Technology Guidance

Update of MOH List of Subsidised Drugs

to include treatments for various cancer conditions

Recommendations from the MOH Drug Advisory Committee

Guidance Recommendations

The Ministry of Health's Drug Advisory Committee has reviewed all available treatments for cancer to update the MOH List of Subsidised Drugs in line with local clinical practice and medical advancements. As part of this review, Technology Guidances[1] have been prepared which describe the subsidy recommendations for many cancer drugs for specific clinical conditions. The remaining treatments which have been considered by the Committee are included in this document.

Based on the available evidence, the Ministry of Health's Drug Advisory Committee has recommended:

- ✓ Abemaciclib 50 mg, 100 mg and 150 mg tablets;
- ✓ Abiraterone acetate 250 mg tablets;
- ✓ Afatinib 20 mg, 30 mg and 40 mg tablets;
- ✓ Alectinib 150 mg capsule;
- ✓ Anagrelide 0.5 mg capsule;
- ✓ Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for infusion;
- ✓ Avelumab 200 mg/10 mL concentrate for solution for infusion;
- ✓ Axitinib 1 mg and 5 mg tablets;
- ✓ Azacitidine 100 mg injection;
- ✓ Bendamustine 25 mg and 100 mg concentrate for infusion;
- ✓ Bicalutamide 50 mg tablet;
- ✓ Bortezomib 3.5 mg injection;
- ✓ Brentuximab vedotin 50 mg powder for concentrate for solution for infusion;
- ✓ Brigatinib 30 mg, 90 mg and 180 mg tablets;
- ✓ Cabozantinib 20 mg, 40 mg and 60 mg tablets;
- ✓ Ceritinib 150 mg capsule;
- ✓ Cetuximab 100 mg/20 mL solution for infusion;

[1] Technology guidances will be published on the ACE website between 4 January 2022 and 1 September 2022.

Updated: 2 January 2024

- ✓ Cisplatin 100 mg/100 mL concentrate for infusion;
- ✓ Cyproterone 50 mg tablet;
- ✓ Dabrafenib 50 mg and 75 mg capsules;
- ✓ Dasatinib 20 mg, 50 mg and 70 mg tablets;
- ✓ Durvalumab 120 mg/2.4 mL and 500 mg/10 mL concentrate for solution for infusion;
- ✓ Epirubicin 50 mg/25 mL injection;
- ✓ Eribulin mesylate 1 mg/2 mL solution for injection;
- ✓ Erlotinib 100 mg and 150 mg tablets;
- ✓ Exemestane 25 mg tablet;
- ✓ Fludarabine phosphate 50 mg injection;
- ✓ Fulvestrant 250 mg/5 mL solution for injection;
- ✓ Gefitinib 250 mg tablet;
- ✓ Gilteritinib fumarate 40 mg tablet;
- ✓ Goserelin 3.6 mg and 10.8 mg depot injections;
- ✓ Imatinib 100 mg and 400 mg tablets;
- ✓ Ipilimumab 50 mg/10 mL concentrate for solution for infusion;
- ✓ Lapatinib 250 mg tablets;
- ✓ Lenalidomide 5 mg, 10 mg, 15 mg and 25 mg capsules;
- ✓ Leuprorelin acetate 3.75 mg and 11.25 mg depot injection;
- ✓ Lorlatinib 25 mg and 100 mg tablets;
- ✓ Megestrol 40 mg and 160 mg capsules;
- ✓ Midostaurin 25 mg capsule;
- ✓ Nilotinib 50 mg, 150 mg and 200 mg capsules;
- ✓ Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion;
- ✓ Obinutuzumab 1000 mg/40 mL concentrate for solution for infusion;
- ✓ Olaparib 100 mg and 150 mg tablets;
- ✓ Oxaliplatin 200 mg/40 mL concentrate for infusion;
- ✓ Paclitaxel-albumin bound nanoparticles 100 mg injectable suspension;
- ✓ Palbociclib 75 mg, 100 mg and 125 mg capsules/tablets;
- ✓ Pazopanib 200 mg and 400 mg tablets;
- ✓ Pegylated liposomal doxorubicin 20 mg concentrate for infusion;
- ✓ Pembrolizumab 100 mg/4 mL solution for infusion;
- ✓ Pemetrexed 100 mg and 500 mg injections;
- ✓ Ponatinib 15 mg tablet;
- ✓ Ribociclib 200 mg tablet;
- ✓ Ruxolitinib 5 mg, 15 mg and 20 mg tablets;
- ✓ Somatropin 5 mg/1.5 mL and 10 mg/1.5 mL prefilled pens and solution for injection;
- ✓ Somatropin 4 mg and 5.3 mg/mL powder and solvent for solution for injection;
- ✓ Somatropin 5.83 mg/mL and 8 mg/mL solution for injection;
- ✓ Sunitinib 12.5 mg capsules;
- ✓ Trametinib 0.5 mg and 2 mg tablets; and
- ✓ Vinorelbine 50 mg/5 mL injection

for inclusion on the MOH Standard Drug List (SDL) or Medication Assistance Fund (MAF) in line with their registered indications or specific clinical criteria for treating cancer, in view of clinical need, and acceptable clinical and cost effectiveness.

Drugs that have not been recommended for subsidy are listed in the Annex.

For all drugs, the clinical indications, subsidy class, subsidy implementation dates (if applicable), and MediShield Life claim limits are provided in the Annex.

