019.

Note: Funding criteria as listed on the decision date. Please refer to the provincial drug programs for the most recent funding criteria and program eligibility.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
BC	Funded	Mar 1, 2015	For patients with relapsed/refractory multiple myeloma who have previously failed at least 2 treatments including bortezomib and lenalidomide and demonstrated disease progression on the last treatment or when bortezomib is contraindicated or patients are intolerant and when patient has failed lenalidomide, which they may have received in the maintenance setting
AB	Funded	Apr 28, 2015	Pomalidomide and dexamethasone (with or without cyclophosphamide) in patients with relapsed and/or refractory multiple myeloma who have previously failed at least two treatments, including Bortezomib and Lenalidomide and demonstrated disease progression on the last treatment. Pomalidomide as an option in rare instances where Bortezomib is contraindicated or when patients are intolerant to it and have failed lenalidomide. Feb 3, 2016 updated wording - In exceptional circumstances where dexamethasone is contraindicated prednisone may be used. The steroid component may be withheld altogether if warranted by the risk of toxicity. May be used following daratumumab triplet therapy.
SK	Funded	May 1, 2015	Patients with relapsed and/or refractory multiple myeloma in combination with Dexamethasone (+/- Cyclophosphamide) who have previously failed at least two treatments, including both Bortezomib and Lenalidomide and demonstrated disease progression on the last treatment. Pomalidomide may be approved in rare instances where patients cannot receive Bortezomib due to a medical contraindication or have significant intolerance to Bortezomib, but in all cases, have demonstrated treatment failure with Lenalidomide, either in the maintenance or relapsed/refractory setting

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
MB	Funded	Apr 20, 2015	For patients with relapsed and/or refractory multiple myeloma who have previously failed at least two treatments, including both bortezomib and lenalidomide and demonstrated disease progression on the last treatment. Pomalidomide should also be an option in rare instances where bortezomib is contraindicated or when patients are intolerant to it; however, in all cases patients should have failed lenalidomide which they may have received in the maintenance setting.
ON	Funded	Feb 6, 2015	<p>Initial request: The patient</p> <ul style="list-style-type: none"> <li>• has multiple myeloma that is refractory, relapsed, or both; AND</li> <li>• has previously failed at least two (2) treatments including lenalidomide, AND</li> <li>• has also previously failed bortezomib*, OR</li> <li>• has a contraindication or intolerance to bortezomib; AND</li> <li>• had demonstrated disease progression following the last round of treatment with lenalidomide</li> </ul> <p>Approval Duration: 1 year            *Evidence of Failure with Bortezomib: accept the following as failed treatment with bortezomib: the patient has previously received a course of bortezomib during which the patient experienced no disease progression, but the patient is not eligible for bortezomib re-treatment at the time of disease relapse.</p> <p>Renewals: confirmation that the patient continues to respond to therapy with Pomalyst (i.e. is not refractory and has not relapsed)            Approval Duration: 1 year</p>
NS	Funded	May 4, 2015	As a treatment option in adult patients with relapsed and/or refractory MM who have previously failed at least two treatments including bortezomib and lenalidomide and demonstrated disease progression on the last treatment. Pomalidomide may be an option for patients where there is a contraindication or intolerance to bortezomib. These patients must have failed (disease progression) lenalidomide.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
NB	Funded	Mar 23, 2015	<p>For the treatment of patients with relapsed and/or refractory multiple myeloma who:</p> <ul style="list-style-type: none"> <li>• Have previously failed at least two treatments including both bortezomib and lenalidomide, and</li> <li>• Demonstrated disease progression on the last treatment.</li> </ul> <p>Clinical Note: Requests for pomalidomide will be considered in rare instances where bortezomib is contraindicated or when patients are intolerant to it; however, in all cases patients should have failed lenalidomide which they may have received in the maintenance.</p>
NL	Funded	May 1, 2015	<p>For patients with relapsed and/or refractory multiple myeloma who have previously failed at least two treatments, including lenalidomide* and</p> <ul style="list-style-type: none"> <li>• Have failed bortezomib** or</li> <li>• Have contraindication or intolerance to bortezomib And</li> <li>• Have demonstrated disease progression on the last treatment</li> </ul> <p>*In all cases patients should have failed lenalidomide. Includes lenalidomide that may have been received in the maintenance setting. **Includes patients who have previously received a course of bortezomib during which there was no disease progression, but are not eligible for bortezomib re-treatment at time of disease relapse.</p> <p>Approval Period: 6 months Recommended Dose: 4mg daily on day 1 to 21 in combination with dexamethasone 40mg on days 1, 8, 15 and 22 of a 28 day cycle until disease progression. Renewal requires physician reassessment and request.</p>
PEI	Funded	Nov 23, 2015	<p>For patients with relapsed and/or refractory multiple myeloma who have previously failed at least two treatments, including both bortezomib and lenalidomide and demonstrated disease progression on the last treatment. Note: Pomalidomide may be an option in rare instances where bortezomib is not tolerated or contraindicated but in all cases, patients should have failed lenalidomide.</p>