

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 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;
- ✓ Cisplatin 100 mg/100 mL concentrate for infusion;
- ✓ Cyproterone 50 mg tablet;
- Dabrafenib 50 mg and 75 mg capsules;

Updated: 1 August 2025



- ✓ 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	Treatment of FLT3 mutation-positive	MAF	\$9200
tablet	relapsed or refractory AML. Gilteritinib is not recommended as maintenance therapy for patients after HSCT.	(1 Sep 2022)	(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 maste	ocytosis		
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 lymp			
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)
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)



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	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. ⁹	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 ^b (1 Apr 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) ^d
	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) ^d
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 therapy is not indicated.	MAF (1 Sep 2022)	\$1000 (1 Sep 2022)
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	MAF (1 Sep 2022)	\$800 (1 Sep 2022)



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	receive a luteinizing hormone-releasing		
	hormone agonist according to local clinical		
	practice.c		Ф000
	Palbociclib in combination with fulvestrant	MAF	\$800
	for treating HR-positive, HER2-negative,	(1 Sep 2022)	(1 Sep 2022)
	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.c		
Pembrolizumab 100	Pembrolizumab in combination with	MAF	\$1800
mg/4mL solution for	chemotherapy for the treatment of patients	(1 Sep 2022)	(1 Sep 2022)
infusion	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.		
Ribociclib 200 mg tablet	Ribociclib in combination with an	MAF	\$800
· ·	aromatase inhibitor as initial endocrine-	(1 Sep 2022)	(1 Sep 2022)
	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.c		
	Ribociclib in combination with fulvestrant	MAF	\$800
	for treating HR-positive, HER2-negative,	(1 Sep 2022)	(1 Sep 2022)
	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.c		
Vinorelbine 20 mg and 30	Treatment of advanced breast cancer.	Not recommended	\$400
mg capsules	Treatment of advanced breast cancer.	for subsidy	(1 Sep 2022)
mg capsules		Tor Subsidy	(1 OCP 2022)
B-cell lymphoma			
Rituximab 1400 mg/11.7	Rituximab (subcutaneous) in combination	Not recommended	\$1000
mL solution for	with cyclophosphamide, doxorubicin,	for subsidy	(1 Sep 2022)
subcutaneous injection	vincristine and prednisone (CHOP), for the	101 Subsidy	(1 OCP 2022)
	treatment of CD20+ diffuse large B-cell		
	non-Hodgkin lymphoma.		
	Rituximab (subcutaneous) in combination	Not recommended	\$1000
	with cyclophosphamide, vincristine,	for subsidy	(1 Sep 2022)
		ioi subsiuy	(1 3ch 2022)
	prednisone (CVP), for the treatment of		
	previously untreated patients with stage		
	III-IV follicular lymphoma.	Not recover as all 1	#4000
	Rituximab (subcutaneous) for	Not recommended	\$1000 (1.5cm, 2022)
	maintenance treatment of patients with	for subsidy	(1 Sep 2022)
	follicular lymphoma who have responded		



