

Nivolumab in combination with ipilimumab and chemotherapy

for untreated metastatic or recurrent non-small-cell lung cancer in patients whose tumours express PD-L1 with a tumour proportion score <1% with no EGFR or ALK genomic tumour mutations

Technology Guidance from the MOH Drug Advisory Committee

Guidance Recommendations

The Ministry of Health's Drug Advisory Committee has not recommended nivolumab in combination with ipilimumab and chemotherapy for inclusion on the Medication Assistance Fund (MAF) for untreated metastatic or recurrent non-small-cell lung cancer (NSCLC) in patients whose tumours express programmed death-ligand 1 with a tumour proportion score <1% (PD-L1 <1%), with no EGFR or ALK genomic tumour mutations. The decision was based on unfavourable cost effectiveness compared with subsidised alternatives.

Nivolumab in combination with ipilimumab and chemotherapy will remain eligible for claims and benefits under MediShield Life (no subsidy) for untreated metastatic or recurrent NSCLC in patients with no EGFR or ALK genomic tumour mutations.

Clinical indication, subsidy class and MediShield Life claims eligibility for nivolumab and ipilimumab are provided in the Annex.

ANNEX

Recommendations by the MOH Drug Advisory Committee

Drug preparation	Approved clinical indication	Subsidy class	Eligible for MediShield Life claims (implementation date)
Nivolumab concentrate for solution for infusion (40 mg/4 mL, 100 mg/10 mL) Ipilimumab injection concentrate (50 mg/10 mL)	Nivolumab in combination with ipilimumab and 2 cycles of platinum-based chemotherapy, for untreated metastatic or recurrent 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	Yes ¹ (1 Sep 2022)

Abbreviations: ALK, anaplastic lymphoma kinase; EGFR, epidermal growth factor receptor; NSCLC, non-small-cell lung cancer

¹ Please refer to [MOH's website](#) for the MediShield Life claim limit starting from the implementation date.

VERSION HISTORY

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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.

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Guidance updated to reflect MediShield Life claims eligibility

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 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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