

Tislelizumab

for treating non-small-cell lung cancer, oesophageal squamous cell carcinoma, and nasopharyngeal carcinoma

Technology Guidance from the MOH Drug Advisory Committee

Guidance Recommendations

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

- ✓ Tislelizumab 100 mg/10 mL concentrate for solution for infusion for the following indications:
 - in combination with platinum-doublet chemotherapy for untreated locally advanced or metastatic squamous non-small-cell lung cancer (NSCLC);
 - treatment of patients with locally advanced or metastatic NSCLC who have disease progression during or following platinum-containing chemotherapy;
 - in combination with platinum-based chemotherapy for untreated, unresectable, locally advanced, recurrent or metastatic oesophageal squamous cell carcinoma (OSCC);
 - treatment of patients with unresectable, recurrent, locally advanced, or metastatic OSCC after prior chemotherapy; and
 - in combination with chemotherapy for first-line systemic treatment of recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma.

in view of acceptable clinical effectiveness and safety, an acceptable pricing proposal by the company, and potential cost savings to the healthcare system.

Funding status

Tislelizumab 100 mg/10 mL concentrate for solution for infusion is recommended for inclusion on the Medication Assistance Fund (MAF) for the abovementioned indications from 1 September 2025.

Clinical indications, subsidy class and MediShield Life claims eligibility for tislelizumab are provided in the Annex.

ANNEX

Recommendations by the MOH Drug Advisory Committee

Drug preparation	Approved clinical indication	Subsidy class (implementation date)	Eligible for MediShield Life claims (implementation date)
Tislelizumab 100 mg/10 mL concentrate for solution for infusion	Tislelizumab in combination with platinum-doublet chemotherapy for untreated locally advanced or metastatic squamous non-small-cell lung cancer (NSCLC). Patients with locally advanced squamous NSCLC must not be candidates for surgical resection or platinum-based chemoradiation.	MAF (1 Sep 2025)	Yes ¹ (1 Sep 2025)
	Treatment of patients with locally advanced or metastatic non-small-cell lung cancer (NSCLC) who have disease progression during or following platinum-containing chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for locally advanced or metastatic NSCLC.	MAF (1 Sep 2025)	Yes ¹ (1 Sep 2025)
	Tislelizumab in combination with platinum-based chemotherapy for untreated, unresectable, locally advanced, recurrent or metastatic oesophageal squamous cell carcinoma.	MAF (1 Sep 2025)	Yes ¹ (1 Sep 2025)
	Treatment of patients with unresectable, recurrent, locally advanced, or metastatic oesophageal squamous cell carcinoma after prior chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for this condition in the unresectable, recurrent, locally advanced, or metastatic setting.	MAF (1 Sep 2025)	Yes ¹ (1 Sep 2025)
	Tislelizumab in combination with chemotherapy for first-line systemic treatment of recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma.	MAF (1 Sep 2025)	Yes ¹ (1 Sep 2025)

Abbreviations: MAF, Medication Assistance Fund.

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

VERSION HISTORY

Guidance on tislelizumab for treating non-small-cell lung cancer, oesophageal squamous cell carcinoma, and nasopharyngeal carcinoma

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 1 Aug 2025
- 2. Guidance updated to reflect MediShield Life claims eligibility**
Date of Publication 1 Jun 2026

 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.

Find out more about ACE at <https://www.ace-hta.gov.sg/about-us/>

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