	to induction therapy.		
Obinutuzumab 1000	Obinutuzumab in combination with	Not recommended	\$1800
mg/40 mL concentrate for	chemotherapy, for previously untreated	for subsidy	(1 Sep 2022)
solution for infusion	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.		
	Obinutuzumab in combination with	MAF	\$1800
	bendamustine, for the treatment of	(1 Sep 2022)	(1 Sep 2022)
	follicular lymphoma that has not	(1 OOP 2022)	(1 OCP 2022)
	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.		
Pembrolizumab 100	Treatment of patients with refractory	Not recommended	\$1800
mg/4mL solution for	primary mediastinal B-cell lymphoma	for subsidy	(1 Sep 2022)
infusion	(PMBCL), or who have relapsed after 2 or	ioi subsidy	(1 Sep 2022)
Illiusion	more prior lines of therapy. Patients must		
	not have received prior treatment with a PD-1/PD-L1 inhibitor for PMBCL.		
	I PD-1/PD-L1 INNIBILOI IOI PIVIBCL.		
Chronic myoloid loukoom			
Chronic myeloid leukaem	ia	MAF	\$1200
Dasatinib 20 mg, 50 mg,	Treatment of adults with treatment-	MAF (1 Sep 2022)	\$1200 (1 Sep 2022)
	Treatment of adults with treatment- resistant or treatment-intolerant chronic	MAF (1 Sep 2022)	\$1200 (1 Sep 2022)
Dasatinib 20 mg, 50 mg,	Treatment of adults with treatment- resistant or treatment-intolerant chronic myeloid leukaemia (CML) in chronic		•
Dasatinib 20 mg, 50 mg,	Treatment of adults with treatment- resistant or treatment-intolerant chronic myeloid leukaemia (CML) in chronic phase, accelerated phase, or myeloid or		•
Dasatinib 20 mg, 50 mg,	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		•
Dasatinib 20 mg, 50 mg,	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 treatment-resistant or treatment-intolerant		•
Dasatinib 20 mg, 50 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase.		•
Dasatinib 20 mg, 50 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed		•
Dasatinib 20 mg, 50 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+)		•
Dasatinib 20 mg, 50 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in		•
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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase.	(1 Sep 2022)	(1 Sep 2022)
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. Treatment of adults with treatment-	(1 Sep 2022)	(1 Sep 2022) \$1200
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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. Treatment of adults with treatment- resistant or treatment-intolerant chronic	(1 Sep 2022)	(1 Sep 2022)
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. Treatment of adults with treatment- resistant or treatment-intolerant chronic myeloid leukaemia (CML) in chronic	(1 Sep 2022)	(1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. Treatment of adults with treatment- resistant or treatment-intolerant chronic myeloid leukaemia (CML) in chronic phase or accelerated phase; or children	(1 Sep 2022)	(1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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-	(1 Sep 2022)	(1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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.	(1 Sep 2022)	(1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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	(1 Sep 2022)	(1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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+)	(1 Sep 2022)	(1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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	(1 Sep 2022)	(1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg, 200 mg capsules	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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.	(1 Sep 2022) MAF (1 Sep 2022)	\$1200 (1 Sep 2022)
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg,	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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. Treatment of chronic, accelerated, or blast	(1 Sep 2022) MAF (1 Sep 2022)	\$1200 (1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg, 200 mg capsules	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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. Treatment of chronic, accelerated, or blast phase chronic myeloid leukaemia (CML)	(1 Sep 2022) MAF (1 Sep 2022)	\$1200 (1 Sep 2022)
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg, 200 mg capsules	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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. Treatment of chronic, accelerated, or blast phase chronic myeloid leukaemia (CML) in patients:	(1 Sep 2022) MAF (1 Sep 2022)	\$1200 (1 Sep 2022) \$1200
Dasatinib 20 mg, 50 mg, 70 mg tablets Nilotinib 50 mg, 150 mg, 200 mg capsules	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 treatment-resistant or treatment-intolerant CML in chronic phase. Treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase. 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. Treatment of chronic, accelerated, or blast phase chronic myeloid leukaemia (CML)	(1 Sep 2022) MAF (1 Sep 2022)	\$1200 (1 Sep 2022) \$1200



	 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. 		
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.	Not recommended for subsidy	\$3000 (1 Sep 2022)
Essential thrombocythaen	nia		
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 deficience	cy 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. Cetuximab in combination with platinum-based chemotherapy for patients with unresectable, recurrent, or metastatic squamous cell cancer of the head and neck (RMSCCHN).	SDL (1 Sep 2022)	\$1000 (1 Sep 2022)
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	MAF (1 Sep 2022)	\$1800 (1 Sep 2022)



