

Plain English Summary

Treatments for MET exon 14 skipping mutated metastatic non-small-cell lung cancer

What does the guidance say?

Tepotinib has been recommended for inclusion on the Cancer Drug List (CDL) for patients with metastatic non-small-cell lung cancer with a mesenchymal-epithelial transition (MET) exon 14 skipping mutation. Government funding will be provided for this treatment through the Medication Assistance Fund (MAF) and MediShield Life.

Capmatinib is not recommended for funding through subsidy or MediShield Life for this condition.

What is non-small-cell lung cancer (NSCLC)?

Lung cancer occurs when abnormal cells grow uncontrollably in one or both of the lungs. Common symptoms of lung cancer include coughing, chest pain and trouble breathing.

Doctors classify lung cancer into different subtypes depending on the type of cells in the lung that are affected. Non-small-cell lung cancer (NSCLC) is the most common type of lung cancer.

When the cancer spreads to both lungs or other parts of the body, this is known as advanced or metastatic disease.

What is a mesenchymal-epithelial transition (MET) exon 14 skipping mutation?

The MET gene helps cells grow and divide. Some patients with NSCLC have a mutation in the exon 14 region of the MET gene, which causes cancer cells to grow and spread. This is known as MET exon 14 skipping mutated NSCLC.

Doctors test patients with lung cancer to see if they have a MET exon 14 skipping mutation so they can determine which treatments will work best. Up to 4% of people with NSCLC can have this mutation.

What is tepotinib?

Tepotinib belongs to a group of medicines called tyrosine kinase inhibitors that help to slow or stop the growth of cancer cells that have a MET exon 14 skipping mutation. It is taken orally. 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 tepotinib?

Patients with non-small-cell lung cancer can have tepotinib if they have a mutation in the exon 14 region of the MET gene confirmed by a diagnostic test, and the cancer has spread to both lungs or to other organs. Your doctor can advise if tepotinib is a suitable treatment for you.

Why was tepotinib recommended for funding?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Tepotinib was recommended for funding because its benefit in helping delay the cancer from worsening for certain patients with MET exon 14 skipping mutated metastatic NSCLC justifies its cost.

Capmatinib was not recommended for funding because its benefits do not justify its costs. If you need capmatinib for this condition, you can speak to a medical social worker to find out if there is other financial assistance available to help with the cost of treatment.

What does inclusion on the CDL mean for me?

Drugs on the Cancer Drug List (CDL) can be subsidised under the Standard Drug List (SDL) or Medication Assistance Fund (MAF), and are claimable under MediShield Life. The subsidy class and MediShield Life claim limits are available at [go.gov.sg/moh-cancer-drug-list](https://www.go.gov.sg/moh-cancer-drug-list).

Tepotinib is claimable under MediShield Life and has been listed on the MAF. The MAF helps people pay for expensive treatments that are clinically necessary. If your doctor prescribes tepotinib for you, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

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 Agency for Care Effectiveness - ACE

 Agency for Care Effectiveness (ACE)

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