ANNEX

Recommendations by the MOH Drug Advisory Committee

Drug preparation (Brand)	Clinical indications	Subsidy class (implementation date)	MediShield Life claim limit per month (implementation date)
Acute myeloid leukaemia			
Gilteritinib fumarate 40 mg tablet	Treatment of FLT3 mutation-positive relapsed or refractory AML. Gilteritinib is not recommended as maintenance therapy for patients after HSCT.	MAF (1 Sep 2022)	$9200 (1 Sep 2022)
Idarubicin 5 mg/5 mL and 10 mg/10 mL solution for injection	Treatment of patients with acute myeloid leukaemia for remission induction.	Not recommended for subsidy	$400 (1 Sep 2022)
Midostaurin 25 mg capsule	Treatment of FLT3 mutation-positive AML in combination with standard intensive induction and consolidation chemotherapy. Standard induction chemotherapy must include cytarabine and an anthracycline. Midostaurin is not recommended for maintenance therapy.	MAF (1 Sep 2022)	$2400 (1 Sep 2022)
Venetoclax 10 mg, 50 mg and 100 mg tablets	Treatment of newly diagnosed AML in combination with a hypomethylating agent or low-dose cytarabine in patients who are ineligible for intensive chemotherapy.	Not recommended for subsidy	$3000 (1 Sep 2022)
Advanced systemic mastocytosis			
Midostaurin 25 mg capsule	Treatment of aggressive systemic mastocytosis, systemic mastocytosis with associated haematological neoplasm or mast cell leukaemia.	Not recommended for subsidy	$2400 (1 Sep 2022)
Anaplastic large cell lymphoma			
Crizotinib 200 mg and 250 mg capsules	Paediatric patients 1 year of age and older and young adults with relapsed or refractory, systemic anaplastic large cell lymphoma that is ALK-positive.	Not recommended for subsidy	$3000 (1 Sep 2022)
Breast cancer			
Abemaciclib 50 mg, 100 mg and 150 mg tablets	Abemaciclib in combination with an aromatase inhibitor as initial endocrine-based therapy for HR-positive, HER2-negative, advanced or metastatic breast cancer. Pre/perimenopausal women treated with this combination could also receive a luteinizing hormone-releasing hormone agonist according to local clinical practice.‡	MAF (1 Sep 2022)	$800 (1 Sep 2022)
	Abemaciclib in combination with fulvestrant for treating HR-positive, HER2-negative, advanced or metastatic breast	MAF (1 Sep 2022)	$800 (1 Sep 2022)

	cancer in patients who have received prior endocrine therapy. Pre/perimenopausal women treated with this combination could also receive a luteinizing hormone-releasing hormone agonist according to local clinical practice.‡		
Alpelisib 150 mg, 200 mg and 200 mg + 50 mg tablets	Alpelisib in combination with fulvestrant for treating HR-positive, HER2-negative, advanced breast cancer in patients with a PIK3CA mutation after disease progression following an endocrine-based regimen.	Not recommended for subsidy	$800 (1 Sep 2022)
Atezolizumab 840 mg/14mL and 1200 mg/20mL concentrate for solution for infusion plus paclitaxel-albumin bound nanoparticles 100 mg injectable suspension	Atezolizumab in combination with nab-paclitaxel for treating patients with unresectable, locally advanced, or metastatic triple negative breast cancer whose tumours have PD-L1 expression ≥1% and who have not received prior chemotherapy for metastatic disease.β	Not recommended for subsidy	$1800 (1 Sep 2022)
Eribulin mesylate 1 mg/2 mL solution for injection	Treatment of locally advanced or metastatic breast cancer in patients whose disease has progressed after 2 or more chemotherapy regimens for advanced disease.	MAF (1 Sep 2022)	$1200 (1 Sep 2022)
Everolimus 2.5 mg, 5 mg and 10 mg tablets	Everolimus in combination with exemestane for HR-positive, HER2-negative advanced breast cancer, in postmenopausal women without symptomatic visceral disease after recurrence or progression following a non-steroidal aromatase inhibitor.	Not recommended for subsidy	$1200 (1 Sep 2022)
Fulvestrant 250 mg/5 mL solution for injection	For cancer treatment.	SDL# (1 Apr 2022)	$200 (1 Sep 2022)
Goserelin acetate 3.6 mg and 10.8 mg depot injections	Treatment of breast cancer where hormone therapy is specified. ‡	MAF (4 Jan 2022)	$200 (1 Sep 2022)
Lapatinib 250 mg tablet	Lapatinib in combination with an aromatase inhibitor for postmenopausal women with HR-positive, HER2-positive metastatic breast cancer.	MAF (1 Sep 2022)	$800 (1 Sep 2022)†
	Lapatinib in combination with capecitabine for HER2-positive, advanced or metastatic breast cancer in patients whose disease has progressed after treatment with an anthracycline and, a taxane, and on prior trastuzumab in the metastatic setting.	MAF (1 Sep 2022)	$800 (1 Sep 2022)†
Leuprorelin acetate 3.75 mg and 11.25 mg depot injection *	Treatment of breast cancer where hormone therapy is specified.‡	MAF (3.75 mg 4 Jan 2022; 11.25 mg 1 Sep 2022)	$200 (1 Sep 2022)
Paclitaxel-albumin bound nanoparticles 100 mg injectable suspension	Monotherapy for metastatic breast cancer in patients who have failed first-line treatment for metastatic disease and for whom standard, anthracycline-containing	MAF (1 Sep 2022)	$1000 (1 Sep 2022)