Pembrolizumab 100 mg/4 mL solution for infusion	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. ^c Monotherapy for untreated unresectable, recurrent or metastatic squamous cell cancer of the head and neck (RMSCCHN) with PD-L1 CPS≥1.¹ 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≥1.¹	MAF (1 Sep 2022)	\$1800 (1 Sep 2022)
Hepatocellular carcinoma	01 0-1:		
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 ^f (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 ^f (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	Treatment of patients with relapsed or	MAF	\$1800
mg powder for	refractory CD30+ Hodgkin lymphoma	(1 Sep 2022)	(1 Sep 2022)
concentrate for solution	(HL):	((1 -)
for infusion	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		
Nivolumob 40 mg/4 ml	if disease progresses.	MAF	¢1000
Nivolumab 40 mg/4 mL and 100 mg/10 mL	Treatment of patients with relapsed or refractory classical Hodgkin lymphoma	(1 Sep 2022)	\$1800 (1 Sep 2022)
concentrate for solution for	(cHL) after an autologous stem cell	(1 Sep 2022)	(1 Sep 2022)
infusion	transplant (ASCT) and treatment with		
Indeferr	brentuximab vedotin. Patients must not		
	have received prior treatment with a PD-		
	1/PD-L1 inhibitor for this condition in the		
	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. ^g		
Pembrolizumab 100 mg/4	Treatment of patients with relapsed or	MAF	\$1800
mL solution for infusion	refractory classical Hodgkin lymphoma	(1 Sep 2022)	(1 Sep 2022)
	(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.		
Lung cancer		=	4000
Afatinib 20 mg, 30 mg and	Treatment of locally advanced or	MAF	\$600
40 mg tablets	metastatic EGFR mutation-positive non-	(1 Sep 2022)	(1 Sep 2022)
	small-cell lung cancer.		
Alastinih 150 mg canaula		MAE	\$2000
Alectinib 150 mg capsule	Treatment of locally advanced or	MAF (1 Sep 2022)	\$2000 (1 Sep 2022)
Alectinib 150 mg capsule	Treatment of locally advanced or metastatic ALK mutation-positive non-	MAF (1 Sep 2022)	\$2000 (1 Sep 2022)
	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer	(1 Sep 2022)	(1 Sep 2022)
Atezolizumab 840 mg/14	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a	(1 Sep 2022) MAF	(1 Sep 2022) \$1800
	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer	(1 Sep 2022)	(1 Sep 2022)
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for	(1 Sep 2022) MAF	(1 Sep 2022) \$1800
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung	(1 Sep 2022) MAF	(1 Sep 2022) \$1800
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. Atezolizumab in combination with platinum-doublet chemotherapy, for	(1 Sep 2022) MAF (1 Sep 2022)	(1 Sep 2022) \$1800 (1 Sep 2022)
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. Atezolizumab in combination with platinum-doublet chemotherapy, for untreated metastatic non-squamous non-	(1 Sep 2022) MAF (1 Sep 2022) MAF	(1 Sep 2022) \$1800 (1 Sep 2022) \$1800
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. Atezolizumab in combination with platinum-doublet chemotherapy, for untreated metastatic non-squamous non-small-cell lung cancer (NSCLC), in	(1 Sep 2022) MAF (1 Sep 2022) MAF	(1 Sep 2022) \$1800 (1 Sep 2022) \$1800
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. 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	(1 Sep 2022) MAF (1 Sep 2022) MAF	(1 Sep 2022) \$1800 (1 Sep 2022) \$1800
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. 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.	(1 Sep 2022) MAF (1 Sep 2022) MAF (1 Apr 2023)e	\$1800 (1 Sep 2022) \$1800 (1 Sep 2022) \$1800 (1 Sep 2022)
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. 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. ⁹ For untreated metastatic non-small-cell	(1 Sep 2022) MAF (1 Sep 2022) MAF (1 Apr 2023)e	\$1800 (1 Sep 2022) \$1800 (1 Sep 2022) \$1800 \$1800
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. 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. ^g For untreated metastatic non-small-cell lung cancer (NSCLC), in patients whose	(1 Sep 2022) MAF (1 Sep 2022) MAF (1 Apr 2023)e	\$1800 (1 Sep 2022) \$1800 (1 Sep 2022)
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. 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. ^g For untreated metastatic non-small-cell lung cancer (NSCLC), in patients whose tumours express PD-L1 with a tumour	(1 Sep 2022) MAF (1 Sep 2022) MAF (1 Apr 2023)e	\$1800 (1 Sep 2022) \$1800 (1 Sep 2022) \$1800 \$1800
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. 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. 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	(1 Sep 2022) MAF (1 Sep 2022) MAF (1 Apr 2023)e	\$1800 (1 Sep 2022) \$1800 (1 Sep 2022) \$1800 \$1800
Atezolizumab 840 mg/14 mL and 1200 mg/20 mL concentrate for solution for	Treatment of locally advanced or metastatic ALK mutation-positive non-small-cell lung cancer Atezolizumab in combination with a platinum agent and etoposide, for untreated extensive-stage small-cell lung cancer. 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. ^g For untreated metastatic non-small-cell lung cancer (NSCLC), in patients whose tumours express PD-L1 with a tumour	(1 Sep 2022) MAF (1 Sep 2022) MAF (1 Apr 2023)e	\$1800 (1 Sep 2022) \$1800 (1 Sep 2022) \$1800 \$1800



