



REGIMENS FOR PREVIOUSLY TREATED MULTIPLE MYELOMA

MULTIPLE MYELOMA

is a cancer of the **PLASMA CELLS** in the bone marrow

> 100

More than 100 people are diagnosed every year¹

2nd

Second most common blood cancer in Singapore¹

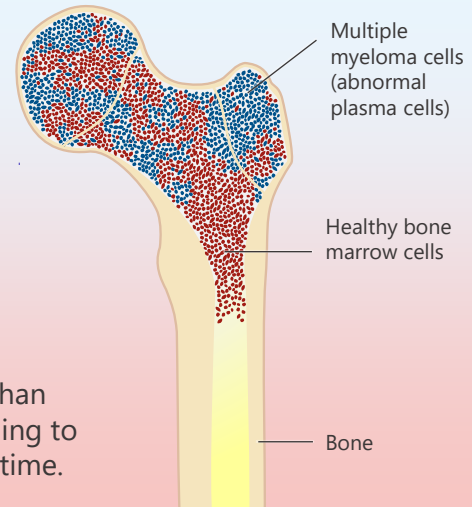
How is multiple myeloma **treated**?

Treatment **options** depend on the patient's condition, treatment history and genetic risk factors, and include:

Regimens with **two or more** of the following:

- Steroid
- Immunomodulator
- Proteasome inhibitor
- Monoclonal antibody
- Selective inhibitor of nuclear export

Stem cell transplant



Multi-drug regimens are commonly used as they tend to work better than single drug treatments. The cancer often comes back or stops responding to treatment, so **most** patients will need to change their treatments over time.

In Singapore, there are many approved treatment regimens that are **commonly used** to treat patients if their multiple myeloma has **come back** or continued to worsen after previous treatment.

Published studies show that these regimens are **effective** for treating multiple myeloma. Local doctors **prefer 3-drug** regimens over **2-drug** regimens if patients can **tolerate** the increased side effects.

Drug class	Drug	Approved combination therapies included on the Cancer Drug List ²										
		3-drug					2-drug					
Steroid	Dexamethasone	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Immunomodulator	Lenalidomide	✓	✓	✓								
	Pomalidomide					✓	✓					
Proteasome inhibitor	Bortezomib				✓	✓			✓			
	Carfilzomib	✓							✓			
Monoclonal antibody	Ixazomib		✓									
	Daratumumab			✓	✓							
Monoclonal antibody	Isatuximab						✓	✓				
	Selinexor								✓			✓

How to read this table?

Read **downwards**: Each ✓ indicates the drugs in the treatment regimen.

In this column, the ✓ at dexamethasone and selinexor indicates that the two drugs are approved for use together as a two-drug regimen.



ACE reviewed all available clinical evidence and received clinical advice from doctors for each treatment regimen. ACE also negotiated prices with the companies.³

Treatment regimens with **carfilzomib**, **ixazomib** or **pomalidomide** were the best value for money (most cost-effective) at the prices proposed by the companies.



Cash or MediSave needed **every month** after subsidy and MediShield Life for a **middle-income patient** receiving **outpatient** treatment at **public hospitals***:

Carfilzomib + lenalidomide + dexamethasone	\$100 to \$300	Subsidised ✓ MediShield Life: \$2000 ✓
Ixazomib + lenalidomide + dexamethasone	\$100 to \$300	Subsidised ✓ MediShield Life: \$2000 ✓
Carfilzomib + dexamethasone	\$100 to \$600	Subsidised ✓ MediShield Life: \$2000 ✓
Pomalidomide + dexamethasone	\$100 to \$700	Subsidised ✓ MediShield Life: \$2000 ✓
Pomalidomide + bortezomib + dexamethasone	\$1,000 to \$2,000	Subsidised ✓ MediShield Life: \$2000 ✓
Isatuximab + carfilzomib + dexamethasone	\$4,000 to \$12,500	Subsidised ✗ MediShield Life: \$2000 ✓
Isatuximab + pomalidomide + dexamethasone	\$4,000 to \$12,500	Subsidised ✗ MediShield Life: \$2000 ✓
Selinexor + dexamethasone	\$4,000 to \$12,500	Subsidised ✗ MediShield Life: \$2000 ✓
Selinexor + bortezomib + dexamethasone	\$4,000 to \$12,500	Subsidised ✗ MediShield Life: \$2000 ✓
Daratumumab + lenalidomide + dexamethasone	\$5,000 to \$13,000[#]	Subsidised ✗ MediShield Life: \$2000 ✓
Daratumumab + bortezomib + dexamethasone	\$5,500 to \$24,500[#]	Subsidised ✗ MediShield Life: \$2000 ✓



If your multiple myeloma has **come back** after treatment, your doctor may recommend you take the treatment regimen that was given when you were first diagnosed, if you had a **good** response with it.

For patients who need to **change** treatment, regimens with **carfilzomib**, **ixazomib** or **pomalidomide** may be **preferred** by your doctor because they are **effective**, provide good value for money for treating multiple myeloma and have been **recommended** for government funding.² **Other** treatment regimens may be recommended if your doctor feels that you will not be able to tolerate any of the options in the table above.

Discuss with your **doctor** which treatment is suitable for you. You can also speak to a **medical social worker** if you need further financial assistance, or you can reach out to **local patient support groups**⁴ if you want to meet people with similar experiences.

* Expenses will differ according to the amount of medicine that each patient needs and does not include other costs for doctor consultations, medical tests etc. MediSave withdrawal is capped at \$600 per month for these treatments. For Singaporeans who are eligible for subsidy, treatment costs will be subsidised by 40% to 75%. For subsidised drugs, expenses have been calculated using prices proposed by the companies including patient assistance programmes. For non-subsidised drugs, prices at public healthcare institutions at the time of subsidy review were used.

[#] Based on one dose of daratumumab every 4 weeks during maintenance period. Expenses may be **higher** than shown during the initial 24 weeks of treatment as more doses of daratumumab are needed.

Sources:

1. HealthHub. Multiple Myeloma.
2. Ministry of Health, Singapore. Cancer Drug List.
3. ACE Technology Guidance, *Review of cancer drugs for previously treated multiple myeloma*. 4 January 2022.
4. Leukemia and Lymphoma Foundation, Singapore Cancer Society

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. It publishes guidances on diagnosing, treating, and preventing different medical conditions based on the latest research information available worldwide. This factsheet 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. © Agency for Care Effectiveness, Ministry of Health, Republic of Singapore. All rights reserved. Reproduction of this publication in whole or part in any material form is prohibited without the prior written permission of the copyright holder. **Updated: 2 November 2023; first published: 4 November 2022.**

To find out more about ACE, scan the QR code or visit www.ace-hta.gov.sg. You can also follow us on social media at:

