

Technology Guidance

Fruquintinib

for previously treated metastatic colorectal cancer

Technology Guidance from the MOH Drug Advisory Committee

Guidance Recommendations

The Ministry of Health's Drug Advisory Committee has recommended:

- ✓ Fruquintinib 1 mg and 5 mg capsules for treating patients with metastatic colorectal cancer who have been previously treated with, or are not considered candidates for, available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, anti-VEGF therapy, and if RAS wild-type, anti-EGFR therapy.

Funding status

Fruquintinib 1 mg and 5 mg capsules are recommended for inclusion on the Medication Assistance Fund (MAF) for the abovementioned indication from 1 November 2025.

Clinical indication, subsidy class and MediShield Life claim limit for fruquintinib are provided in the Annex.

Summary of recommendations (March 2025 and June 2025)

- 1.1. At the March 2025 meeting, the MOH Drug Advisory Committee (“the Committee”) recommended not listing fruquintinib on the MOH List of Subsidised Drugs for previously treated metastatic colorectal cancer (mCRC). The decision was due to the unfavourable cost effectiveness of fruquintinib compared with subsidised alternative treatment (regorafenib), at the price of fruquintinib proposed by the company.
- 1.2. Following the negative recommendation by the Committee, the company of fruquintinib submitted a revised pricing proposal for funding consideration.
- 1.3. At the June 2025 meeting, the Committee considered that, at the revised price, the cost effectiveness of fruquintinib was acceptable compared to regorafenib on a cost-minimisation basis. The revised proposal was also adequate to provide budget certainty for MOH.
- 1.4. Hence, the Committee recommended fruquintinib 1 mg and 5 mg capsules be listed on the Medication Assistance Fund for treating patients with mCRC who have been previously treated with, or are not considered candidates for, available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, anti-VEGF therapy, and if RAS wild-type, anti-EGFR therapy.

ANNEX

Recommendations by the MOH Drug Advisory Committee

Drug preparation	Approved clinical indication	Subsidy class (implementation date)	MediShield Life claim limit per month (implementation date)
Fruquintinib 1 mg and 5 mg capsules	Treatment of patients with metastatic colorectal cancer who have been previously treated with, or are not considered candidates for, available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, anti-VEGF therapy, and if RAS wild-type, anti-EGFR therapy.	MAF (1 Nov 2025)	\$1,800 (1 Nov 2025)

Abbreviations: EGFR, epidermal growth factor receptor; MAF, Medication Assistance Fund; VEGF, vascular endothelial growth factor.

VERSION HISTORY

Guidance on fruquintinib for previously treated metastatic colorectal cancer

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 Jun 2025

2. **Guidance updated to include fruquintinib on the Cancer Drug List and Medication Assistance Fund**

Date of Publication

16 Sep 2025

 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 funding decisions for treatments, diagnostic tests and vaccines, and produces guidance for public hospitals and institutions in Singapore.

The 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.

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