	T		
	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.9		
Atezolizumab 840 mg/14	Atezolizumab in combination with	MAF	\$3200 ^f
mL and 1200 mg/20 mL	bevacizumab biosimilar (subsidised	(1 Sep 2022)	(1 Sep 2022)
concentrate for solution for	brand) and platinum-doublet		, ,
infusion plus bevacizumab	chemotherapy, for the treatment of		
biosimilar concentrate for	patients with metastatic non-squamous		
solution for infusion (100	non-small-cell lung cancer (NSCLC) who		
mg/4 mL, 400 mg/16 mL)	had not received prior chemotherapy.		
	Patients must not have received prior		
	treatment with a PD-1/PD-L1 inhibitor for		
A4 1	metastatic NSCLC.9	NI-1	#0000f
Atezolizumab 840 mg/14	Atezolizumab in combination with	Not recommended	\$3000 ^f
mL and 1200 mg/20 mL concentrate for solution for	bevacizumab (non-subsidised brand) and	for subsidy	(1 Sep 2022)
infusion plus bevacizumab	platinum-doublet chemotherapy, for the treatment of patients with metastatic non-		
concentrate for solution for	squamous non-small-cell lung cancer		
infusion (100 mg/4 mL,	(NSCLC) who had not received prior		
400 mg/16 mL)	chemotherapy. Patients must not have		
<u>s</u> ,	received prior treatment with a PD-1/PD-		
	L1 inhibitor for metastatic NSCLC.9		
Brigatinib 30 mg, 90 mg	Treatment of locally advanced or	MAF	\$2000
and 180 mg tablets	metastatic ALK mutation-positive non-	(4 Jan 2022)	(1 Sep 2022)
	small-cell lung cancer		
Ceritinib 150 mg capsule	Treatment of locally advanced or	SDL	\$1000
	metastatic ALK mutation-positive non-	(4 Jan 2022)	(1 Sep 2022)
	small-cell lung cancer.	.	NI 4
Crizotinib 200 mg and 250	Treatment of locally advanced or	Not recommended	Not
mg capsules	metastatic ALK mutation-positive non-	for subsidy	recommended
	small-cell lung cancer.		for MediShield Life claims
	Treatment of locally advanced or	Not recommended	\$3000
	metastatic ROS1 mutation-positive non-	for subsidy	(1 Sep 2022)
	small-cell lung cancer. Patients must not	Tor Subsidy	(1 OCP 2022)
	have received prior treatment with other		
	ROS1 inhibitors.		
Dabrafenib 50 mg and 75	Dabrafenib in combination with trametinib	MAF	\$3800
mg capsules plus	for the treatment of advanced non-small-	(4 Jan 2022)	(1 Sep 2022)
trametinib 0.5 mg and 2	cell lung cancer in patients with a BRAF		
mg tablets	V600 mutation.		
Durvalumab 120 mg/2.4	Durvalumab in combination with a	MAF	\$1800
mL and 500 mg/10 mL	platinum agent and etoposide, for	(1 Sep 2022)	(1 Sep 2022)
concentrate for solution for	untreated extensive-stage small-cell lung		
infusion	cancer.	B 4 A F	# 4000
	Consolidation treatment of patients with	MAF	\$1800
	locally advanced, unresectable NSCLC	(1 Sep 2022)	(1 Sep 2022)
	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.		
•	i construction a maximum of 12 months.	į	i l