	therapy is not indicated.		
Palbociclib 75 mg, 100 mg and 125 capsules/tablets	Palbociclib in combination with an aromatase inhibitor as initial endocrine-based therapy for HR-positive, HER2-negative, advanced or metastatic breast cancer. Pre/perimenopausal women treated with this combination could also receive a luteinizing hormone-releasing hormone agonist according to local clinical practice.‡	MAF (1 Sep 2022)	$800 (1 Sep 2022)
	Palbociclib in combination with fulvestrant for treating HR-positive, HER2-negative, advanced or metastatic breast cancer in patients who have received prior endocrine therapy. Pre/perimenopausal women treated with this combination could also receive a luteinizing hormone-releasing hormone agonist according to local clinical practice.‡	MAF (1 Sep 2022)	$800 (1 Sep 2022)
Pembrolizumab 100 mg/4mL solution for infusion	Pembrolizumab in combination with chemotherapy for the treatment of patients with locally recurrent unresectable or metastatic triple negative breast cancer whose tumours express PD-L1 (CPS ≥10) and who have not received prior chemotherapy for metastatic disease. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.β	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Ribociclib 200 mg tablet	Ribociclib in combination with an aromatase inhibitor as initial endocrine-based therapy for HR-positive, HER2-negative, advanced or metastatic breast cancer. Pre/perimenopausal women treated with this combination could also receive a luteinizing hormone-releasing hormone agonist according to local clinical practice.‡	MAF (1 Sep 2022)	$800 (1 Sep 2022)
	Ribociclib in combination with fulvestrant for treating HR-positive, HER2-negative, advanced or metastatic breast cancer in patients who have received prior endocrine therapy. Pre/perimenopausal women treated with this combination could also receive a luteinizing hormone-releasing hormone agonist according to local clinical practice.‡	MAF (1 Sep 2022)	$800 (1 Sep 2022)
Vinorelbine 20 mg and 30 mg capsules	Treatment of advanced breast cancer.	Not recommended for subsidy	$400 (1 Sep 2022)

B-cell lymphoma			
Rituximab 1400 mg/11.7 mL solution for subcutaneous injection	Rituximab (subcutaneous) in combination with cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP), for the treatment of CD20+ diffuse large B-cell non-Hodgkin lymphoma.	Not recommended for subsidy	$1000 (1 Sep 2022)
	Rituximab (subcutaneous) in combination with cyclophosphamide, vincristine, prednisone (CVP), for the treatment of previously untreated patients with stage III-IV follicular lymphoma.	Not recommended for subsidy	$1000 (1 Sep 2022)
	Rituximab (subcutaneous) for maintenance treatment of patients with follicular lymphoma who have responded to induction therapy.	Not recommended for subsidy	$1000 (1 Sep 2022)
Obinutuzumab 1000 mg/40 mL concentrate for solution for infusion	Obinutuzumab in combination with chemotherapy, for previously untreated stage II bulky, III or IV follicular lymphoma. Patients achieving at least a partial remission may continue to receive maintenance treatment with obinutuzumab monotherapy. Maintenance treatment with obinutuzumab should be stopped after 2 years, or earlier if disease progresses.	Not recommended for subsidy	$1800 (1 Sep 2022)
	Obinutuzumab in combination with bendamustine, for the treatment of follicular lymphoma that has not responded to or progressed within 6 months after treatment with rituximab or a rituximab-containing regimen. Patients must not have received obinutuzumab for follicular lymphoma. Maintenance treatment with obinutuzumab should be stopped at 2 years, or earlier if disease progresses.	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Pembrolizumab 100 mg/4mL solution for infusion	Treatment of patients with refractory primary mediastinal B-cell lymphoma (PMBCL), or who have relapsed after 2 or more prior lines of therapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for PMBCL. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	Not recommended for subsidy	$1800 (1 Sep 2022)
Chronic myeloid leukaemia			
Dasatinib 20 mg, 50 mg, 70 mg tablets	Treatment of adults with treatment-resistant or treatment-intolerant chronic myeloid leukaemia (CML) in chronic phase, accelerated phase, or myeloid or lymphoid blast phase or children with	MAF (1 September 2022)	$1200 (1 September 2022)

	treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase.		
Nilotinib 50 mg, 150 mg, 200 mg capsules	Treatment of adults with treatment-resistant or treatment-intolerant chronic myeloid leukaemia (CML) in chronic phase or accelerated phase; or children with treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase.	MAF (1 September 2022)	$1200 (1 September 2022)
Ponatinib 15 mg tablets	Treatment of chronic, accelerated, or blast phase chronic myeloid leukaemia (CML) in patients: • whose disease is resistant to imatinib or dasatinib or nilotinib, and who have the T315I mutation OR • whose disease is resistant to both nilotinib and dasatinib OR • whose disease is resistant to nilotinib or dasatinib and who are intolerant of/contraindicated to the other drug.	MAF (1 September 2022)	$1200 (1 September 2022)
Endometrial cancer			
Pembrolizumab 100 mg/4 mL solution for infusion plus lenvatinib 4 mg and 10 mg capsules	Pembrolizumab in combination with lenvatinib for the treatment of patients with advanced endometrial carcinoma (EC) that is not microsatellite instability-high (non-MSI-H) or mismatch repair deficient (non-dMMR), who have disease progression following prior platinum chemotherapy and are not candidates for curative surgery or radiation. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for advanced EC. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment, with or without lenvatinib, is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	Not recommended for subsidy	$3000 (1 Sep 2022)
Essential thrombocythaemia			
Anagrelide 0.5 mg capsule	Reduction of elevated platelet counts in patients with essential thrombocythaemia who intolerant to their existing therapy are or for whom other therapies are not considered appropriate.	MAF (1 Sep 2022)	$200 (1 Sep 2022)

