



# 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 year <sup>1</sup>

# 2nd

Second most common  
blood cancer in Singapore <sup>1</sup>

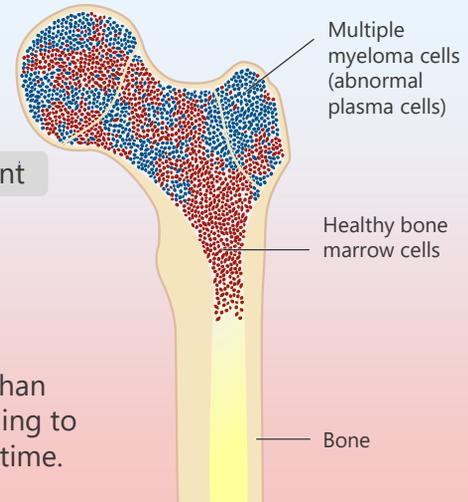
## How is multiple myeloma **treated**?

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

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 commonly used in Singapore					
		3-drug			2-drug		
Steroid	Dexamethasone	✓	✓	✓	✓	✓	✓
	Lenalidomide	✓	✓	✓			✓
Immunomodulator	Pomalidomide				✓		✓
	Bortezomib				✓	✓	
Proteasome inhibitor	Carfilzomib	✓					✓
	Ixazomib		✓				
Monoclonal antibody	Daratumumab			✓		✓	

### How to read this table?

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

In this column, the ✓ at dexamethasone and pomalidomide 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. <sup>2</sup>

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 + dexamethasone	<b>\$100 to \$800</b>	Subsidised ✓ MediShield Life: \$2000 ✓
Carfilzomib + generic lenalidomide (Lenli) + dexamethasone	<b>\$100 to \$800</b>	Subsidised ✓ MediShield Life: \$2000 ✓
Ixazomib + generic lenalidomide (Lenli) + dexamethasone	<b>\$100 to \$800</b>	Subsidised ✓ MediShield Life: \$2000 ✓
Pomalidomide + dexamethasone	<b>\$100 to \$800</b>	Subsidised ✓ MediShield Life: \$2000 ✓
Pomalidomide + generic bortezomib (Pfizer) + dexamethasone	<b>\$1,000 to \$2,000</b>	Subsidised ✓ MediShield Life: \$2000 ✓
Daratumumab + lenalidomide + dexamethasone	<b>\$6,000 to \$20,000#</b>	Subsidised ✗ MediShield Life: \$2000 ✓
Daratumumab + bortezomib + dexamethasone	<b>\$6,000 to \$26,000#</b>	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.<sup>3</sup>

**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.

Talk to your **doctor** to discuss 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**<sup>4</sup> 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. ACE Technology Guidance, Review of cancer drugs for previously treated multiple myeloma. 4 January 2022.
3. Ministry of Health, Singapore. Cancer Drug List.
4. Leukemia and Lymphoma Foundation, Singapore Cancer Society



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