Treatments for advanced malignant melanoma

What does the guidance say?

Pembrolizumab, nivolumab used alone or in combination with ipilimumab, and dabrafenib used in combination with trametinib are recommended for listing on the Medication Assistance Fund (MAF) for government funding for patients with advanced malignant melanoma who meet certain criteria. Subsidy will be implemented on 4 January 2022 for dabrafenib and trametinib, and from 1 September 2022 for nivolumab, ipilimumab and pembrolizumab. These treatments are also claimable under MediShield Life.

Cobimetinib and vemurafenib are not recommended for government funding or MediShield Life for advanced malignant melanoma.

What is melanoma?

Melanoma (also called malignant melanoma) is a cancer that starts in the skin. Melanomas that are only in the upper layer of skin can usually be removed with surgery. Sometimes drug treatments are given after surgery to reduce the risk of the melanoma coming back. This is called adjuvant treatment.

If a melanoma cannot be removed with surgery (unresectable), the cancer cells can grow into deeper layers of the skin and spread to other parts of the body. This is known as advanced or metastatic disease.

What is BRAF V600 mutation-positive cancer?

The BRAF V600 gene makes a protein that helps cells grow. Some patients with melanoma have a mutation in the BRAF gene in the V600 position which causes cancer cells to grow quickly and spread. This is known as BRAF V600 mutation-positive cancer. Doctors test patients to see if they have a BRAF V600 mutation so they can determine the appropriate type of treatment. Up to 50% of people with melanoma have a BRAF V600 mutation.

What are dabrafenib and trametinib?

Dabrafenib and trametinib are targeted treatments that work together to slow the growth and spread of cancer cells that have a BRAF V600 mutation. Dabrafenib targets the BRAF gene and trametinib targets the MEK 1 and MEK 2 proteins within the cancer cell. They are taken together orally.

If these treatments are suitable for you, your doctor will tell you how much you need to take and how long you need to take them for.

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Who can have dabrafenib in combination with trametinib?

Adults can have dabrafenib in combination with trametinib if their melanoma:

- has a BRAF V600 mutation confirmed by a diagnostic test, and
- cannot be removed with surgery or has spread to other parts of the body.

Your doctor can advise if dabrafenib and trametinib are suitable treatments for you.

What are ipilimumab, nivolumab and pembrolizumab?

Ipilimumab, nivolumab and pembrolizumab belong to a group of medicines called immune checkpoint inhibitors. They are a type of cancer treatment called immunotherapy that help the immune system find and kill cancer cells. They are given as a drip into a vein (intravenously).

If any of these treatments are suitable for you, your doctor will tell you how much you need to have and how long you need to have it for.

Who can have ipilimumab, nivolumab or pembrolizumab?

Adults with melanoma that has been removed with surgery can have pembrolizumab or nivolumab, for up to 12 months to stop the melanoma from coming back. Treatment with pembrolizumab must start within 12 weeks before or after surgery. Adults with malignant melanoma that cannot be removed with surgery or that has spread to other parts of body can have pembrolizumab if they have not had a PD-1/PD-L1 inhibitor or ipilimumab at this stage before.

Adults with malignant melanoma that cannot be removed with surgery or that has spread to other parts of body can have nivolumab either alone (if they have not had a PD-1/PD-L1 inhibitor before for this condition) or in combination with ipilimumab.

Your doctor can advise if these treatments are suitable for you.

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Why were the treatments recommended for funding?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Pembrolizumab, nivolumab used alone or in combination with ipilimumab, and dabrafenib used in combination with trametinib were recommended for funding because their benefit in slowing cancer growth and improving survival for certain patients with malignant melanoma justifies their costs. Cobimetinib and vemurafenib were not recommended for funding as their benefits do not justify their costs compared to other treatments.

What does listing on MAF mean for me?

The MAF helps people pay for treatments that are clinically effective and cost effective. If your doctor prescribes pembrolizumab, or nivolumab used alone or in combination with ipilimumab, or dabrafenib used in combination with trametinib for your condition, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

These drugs have also been included on the Cancer Drug List (CDL) and are claimable under MediShield Life. The subsidy class and MediShield Life claim limits are available at go.gov.sg/moh-cancer-drug-list.

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