	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.9		
Entrectinib 100 mg and	Treatment of locally advanced or	Not recommended	\$3000
200 mg capsules	metastatic ROS1 mutation-positive non-	for subsidy	(1 Sep 2022)
200 mg sapsaiss	small-cell lung cancer. Patients must not	ioi edzeidy	(! OOP 2022)
	have received prior treatment with other		
	ROS1 inhibitors.		
Erlotinib 100 mg and 150	Treatment of locally advanced or	SDLb	\$200
_	metastatic EGFR mutation-positive non-	(1 Feb 2022)	· ·
mg tablets	·	(1 Feb 2022)	(1 Sep 2022)
Optitionily 050 man tablet	small-cell lung cancer.	CDI b	#000
Gefitinib 250 mg tablet	Treatment of locally advanced or	SDL ^b	\$200
	metastatic EGFR mutation-positive non-	(1 Feb 2022)	(1 Sep 2022)
	small-cell lung cancer.		
Lorlatinib 25 mg and 100	Treatment of locally advanced or	MAF	\$2000
mg tablets	metastatic ALK mutation-positive non-	(1 Sep 2022)	(1 Sep 2022)
	small-cell lung cancer.		
Nivolumab 40 mg/4 mL	Nivolumab in combination with ipilimumab	Not recommended	\$1800
and 100 mg/10 mL	and 2 cycles of platinum-based	for subsidy	(1 Sep 2022)
concentrate for solution for	chemotherapy, for untreated metastatic or		(/
infusion plus ipilimumab	recurrent non-small-cell lung cancer		
injection concentrate (50	(NSCLC) in patients with no EGFR or ALK		
mg/10 mL)	genomic tumour mutations. Treatment		
ing/10 mL)	with nivolumab and ipilimumab should be		
	·		
	stopped at 2 years, or earlier if disease		
Nicoshuse als 40 secol4 sel	progresses.	B 4 A 17	#4000
Nivolumab 40 mg/4 mL	Treatment of patients with metastatic non-	MAF	\$1800
and 100 mg/10 mL	small-cell lung cancer (NSCLC) who have	(1 Sep 2022)	(1 Sep 2022)
concentrate for solution for	disease progression during or following		
infusion	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.g		
Paclitaxel-albumin bound	Nab-paclitaxel in combination with	MAF	\$1000
nanoparticles 100 mg	carboplatin, for previously untreated	(1 Sep 2022)	(1 Sep 2022)
injectable suspension	locally advanced or metastatic non-small-	(·/	()
injectable edependen	cell lung cancer in patients who are not		
	candidates for curative surgery or		
	radiation therapy.		
Dombrolizumah 400 m m/4		MAF	\$4900
Pembrolizumab 100 mg/4	For untreated metastatic non-small-cell		\$1800 (4.5cm, 2022)
mL solution for infusion	lung cancer (NSCLC) in patients whose	(1 Sep 2022)	(1 Sep 2022)
	tumours express PD-L1 with a tumour		
	proportion score ≥50%, with no EGFR or		
	ALK genomic tumour aberrations.		4
	Pembrolizumab in combination with	MAF	\$1800
	platinum-doublet chemotherapy for	(1 Sep 2022)	(1 Sep 2022)
	untreated metastatic squamous non-		
	small-cell lung cancer (NSCLC).1		
	Pembrolizumab in combination with	MAF	\$1800
	i cilibrolizarilab ili odilibiliation with		Ψισσσ
	platinum-doublet chemotherapy, for	(1 Sep 2022)	(1 Sep 2022)



	untreated metastatic non-squamous non-		
	small-cell lung cancer (NSCLC) in patients		
	with no EGFR or ALK genomic tumour		
	aberrations.1		
	Treatment of patients with metastatic non-	MAF	\$1800
	small-cell lung cancer (NSCLC), whose	(1 Sep 2022)	(1 Sep 2022)
	tumours express PD-L1 with a tumour	(1 GGP 2022)	(1 Gop 2022)
	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. ¹		
Vinorelbine 20 mg and 30	Treatment of non-small-cell lung cancer.	Not recommended	\$400
mg capsules		for subsidy	(1 Sep 2022)
Merkel cell cancer			
Avelumab 200 mg/ 10 mL	Treatment of patients with metastatic	MAF	\$1800
concentrate for solution for	Merkel cell carcinoma. Avelumab may be	(1 Sep 2022)	(1 Sep 2022)
infusion	given at a dose of 10 mg/kg up to a	(1 Gop 2022)	(1 Gop 2022)
IIIusioii	maximum of 800 mg, every 2 weeks. ⁹		
Dombrolizumob 100 mg/4	Treatment of metastatic Merkel cell	Not recommended	\$1800
Pembrolizumab 100 mg/4		Not recommended	· ·
mL solution for infusion	carcinoma. ¹	for subsidy	(1 Sep 2022)
	igh (MSI-H) or mismatch repair deficient (d		^
Nivolumab	Treatment of unresectable or metastatic	Not recommended	\$1800
40 mg/4 mL and 100	microsatellite instability-high (MSI-H) or	for subsidy	(1 Sep 2022)
mg/10 mL concentrate for	mismatch repair deficient (dMMR)		
solution for infusion	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. ⁹		
Nivolumab		Not recommended	\$1800
	Nivolumab in combination with ipilimumab		•
40 mg/4 mL and 100	for treatment of unresectable or metastatic	for subsidy	(1 Sep 2022)
mg/10 mL concentrate for	microsatellite instability-high (MSI-H) or		
solution for infusion plus	mismatch repair deficient (dMMR)		
ipilimumab injection	colorectal cancer (CRC) that has		
concentrate (50 mg/10	progressed following treatment with a		
mL)	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.g		
Pembrolizumab 100 mg/4	For untreated metastatic microsatellite	MAF	\$1800
mL solution for infusion	instability-high (MSI-H) or mismatch repair	(1 Sep 2022)	(1 Sep 2022)
	deficient (dMMR) colorectal cancer.		
	Treatment of patients with unresectable or	Not recommended	\$1800