Growth hormone deficiency associated with neoplasms			
Somatropin 5 mg/1.5 mL and 10 mg/1.5 mL prefilled pens, 4 mg and 5.3 mg/mL powder and solvent for solution for injection, 5.83 mg/mL and 8 mg/mL solution for injection	Replacement therapy in adults with growth hormone deficiency associated with benign or malignant hypothalamic or pituitary neoplasms.	MAF (1 Sep 2022)	$600 (1 Sep 2022)
Head and neck cancer			
Cetuximab 100 mg/20 mL solution for infusion	Cetuximab in combination with radiation therapy for patients with locally advanced squamous cell cancer of the head and neck (LASCCHN) who have contraindications or intolerance to platinum-based chemoradiation therapy.	SDL (1 Sep 2022)	$1000 (1 Sep 2022)
	Cetuximab in combination with platinum-based chemotherapy for patients with unresectable, recurrent, or metastatic squamous cell cancer of the head and neck (RMSCCHN).		
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion	For patients with recurrent or metastatic squamous cell cancer of the head and neck whose disease progressed within six months of starting platinum-based chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for this condition in the recurrent or metastatic setting. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.‡	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Pembrolizumab 100 mg/4 mL solution for infusion	Monotherapy for untreated unresectable, recurrent or metastatic squamous cell cancer of the head and neck (RMSCCHN) with PD-L1 CPS≥1. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.β	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
	Pembrolizumab in combination with platinum-based chemotherapy, for untreated unresectable, recurrent or metastatic squamous cell cancer of the head and neck (RMSCCHN) with PD-L1 CPS≥1. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.β		

Hepatocellular carcinoma			
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for infusion plus bevacizumab biosimilar concentrate for solution for infusion (100 mg/4 mL, 400 mg/16 mL)	Atezolizumab in combination with bevacizumab biosimilar (subsidised brand) for treating advanced unresectable hepatocellular carcinoma in patients who have not received prior systemic therapy, and who have adequate liver function as assessed by the Child-Pugh scoring system.	MAF (1 Sep 2022)	$3000∞ (1 Sep 2022)
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for infusion plus bevacizumab concentrate for solution for infusion (100 mg/4 mL, 400 mg/16 mL)	Atezolizumab in combination with bevacizumab (non-subsidised brand) for treating advanced unresectable hepatocellular carcinoma in patients who have not received prior systemic therapy, and who have adequate liver function as assessed by the Child-Pugh scoring system.	Not recommended for subsidy	$3000∞ (1 Sep 2022)
Hodgkin lymphoma			
Brentuximab vedotin 50 mg powder for concentrate for solution for infusion	Brentuximab vedotin in combination with doxorubicin, vinblastine and dacarbazine (AVD), for treating patients with previously untreated CD30+ advanced classic Hodgkin lymphoma (cHL) who are intolerant or have contraindications to bleomycin.	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Brentuximab vedotin 50 mg powder for concentrate for solution for infusion	Brentuximab vedotin in combination with doxorubicin, vinblastine and dacarbazine (AVD), for treating patients with previously untreated CD30+ advanced classic Hodgkin lymphoma (cHL).	Not recommended for subsidy	($1800 (1 Sep 2022)
Brentuximab vedotin 50 mg powder for concentrate for solution for infusion	Consolidation treatment of patients with CD30+ Hodgkin lymphoma (HL) who are at increased risk of relapse or progression following an autologous stem cell transplant (ASCT). Treatment should be stopped at 16 cycles, or earlier if disease progresses.	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Brentuximab vedotin 50 mg powder for concentrate for solution for infusion	Treatment of patients with relapsed or refractory CD30+ Hodgkin lymphoma (HL): 1. following autologous stem cell transplant (ASCT) or 2. following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option. Treatment should be stopped at 16 cycles, or earlier if disease progresses.	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion	Treatment of patients with relapsed or refractory classical Hodgkin lymphoma (cHL) after an autologous stem cell transplant (ASCT) and treatment with brentuximab vedotin. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for this condition in the	MAF (1 Sep 2022)	$1800 (1 Sep 2022)

