Technology Guidance

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 claim limit for nivolumab and ipilimumab are provided in the Annex.

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ANNEX

Recommendations by the MOH Drug Advisory Committee

Drug preparation	Approved clinical indication	Subsidy class	MediShield Life claim limit per month (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	$1,800 (1 Sep 2022)

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