Multicentric Castleman's o	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.	for subsidy	(1 Sep 2022)
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 mg, 15 mg and 25 mg capsules	Treatment of multiple myeloma.	SDL ^b (4 Jan 2022)	\$1400 (1 Sep 2022)
Bortezomib 3.5 mg	Treatment of multiple myeloma	SDL ^b	\$1400
injection		(1 Sep 2022)	(1 Sep 2022)
Myelofibrosis Ruxolitinib 5 mg, 15 mg	Treatment of patients with intermediate-1	MAF	\$2000
and 20 mg tablets	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-	(1 Sep 2022)	(1 Sep 2022)
	related splenomegaly or symptoms.		
Entrectinib 100 mg and 200 mg capsules	reatment 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	Treatment of advanced ovarian cancer in	SDL ^b	\$1400
doxorubicin 20 mg	patients who have failed a first-line	(1 Feb 2022)	(1 Sep 2022)
concentrate for infusion	platinum-based chemotherapy regimen.	(1.002001)	(1 000 2022)
Pancreas Cancer	The second control of	<u></u>	
Olaparib 100 mg and 150	Maintenance treatment of patients with	MAF	\$1600
mg tablets	deleterious or suspected deleterious	(1 Sep 2022)	(1 Sep 2022)
ing tablets	germline BRCA mutated metastatic	(1 Sep 2022)	(1 Sep 2022)
	pancreatic adenocarcinoma whose		
	·		
	disease has not progressed on at least 16		
	weeks of a first-line platinum-based		
Barrier al alleria de la colonia	chemotherapy regimen.	NAA =	# 4000
Paclitaxel-albumin bound	Nab-paclitaxel in combination with	MAF	\$1000
nanoparticles 100 mg	gemcitabine, for treatment of locally	(1 Sep 2022)	(1 Sep 2022)
injectable suspension	advanced or metastatic adenocarcinoma		
	of the pancreas.		
Pegylated liposomal	Liposomal irinotecan in combination with	Not recommended	\$1000
irinotecan concentrate for	fluorouracil and leucovorin, for patients	for subsidy	(1 Sep 2022)
dispersion for infusion (43	with metastatic adenocarcinoma of the		
mg/10 mL)	pancreas after disease progression		
	following gemcitabine-based therapy.		
Prostate Cancer			
Abiraterone acetate 250	For cancer treatment.	SDL⁵	\$400
mg tablets			(1 Sep 2022)
Abiraterone 500 mg and	For cancer treatment.	Not recommended	\$400
1000 mg tablets		for subsidy	(1 Sep 2022)
Discluteraids 50 mg tablet	Treatment of prostate source	SDL	#200
Bicalutamide 50 mg tablet	Treatment of prostate cancer.		\$200
		(4 Jan 2022)	(1 Sep 2022)
Cyproterone 50 mg tablet	Treatment of prostate cancer.	SDL	\$200
gyprotorone oo mg tablet	Troumont of product duricon.	(4 Jan 2022)	(1 Sep 2022)
Triptorelin 3.75 mg, 11.25	Treatment of locally advanced or	Not recommended	\$200
mg and 22.5 mg injections	metastatic prostate cancer.	for subsidy	(1 Sep 2022)
Ing and 22.5 mg injections	metastatic prostate cancer.	Tor Subsidy	(1 Sep 2022)
Radium-223 solution for	Treatment of nationts with castration	Not recommended	\$1400
	Treatment of patients with castration-		· ·
injection (1100 kBq/mL)	resistant prostate cancer with symptomatic bone metastases and no	for subsidy	(1 Sep 2022)
Danel cell concer	known visceral metastatic disease.		
Renal cell cancer	Avaluable combination with writing to	NAA T	#2000
Avelumab 200 mg/ 10 mL	Avelumab in combination with axitinib for	MAF	\$3000
concentrate for solution for	untreated advanced renal cell carcinoma.	(1 Sep 2022)	(1 Sep 2022)
infusion plus axitinib 1 mg	Avelumab may be given at a dose of 10		
and 5 mg tablets	mg/kg up to a maximum of 800 mg, every		
	2 weeks.g		A 4555
Axitinib 1 mg and 5 mg	For previously treated advanced renal cell	MAF	\$1000
tablets	carcinoma.	(1 Sep 2022)	(1 Sep 2022)
Cabozantinib 20 mg, 40	For untreated intermediate- or poor-risk	MAF	\$1800
mg, 60 mg tablets	advanced renal cell carcinoma.	(1 Sep 2022)	(1 Sep 2022)
	For previously treated advanced renal cell	MAF	\$1800
	carcinoma.	(1 Sep 2022)	(1 Sep 2022)
Everolimus 2.5 mg, 5 mg	For previously treated advanced renal cell	Not recommended	\$1200
and 10 mg tablets	carcinoma.	for subsidy	(1 Sep 2022)