	relapsed or refractory setting. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks. [β]		
Pembrolizumab 100 mg/4 mL solution for infusion	Treatment of patients with relapsed or refractory classical Hodgkin lymphoma (cHL), who have failed autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT is not a treatment option. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for this condition in the relapsed or refractory setting. Treatment with pembrolizumab should be stopped at 2 years, or earlier if the person has a stem cell transplant or the disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Lung cancer			
Afatinib 20 mg, 30 mg and 40 mg tablets	Treatment of locally advanced or metastatic EGFR mutation-positive non-small-cell lung cancer.	MAF (1 Sep 2022)	$600 (1 Sep 2022)
Alectinib 150 mg capsule	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer	MAF (1 Sep 2022)	$2000 (1 Sep 2022)
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for infusion	Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer.	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
	Atezolizumab in combination with platinum-doublet chemotherapy, for untreated metastatic non-squamous non-small-cell lung cancer (NSCLC), in patients with no EGFR or ALK genomic tumour aberrations.[β]	MAF (1 Apr 2023)[Ω]	$1800 (1 Sep 2022)
	For untreated metastatic non-small-cell lung cancer (NSCLC), in patients whose tumours express PD-L1 with a tumour proportion score ≥50%, with no EGFR or ALK genomic tumour aberrations.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
	Treatment of patients with metastatic non-small-cell lung cancer (NSCLC) who have disease progression during or following platinum-containing chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for metastatic NSCLC.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for infusion plus bevacizumab biosimilar concentrate for	Atezolizumab in combination with bevacizumab biosimilar (subsidised brand) and platinum-doublet chemotherapy, for the treatment of patients with metastatic non-squamous	MAF (1 Sep 2022)	$3200[∞] (1 Sep 2022)

solution for infusion (100 mg/4 mL, 400 mg/16 mL)	non-small-cell lung cancer (NSCLC) who had not received prior chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for metastatic NSCLC.[β]		
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for infusion plus bevacizumab concentrate for solution for infusion (100 mg/4 mL, 400 mg/16 mL)	Atezolizumab in combination with bevacizumab (non-subsidised brand) and platinum-doublet chemotherapy, for the treatment of patients with metastatic non-squamous non-small-cell lung cancer (NSCLC) who had not received prior chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for metastatic NSCLC.[β]	Not recommended for subsidy	$3000[∞] (1 Sep 2022)
Brigatinib 30 mg, 90 mg and 180 mg tablets	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer	MAF (4 Jan 2022)	$2000 (1 Sep 2022)
Ceritinib 150 mg capsule	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer.	SDL (4 Jan 2022)	$1000 (1 Sep 2022)
Crizotinib 200 mg and 250 mg capsules	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer.	Not recommended for subsidy	Not recommended for MediShield Life claims
	Treatment of locally advanced or metastatic ROS1 mutation-positive non-small-cell lung cancer. Patients must not have received prior treatment with other ROS1 inhibitors.	Not recommended for subsidy	$3000 (1 Sep 2022)
Dabrafenib 50 mg and 75 mg capsules plus trametinib 0.5 mg and 2 mg tablets	Dabrafenib in combination with trametinib for the treatment of advanced non-small-cell lung cancer in patients with a BRAF V600 mutation.	MAF (4 Jan 2022)	$3800 (1 Sep 2022)
Durvalumab 120 mg/2.4 mL and 500 mg/10 mL concentrate for solution for infusion	Durvalumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer.	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
	Consolidation treatment of patients with locally advanced, unresectable NSCLC whose disease has not progressed following platinum-based chemoradiation therapy. Treatment should be continued until disease progression or unacceptable toxicity or for a maximum of 12 months. Durvalumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Entrectinib 100 mg and 200 mg capsules	Treatment of locally advanced or metastatic ROS1 mutation-positive non-small-cell lung cancer. Patients must not have received prior treatment with other ROS1 inhibitors.	Not recommended for subsidy	$3000 (1 Sep 2022)
Erlotinib 100 mg and 150	Treatment of locally advanced or	SDL[#]	$200

mg tablets	metastatic EGFR mutation-positive non-small-cell lung cancer.	(1 Feb 2022)	(1 Sep 2022)
Gefitinib 250 mg tablet	Treatment of locally advanced or metastatic EGFR mutation-positive non-small-cell lung cancer.	SDL[#] (1 Feb 2022)	$200 (1 Sep 2022)
Lorlatinib 25 mg and 100 mg tablets	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer.	MAF (1 Sep 2022)	$2000 (1 Sep 2022)
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion plus ipilimumab injection concentrate (50 mg/10 mL)	Nivolumab in combination with ipilimumab and 2 cycles of platinum-based chemotherapy, for untreated metastatic or recurrent non-small-cell lung cancer (NSCLC) in patients with no EGFR or ALK genomic tumour mutations. Treatment with nivolumab and ipilimumab should be stopped at 2 years, or earlier if disease progresses.	Not recommended for subsidy	$1800 (1 Sep 2022)
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion	Treatment of patients with metastatic non-small-cell lung cancer (NSCLC) who have disease progression during or following platinum-containing chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for metastatic NSCLC. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Paclitaxel-albumin bound nanoparticles 100 mg injectable suspension	Nab-paclitaxel in combination with carboplatin, for previously untreated locally advanced or metastatic non-small-cell lung cancer in patients who are not candidates for curative surgery or radiation therapy.	MAF (1 Sep 2022)	$1000 (1 Sep 2022)
Pembrolizumab 100 mg/4 mL solution for infusion	For untreated metastatic non-small-cell lung cancer (NSCLC) in patients whose tumours express PD-L1 with a tumour proportion score ≥50%, with no EGFR or ALK genomic tumour aberrations. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
	Pembrolizumab in combination with platinum-doublet chemotherapy for untreated metastatic squamous non-small-cell lung cancer (NSCLC). Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was	MAF (1 Sep 2022)	$1800 (1 Sep 2022)

