

Plain English Summary

Disease-modifying therapies for treating multiple sclerosis

What does the guidance say?

Fingolimod is recommended for listing on the Medication Assistance Fund (MAF) for government subsidy for adults and children with relapsing-remitting multiple sclerosis (RRMS).

Siponimod is recommended for listing on the MAF for adults with secondary progressive multiple sclerosis (SPMS) with active disease.

Alemtuzumab, cladribine, dimethyl fumarate, interferon beta-1a, natalizumab, ofatumumab and teriflunomide are not recommended for subsidy.

What is multiple sclerosis?

Multiple sclerosis (MS) is a chronic condition that can potentially cause serious disability. It occurs when the immune system mistakenly attacks the brain or spinal cord causing damage to the nerves. MS affects each person differently. Symptoms can include fatigue, slurred speech, numbness or tingling, problems with movement such as lack of coordination and difficulty in walking, blurred vision, problems controlling the bladder, and problems with thinking, concentration and memory.

What are the different forms of multiple sclerosis?

Most people have a form of MS called relapsing-remitting MS (RRMS). People with RRMS have episodes of attacks, called relapses, where they have new or worsening symptoms. This can be followed by periods of recovery with little or no symptoms, which is known as remission. RRMS can progress to secondary progressive MS (SPMS) where people do not have relapses as often, but their condition gradually worsens over time.

Some people may experience symptoms of MS for the first time, but do not meet all of the clinical criteria to confirm they have MS. When this happens, the patient is diagnosed with clinically isolated syndrome (CIS). People who experience CIS may or may not go on to develop MS.

What are fingolimod and siponimod?

Fingolimod and siponimod belong to a group of medicines called sphingosine 1-phosphate receptor modulators which stop certain white blood cells from reaching the brain and spinal cord and reduce nerve damage caused by MS. Fingolimod and siponimod are taken orally each day for certain types of MS. Your doctor will tell you how much you need to take and how long you need to take it for.

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Who can have fingolimod or siponimod?

Adults and children with relapsing-remitting multiple sclerosis (RRMS) can have fingolimod.

Adults with secondary progressive multiple sclerosis (SPMS) and active disease that have been confirmed by relapses or diagnostic imaging can have siponimod.

Your doctor can advise if fingolimod or siponimod are suitable treatments for you.

Why were fingolimod and siponimod recommended for MAF?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Fingolimod and siponimod were recommended because their benefit in reducing the number of relapses and slowing the worsening of physical disability for certain patients with RRMS and SPMS justifies their costs.

Alemtuzumab, cladribine, dimethyl fumarate, interferon beta-1a, natalizumab, ofatumumab, and teriflunomide were not recommended for subsidy for any types of MS because their benefits do not justify their costs.

What does listing on MAF mean for me?

The MAF helps people pay for expensive treatments that are clinically necessary. If your doctor prescribes fingolimod or siponimod for you, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

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The Agency for Care Effectiveness (ACE) was established by the Ministry of Health (Singapore) to drive better decision-making in healthcare through health technology assessment (HTA), clinical guidance and education. It publishes guidances on diagnosing, treating, and preventing different medical conditions based on the latest research information available worldwide.

This summary is not, and should not be regarded as, a substitute for professional or medical advice. Please seek the advice of a qualified healthcare professional about any medical condition.

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