

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.

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

 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 www.ace-hta.gov.sg/about

© Agency for Care Effectiveness, Ministry of Health, Republic of Singapore

All rights reserved. Reproduction of this publication in whole or in part in any material form is prohibited without the prior written permission of the copyright holder. Requests to reproduce any part of this publication should be addressed to:

Agency for Care Effectiveness, Ministry of Health, Singapore
Email: ACE_HTA@moh.gov.sg

In citation, please credit "Agency for Care Effectiveness, Ministry of Health, Singapore" when you extract and use the information or data from the publication.