Lenvatinib 4 mg and 10	Lenvatinib in combination with everolimus	Not recommended	\$ 1800 ^f
mg capsules plus everolimus 2.5 mg, 5 mg and 10 mg tablets	for previously treated advanced renal cell carcinoma.	for subsidy	(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 ^a	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.	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. ⁹	MAF (1 Sep 2022)	\$1800 (1 Sep 2022)
Nivolumab 40 mg/4 mL and 100 mg/10 mL concentrate for solution for infusion	For previously treated advanced renal cell carcinoma (RCC). Patients must not have 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. ^c	MAF (1 Sep 2022)	\$1800 (1 Sep 2022)
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.	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)
Pazopanib 200 mg and 400 mg tablets Soft tissue sarcoma	carcinoma.	(4 Jan 2022)	(1 Sep 2022)
Pazopanib 200 mg and 400 mg tablets			1
Pazopanib 200 mg and 400 mg tablets Soft tissue sarcoma Eribulin mesylate 1 mg/2	Treatment of patients with unresectable liposarcoma who have received prior anthracycline containing therapy (unless unsuitable) for advanced or metastatic	(4 Jan 2022) MAF	(1 Sep 2022) \$1200
Pazopanib 200 mg and 400 mg tablets Soft tissue sarcoma Eribulin mesylate 1 mg/2 mL solution for injection Pazopanib 200 mg and	Treatment of patients with unresectable liposarcoma who have received prior anthracycline containing therapy (unless unsuitable) for advanced or metastatic disease. 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	(4 Jan 2022) MAF (1 Sep 2022) SDL	\$1200 (1 Sep 2022) \$1600 (1 Sep 2022) \$1400 (1 Sep 2022)
Pazopanib 200 mg and 400 mg tablets Soft tissue sarcoma Eribulin mesylate 1 mg/2 mL solution for injection Pazopanib 200 mg and 400 mg tablets Pegylated liposomal doxorubicin 20 mg concentrate for infusion Trabectedin 1 mg powder for injection	Treatment of patients with unresectable liposarcoma who have received prior anthracycline containing therapy (unless unsuitable) for advanced or metastatic disease. 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 Treatment of soft tissue sarcoma. Treatment of advanced or metastatic soft tissue sarcoma, after failure of anthracyclines and ifosfamide (unless unsuitable).	(4 Jan 2022) MAF (1 Sep 2022) SDL (4 Jan 2022)	\$1200 (1 Sep 2022) \$1600 (1 Sep 2022) \$1400
Pazopanib 200 mg and 400 mg tablets Soft tissue sarcoma Eribulin mesylate 1 mg/2 mL solution for injection Pazopanib 200 mg and 400 mg tablets Pegylated liposomal doxorubicin 20 mg concentrate for infusion Trabectedin 1 mg powder	Treatment of patients with unresectable liposarcoma who have received prior anthracycline containing therapy (unless unsuitable) for advanced or metastatic disease. 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 Treatment of soft tissue sarcoma. Treatment of advanced or metastatic soft tissue sarcoma, after failure of anthracyclines and ifosfamide (unless unsuitable).	MAF (1 Sep 2022) SDL (4 Jan 2022) SDL ^b (1 Feb 2022) Not recommended	\$1200 (1 Sep 2022) \$1600 (1 Sep 2022) \$1400 (1 Sep 2022) \$1200