	stopped for reasons other than disease progression.[β]		
	Pembrolizumab in combination with platinum-doublet chemotherapy, for untreated metastatic non-squamous non-small-cell lung cancer (NSCLC) in patients with no EGFR or ALK genomic tumour aberrations. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
	Treatment of patients with metastatic non-small-cell lung cancer (NSCLC), whose tumours express PD-L1 with a tumour proportion score ≥1% and had disease progression during or following platinum-containing chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for metastatic NSCLC. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Vinorelbine 20 mg and 30 mg capsules	Treatment of non-small-cell lung cancer.	Not recommended for subsidy	$400 (1 Sep 2022)
Merkel cell cancer			
Avelumab 200 mg/ 10 mL concentrate for solution for infusion	Treatment of patients with metastatic Merkel cell carcinoma. Avelumab may be given at a dose of 10 mg/kg up to a maximum of 800 mg, every 2 weeks.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Pembrolizumab 100 mg/4 mL solution for infusion	Treatment of metastatic Merkel cell carcinoma. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	Not recommended for subsidy	$1800 (1 Sep 2022)
Microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumour			
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion	Treatment of unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for unresectable or metastatic	Not recommended for subsidy	$1800 (1 Sep 2022)

	MSI-H or dMMR CRC.[β]		
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion plus ipilimumab injection concentrate (50 mg/10 mL)	Nivolumab in combination with ipilimumab for treatment of unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for unresectable or metastatic MSI-H or dMMR CRC. The doses of nivolumab and ipilimumab should not exceed: 3mg/kg nivolumab and 1mg/kg ipilimumab every 3 weeks for 4 doses, followed by nivolumab 240mg every 2 weeks or 480mg every 4 weeks as a single agent.[β]	Not recommended for subsidy	$1800 (1 Sep 2022)
Pembrolizumab 100 mg/4 mL solution for infusion	For untreated metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
	Treatment of patients with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumours that have progressed following prior treatment and who have no satisfactory alternative treatment options. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for the same MSI-H or dMMR solid tumour in the unresectable or metastatic setting. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.[β]	Not recommended for subsidy	$1800 (1 Sep 2022)
Multicentric Castleman's disease			
Siltuximab 100 mg powder for infusion	Treatment of patients with multicentric Castleman's disease (MCD) who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative.	Not recommended for subsidy	$3000 (1 Sep 2022)
Multiple myeloma			
Lenalidomide 5 mg, 10	Treatment of multiple myeloma.	SDL[#]	$1400

mg, 15 mg and 25 mg capsules		(4 Jan 2022)	(1 Sep 2022)
Bortezomib 3.5 mg injection	Treatment of multiple myeloma	SDL[#] (1 Sep 2022)	$1400 (1 Sep 2022)
Myelofibrosis			
Ruxolitinib 5 mg, 15 mg and 20 mg tablets	Treatment of patients with intermediate-1 risk myelofibrosis with severe disease-related symptoms or splenomegaly that are resistant, refractory or intolerant to available therapy. Treatment of patients with intermediate-2 or high-risk myelofibrosis with disease-related splenomegaly or symptoms.	MAF (1 Sep 2022)	$2000 (1 Sep 2022)
Neurotrophic tyrosine receptor kinase (NTRK) gene fusion tumour			
Entrectinib 100 mg and 200 mg capsules	Treatment of patients with solid tumours that: - have a NTRK gene fusion without a known acquired resistance mutation, - are metastatic or where surgical resection is likely to result in severe morbidity, and - have no satisfactory alternative treatments or that have progressed following treatment.	Not recommended for subsidy	$3000 (1 Sep 2022)
Larotrectinib 25 mg and 100 mg capsules and 2 g/100 mL oral solution	Treatment of patients with solid tumours that: - have a NTRK gene fusion without a known acquired resistance mutation, - are metastatic or where surgical resection is likely to result in severe morbidity, and - have no satisfactory alternative treatments or that have progressed following treatment.	Not recommended for subsidy	$3000 (1 Sep 2022)
Ovarian cancer			
Pegylated liposomal doxorubicin 20 mg concentrate for infusion	Treatment of advanced ovarian cancer in patients who have failed a first-line platinum-based chemotherapy regimen.	SDL[#] (1 Feb 2022)	$1400 (1 Sep 2022)
Pancreas Cancer			
Olaparib 100 mg and 150 mg tablets	Maintenance treatment of patients with deleterious or suspected deleterious germline BRCA mutated metastatic pancreatic adenocarcinoma whose disease has not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen.	MAF (1 Sep 2022)	$1600 (1 Sep 2022)
Paclitaxel-albumin bound nanoparticles 100 mg injectable suspension	Nab-paclitaxel in combination with gemcitabine, for treatment of locally advanced or metastatic adenocarcinoma of the pancreas.	MAF (1 Sep 2022)	$1000 (1 Sep 2022)
Pegylated liposomal irinotecan concentrate for dispersion for infusion (43	Liposomal irinotecan in combination with fluorouracil and leucovorin, for patients with metastatic adenocarcinoma of the	Not recommended for subsidy	$1000 (1 Sep 2022)

