



REGIMENS FOR PREVIOUSLY TREATED MULTIPLE MYELOMA

MULTIPLE MYELOMA is a cancer of the **PLASMA CELLS** in the bone marrow

> 100

More than 100 people are diagnosed every year¹

2nd

Second most common blood cancer in Singapore¹

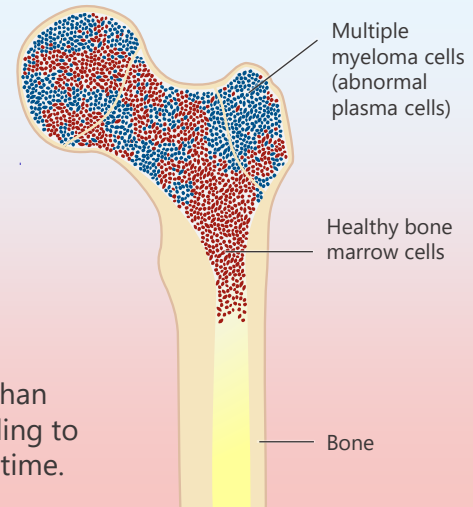
How is multiple myeloma treated?

Treatment **options** depend on the patient's condition, treatment history and genetic risk factors, and include:

Regimens with **two or more** of the following:

- Steroid
- Immunomodulator
- Proteasome inhibitor
- Monoclonal antibody
- Selective inhibitor of nuclear export

Stem cell transplant



Multi-drug regimens are commonly used as they tend to work better than single drug treatments. The cancer often comes back or stops responding to treatment, so **most** patients will need to change their treatments over time.

In Singapore, there are many approved treatment regimens that are **commonly used** to treat patients if their multiple myeloma has **come back** or continued to worsen after previous treatment.

Published studies show that these regimens are **effective** for treating multiple myeloma. Local doctors **prefer 3-drug** regimens over **2-drug** regimens if patients can **tolerate** the increased side effects.

Drug class	Drug	Approved combination therapies included on the Cancer Drug List ²										
		3-drug					2-drug					
Steroid	Dexamethasone	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Immunomodulator	Lenalidomide	✓	✓	✓								
	Pomalidomide					✓	✓					✓
Proteasome inhibitor	Bortezomib				✓	✓			✓			
	Carfilzomib	✓							✓			✓
Monoclonal antibody	Ixazomib		✓									
	Daratumumab			✓	✓							
Monoclonal antibody	Isatuximab						✓	✓				
	Selinexor								✓			✓

How to read this table?

Read **downwards**: Each ✓ indicates the drugs in the treatment regimen.

In this column, the ✓ at dexamethasone and selinexor indicates that the two drugs are approved for use together as a two-drug regimen.



ACE reviewed all available clinical evidence and received clinical advice from doctors for each treatment regimen. ACE also negotiated prices with the companies.³

Treatment regimens with **carfilzomib**, **ixazomib** or **pomalidomide** were the best value for money (most cost-effective) at the prices proposed by the companies.



Cash or MediSave needed **every month** after subsidy and MediShield Life for a **middle-income patient** receiving **outpatient** treatment at **public hospitals***:

Carfilzomib + lenalidomide + dexamethasone	\$100 to \$300	Subsidised ✓ MediShield Life: \$2000 ✓
Ixazomib + lenalidomide + dexamethasone	\$100 to \$300	Subsidised ✓ MediShield Life: \$2000 ✓
Carfilzomib + dexamethasone	\$100 to \$600	Subsidised ✓ MediShield Life: \$2000 ✓
Pomalidomide + dexamethasone	\$100 to \$700	Subsidised ✓ MediShield Life: \$2000 ✓
Pomalidomide + bortezomib + dexamethasone	\$1,000 to \$2,000	Subsidised ✓ MediShield Life: \$2000 ✓
Isatuximab + carfilzomib + dexamethasone	\$4,000 to \$12,500	Subsidised ✗ MediShield Life: \$2000 ✓
Isatuximab + pomalidomide + dexamethasone	\$4,000 to \$12,500	Subsidised ✗ MediShield Life: \$2000 ✓
Selinexor + dexamethasone	\$4,000 to \$12,500	Subsidised ✗ MediShield Life: \$2000 ✓
Selinexor + bortezomib + dexamethasone	\$4,000 to \$12,500	Subsidised ✗ MediShield Life: \$2000 ✓
Daratumumab + lenalidomide + dexamethasone	\$5,000 to \$13,000[#]	Subsidised ✗ MediShield Life: \$2000 ✓
Daratumumab + bortezomib + dexamethasone	\$5,500 to \$24,500[#]	Subsidised ✗ MediShield Life: \$2000 ✓



If your multiple myeloma has **come back** after treatment, your doctor may recommend you take the treatment regimen that was given when you were first diagnosed, if you had a **good** response with it.

For patients who need to **change** treatment, regimens with **carfilzomib**, **ixazomib** or **pomalidomide** may be **preferred** by your doctor because they are **effective**, provide good value for money for treating multiple myeloma and have been **recommended** for government funding.² **Other** treatment regimens may be recommended if your doctor feels that you will not be able to tolerate any of the options in the table above.

Discuss with your **doctor** which treatment is suitable for you. You can also speak to a **medical social worker** if you need further financial assistance, or you can reach out to **local patient support groups**⁴ if you want to meet people with similar experiences.

* Expenses will differ according to the amount of medicine that each patient needs and does not include other costs for doctor consultations, medical tests etc. MediSave withdrawal is capped at \$600 per month for these treatments. For Singaporeans who are eligible for subsidy, treatment costs will be subsidised by 40% to 75%. For subsidised drugs, expenses have been calculated using prices proposed by the companies including patient assistance programmes. For non-subsidised drugs, prices at public healthcare institutions at the time of subsidy review were used.

[#] Based on one dose of daratumumab every 4 weeks during maintenance period. Expenses may be **higher** than shown during the initial 24 weeks of treatment as more doses of daratumumab are needed.

Sources:

1. HealthHub. Multiple Myeloma.
2. Ministry of Health, Singapore. Cancer Drug List.
3. ACE Technology Guidance, *Review of cancer drugs for previously treated multiple myeloma*. 4 January 2022.
4. Leukemia and Lymphoma Foundation, Singapore Cancer Society



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