		1	1
mg tablets plus rituximab	treatment of Waldenstrom's		
concentrate for infusion	Macroglobulinaemia.		
(100 mg/10 mL, 500			
mg/50 mL)			
Various types of cancer			
Azacitidine 100 mg	For cancer treatment.	SDL	\$600
injection		(4 Jan 2022)	(1 Sep 2022)
Bendamustine 25 mg and	For cancer treatment.	SDL	\$1000
100 mg concentrate for		(4 Jan 2022)	(1 Sep 2022)
infusion		,	, , ,
Cisplatin 100 mg/100 mL	For cancer treatment.	SDL	\$200
concentrate for infusion		(4 Jan 2022)	(1 Sep 2022)
Epirubicin 50 mg/25 mL	For cancer treatment.	SDL	\$800
injection		(4 Jan 2022)	(1 Sep 2022)
Exemestane 25 mg tablet	For cancer treatment.	SDL	\$200
Zxomostano zo mg tablet	To our our mountainer	(4 Jan 2022)	(1 Sep 2022)
Fludarabine phosphate 50	For cancer treatment.	SDL	\$600
mg injection	1 5. Sanosi troatmont.	(4 Jan 2022)	(1 Sep 2022)
Goserelin acetate 3.6 mg	For cancer treatment.h	MAF	\$200
and 10.8 mg depot	Tor carreer treatment.	(4 Jan 2022)	(1 Sep 2022)
injections		(4 Jan 2022)	(1 Sep 2022)
Imatinib 100 mg and 400	For cancer treatment.	SDLb	\$200
mg tablets	Tor cancer treatment.	(1 Feb 2022)	(1 Sep 2022)
Leuprorelin acetate 3.75	For cancer treatment.h	MAF	\$200
mg, 11.25 mg depot	For cancer treatment."	(3.75 mg 4 Jan	(1 Sep 2022)
injection		2022; 11.25 mg 1	(1 Sep 2022)
Injection		Sep 2022)	
Megestrol 40 mg and 160	For cancer treatment.	SDL	\$200
mg capsules	Tor cancer treatment.	(4 Jan 2022)	(1 Sep 2022)
Oxaliplatin 200 mg/40 mL	For cancer treatment.	SDL	\$200
concentrate for infusion	For cancer treatment.	(4 Jan 2022)	(1 Sep 2022)
Paclitaxel-albumin bound	For cancer treatment in patients who are	MAF	\$1000
nanoparticles 100 mg	intolerant to paclitaxel.	(1 Sep 2022)	(1 Sep 2022)
	intolerant to pacitiaxer.	(1 Sep 2022)	(1 Sep 2022)
injectable suspension	For concertractment	SDL	#200
Pemetrexed 100 mg and	For cancer treatment.		\$200 (1 San 2022)
500 mg injections	For concertractment	(4 Jan 2022)	(1 Sep 2022)
Somatropin solution for	For cancer treatment.	SDL (4 Mar 2024)	\$400
injection (5 mg/1.5 mL and		(1 Mar 2024)	(1 Mar 2024)
10 mg/1.5 mL) (SciTropin			
A)	For concertractment	CDI	# 4.000
Sunitinib 12.5 mg	For cancer treatment.	SDL (4 Mar 2024)	\$1600
capsules	Tour company transfer out	(1 Mar 2024)	(1 Sep 2022)
Tegafur+gimeracil+oteracil	For cancer treatment.	Not recommended	\$200
potassium 20 mg/5.8		for subsidy	(1 Sep 2022)
mg/19.6 mg and 25			
mg/7.25 mg/24.5 mg			
capsules	F	NI-C	
Vinorelbine 10 mg/mL	For cancer treatment.	Not recommended	\$400
injection		for subsidy	(1 Feb 2023)
Vinorelbine	For cancer treatment.	SDL (4 La 2000)	\$400
50 mg/5 mL injection		(4 Jan 2022)	(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.

- ^a ipilimumab 200 mg/40 mL concentrate for infusion for solution is not marketed in Singapore.
- ^b removal of brand-specific listing for subsidy with effect from 1 Feb 2023.
- ^c revised clinical indication with effect from 1 Feb 2023.
- d change in MSHL claim limit with effect from 1 Feb 2023.
- e change in subsidy status with effect from 1 Apr 2023.
- f change in MSHL claim limit with effect from 1 Aug 2023.
- ⁹ revised clinical indication with effect from 1 Mar 2024.
- ^h revised clinical indication with effect from 1 Nov 2024.
- revised clinical indication with effect from 1 Aug 2025.



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



7. Guidance updated with the following changes:

revised clinical indication for goserelin and leuprorelin

Date of Publication 13 Sep 2024

8. Guidance updated with the following changes:

revised clinical indication for pembrolizumab

Date of Publication 1 Aug 2025

Agency for Care Effectiveness - ACE

in 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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