mg/10 mL)	pancreas after disease progression following gemcitabine-based therapy.		
Prostate Cancer			
Abiraterone acetate 250 mg tablets	For cancer treatment.	SDL[#]	$400 (1 Sep 2022)
Abiraterone 500 mg and 1000 mg tablets	For cancer treatment.	Not recommended for subsidy	$400 (1 Sep 2022)
Bicalutamide 50 mg tablet	Treatment of prostate cancer.	SDL (4 Jan 2022)	$200 (1 Sep 2022)
Cyproterone 50 mg tablet	Treatment of prostate cancer.	SDL (4 Jan 2022)	$200 (1 Sep 2022)
Triptorelin 3.75 mg, 11.25 mg and 22.5 mg injections	Treatment of locally advanced or metastatic prostate cancer.	Not recommended for subsidy	$200 (1 Sep 2022)
Radium-223 solution for injection (1100 kBq/mL)	Treatment of patients with castration-resistant prostate cancer with symptomatic bone metastases and no known visceral metastatic disease.	Not recommended for subsidy	$1400 (1 Sep 2022)
Renal cell cancer			
Avelumab 200 mg/ 10 mL concentrate for solution for infusion plus axitinib 1 mg and 5 mg tablets	Avelumab in combination with axitinib for untreated advanced renal cell carcinoma. Avelumab may be given at a dose of 10 mg/kg up to a maximum of 800 mg, every 2 weeks.[β]	MAF (1 Sep 2022)	$3000 (1 Sep 2022)
Axitinib 1 mg and 5 mg tablets	For previously treated advanced renal cell carcinoma.	MAF (1 Sep 2022)	$1000 (1 Sep 2022)
Cabozantinib 20 mg, 40 mg, 60 mg tablets	For untreated intermediate- or poor-risk advanced renal cell carcinoma.	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
	For previously treated advanced renal cell carcinoma.	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Everolimus 2.5 mg, 5 mg and 10 mg tablets	For previously treated advanced renal cell carcinoma.	Not recommended for subsidy	$1200 (1 Sep 2022)
Lenvatinib 4 mg and 10 mg capsules plus everolimus 2.5 mg, 5 mg and 10 mg tablets	Lenvatinib in combination with everolimus for previously treated advanced renal cell carcinoma.	Not recommended for subsidy	$ 1800[∞] (1 Sep 2022)
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion plus ipilimumab 50 mg/10 mL concentrate for solution for infusion^	Nivolumab in combination with ipilimumab for untreated intermediate- or poor-risk advanced renal cell carcinoma. The doses of nivolumab and ipilimumab should not exceed: 3 mg/kg nivolumab and 1 mg/kg ipilimumab every 3 weeks for 4 doses.[β]	MAF (1 Sep 2022)	$5200 (1 Sep 2022)
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion	For intermediate- or poor-risk advanced renal cell carcinoma, following induction treatment with nivolumab in combination with ipilimumab. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.[β]	MAF (1 Sep 2022)	$1800 (1 Sep 2022)
Nivolumab 40 mg/4 mL and 100 mg/10 mL	For previously treated advanced renal cell carcinoma (RCC). Patients must not have	MAF (1 Sep 2022)	$1800 (1 Sep 2022)

concentrate for solution for infusion	received prior treatment with a PD-1/PD-L1 inhibitor for advanced RCC. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.‡		
Pembrolizumab 100 mg/4 mL solution for infusion plus axitinib 1 mg and 5 mg tablets	Pembrolizumab in combination with axitinib for untreated advanced renal cell carcinoma. Treatment with pembrolizumab should be stopped at 2 years, or earlier if disease progresses. Pembrolizumab retreatment is allowed at time of progression for up to 1 additional year if the initial treatment was stopped for reasons other than disease progression.β	Not recommended for subsidy	$3000 (1 Sep 2022)
Pazopanib 200 mg and 400 mg tablets	Treatment of advanced renal cell carcinoma.	SDL (4 Jan 2022)	$1600 (1 Sep 2022)
Soft tissue sarcoma			
Eribulin mesylate 1 mg/2 mL solution for injection	Treatment of patients with unresectable liposarcoma who have received prior anthracycline containing therapy (unless unsuitable) for advanced or metastatic disease.	MAF (1 Sep 2022)	$1200 (1 Sep 2022)
Pazopanib 200 mg and 400 mg tablets	Treatment of patients with selective subtypes* of soft tissue sarcoma who have received prior chemotherapy for metastatic disease or whose disease has progressed within 12 months after (neo)adjuvant therapy. *as per subtypes listed in the product insert	SDL (4 Jan 2022)	$1600 (1 Sep 2022)
Pegylated liposomal doxorubicin 20 mg concentrate for infusion	Treatment of soft tissue sarcoma.	SDL# (1 Feb 2022)	$1400 (1 Sep 2022)
Trabectedin 1 mg powder for injection	Treatment of advanced or metastatic soft tissue sarcoma, after failure of anthracyclines and ifosfamide (unless unsuitable).	Not recommended for subsidy	$1200 (1 Sep 2022)
Waldenstrom's Macroglobulinaemia			
Ibrutinib 140 mg capsule, and 140 mg, 280 mg, 420 mg tablets plus rituximab concentrate for infusion (100 mg/10 mL, 500 mg/50 mL)	Ibrutinib as a single agent, or in combination with rituximab, for the treatment of Waldenstrom's Macroglobulinaemia.	Not recommended for subsidy	$2000 (1 Sep 2022)
Various types of cancer			
Azacitidine 100 mg injection	For cancer treatment.	SDL (4 Jan 2022)	$600 (1 Sep 2022)
Bendamustine 25 mg and 100 mg concentrate for infusion	For cancer treatment.	SDL (4 Jan 2022)	$1000 (1 Sep 2022)
Cisplatin 100 mg/100 mL concentrate for infusion	For cancer treatment.	SDL (4 Jan 2022)	$200 (1 Sep 2022)
Epirubicin 50 mg/25 mL injection	For cancer treatment.	SDL (4 Jan 2022)	$800 (1 Sep 2022)

Exemestane 25 mg tablet	For cancer treatment.	SDL (4 Jan 2022)	$200 (1 Sep 2022)
Fludarabine phosphate 50 mg injection	For cancer treatment.	SDL (4 Jan 2022)	$600 (1 Sep 2022)
Imatinib 100 mg and 400 mg tablets	For cancer treatment.	SDL[#] (1 Feb 2022)	$200 (1 Sep 2022)
Megestrol 40 mg and 160 mg capsules	For cancer treatment.	SDL (4 Jan 2022)	$200 (1 Sep 2022)
Oxaliplatin 200 mg/40 mL concentrate for infusion	For cancer treatment.	SDL (4 Jan 2022)	$200 (1 Sep 2022)
Paclitaxel-albumin bound nanoparticles 100 mg injectable suspension	For cancer treatment in patients who are intolerant to paclitaxel.	MAF (1 Sep 2022)	$1000 (1 Sep 2022)
Pemetrexed 100 mg and 500 mg injections	For cancer treatment.	SDL (4 Jan 2022)	$200 (1 Sep 2022)
Somatropin solution for injection (5 mg/1.5 mL and 10 mg/1.5 mL) (SciTropin A)	For cancer treatment.	SDL (1 Mar 2024)	$400 (1 Mar 2024)
Sunitinib 12.5 mg capsules	For cancer treatment.	SDL (1 Mar 2024)	$1600 (1 Sep 2022)
Tegafur+gimeracil+oteracil potassium 20 mg/5.8 mg/19.6 mg and 25 mg/7.25 mg/24.5 mg capsules	For cancer treatment.	Not recommended for subsidy	$200 (1 Sep 2022)
Vinorelbine 10 mg/mL injection	For cancer treatment.	Not recommended for subsidy	$400 (1 Feb 2023)
Vinorelbine 50 mg/5 mL injection	For cancer treatment.	SDL (4 Jan 2022)	$400 (1 Sep 2022)

Abbreviations: ALK, Anaplastic Lymphoma Kinase; AML, Acute Myeloid Leukaemia; CPS, Combined Positive Score; FLT3, FMS-like Tyrosine Kinase 3; HSCT; Haemopoietic stem cell transplantation; HR, Hormone Receptor; HER2, Human Epidermal Growth Factor Receptor; PHI, Public Healthcare Institution; PIK3CA, Phosphatidylinositol 3-kinase Catalytic Subunit Alpha; PD-1/PD-L1, Programmed Cell Death (Ligand) 1; SDL, Standard Drug List; MAF, Medication Assistance Fund.

*MAF assistance does not apply to other formulations and/or strengths of leuprorelin for treating breast cancer.

^ipilimumab 200 mg/40 mL concentrate for infusion for solution is not marketed in Singapore.

[#]removal of brand-specific listing for subsidy with effect from 1 Feb 2023.

[‡]revised clinical indication with effect from 1 Feb 2023.

[†]change in MSHL claim limit with effect from 1 Feb 2023.

[Ω]change in subsidy status with effect from 1 Apr 2023.

[∞]change in MSHL claim limit with effect from 1 Aug 2023.

[β]revised clinical indication with effect from 1 Mar 2024.

VERSION HISTORY

Update of MOH List of subsidised drugs
to include treatments for various cancer conditions

This Version History is provided to track any updates or changes to the guidance following the first publication date. It is not part of the guidance.

1. **Publication of guidance**

   Date of Publication 4 Jan 2022

2. **Guidance updated to include more drugs**

   Date of Publication 1 Apr 2022

3. **Guidance updated to include more drugs**

   Date of Publication 31 Aug 2022

4. **Guidance updated with the following changes:**
   - added vinorelbine 10 mg/mL injection and abiraterone 250 mg, 500 mg and 1000 mg tablets
   - revised clinical indication for abemaciclib, goserelin, leuprorelin, palbociclib and ribociclib
   - revised clinical indication for nivolumab for head and neck cancer, Hodgkin lymphoma, non-small-cell lung cancer and renal cell carcinoma
   - revised clinical indication and subsidy class for atezolizumab and pembrolizumab for non-small-cell lung cancer
   - MSHL claim limit for lapatinib increased from $600/month to $800/month
   - removal of brand-specific listing for subsidy for bortezomib, erlotinib, fulvestrant, gefitinib, imatinib, lenalidomide and pegylated liposomal doxorubicin

   Date of Publication 19 Dec 2022

5. **Guidance updated with the following changes:**
   - revised clinical indication for triptorelin and nab-paclitaxel
   - MSHL claim limit increased for several drug combinations

   Date of Publication 1 Aug 2023

6. **Guidance updated with the following changes:**
   - revised clinical indication for atezolizumab, avelumab, durvalumab, nivolumab, and pembrolizumab
   - revised subsidy status for sunitinib
   - added new formulation of somatropin

   Date of Publication 2 Jan 2024

Agency for Care Effectiveness - ACE Agency for Care Effectiveness (ACE)

About the Agency

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.

As the national HTA agency, ACE conducts evaluations to inform government subsidy decisions for treatments, diagnostic tests and vaccines, and produces guidance for public hospitals and institutions in Singapore.

This guidance 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. The responsibility for making decisions appropriate to the circumstances of the individual patient remains with the healthcare professional.

Find out more about ACE at www.ace-hta.gov.sg/about

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