14 INDICATIONS in MAF
- Medication Assistance Fund

26 INDICATIONS in CDL
- Cancer Drug List

OPDIVO® IS NOW APPROVED IN THE MOH CANCER DRUG LIST

UPDATED FROM 1ST APRIL 2023

OPDIVO® (nivolumab)

OPDIVO® (nivolumab) + YERVOY® (ipilimumab)

Please refer to HSA-approved Prescribing Information for details on approved indications.
Reference :
https://www.moh.gov.sg/home/our-healthcare-system/medishield-life/what-is-medishield-life/what-medishield-life-benefits/cancer-drug-list
Last Accessed Date : 1st April 2023
THE ABOVE INFORMATION IS ACCURATE AS OF TIME OF PRINT.

For Healthcare Professionals only
1506-SG-2300010

Bristol Myers Squibb™
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GASTROINTESTINAL TRACT

CANCER TYPE		INDICATIONS ON CDL	MAF	MEDISHIELD LIFE CLAIM LIMIT PER MONTH	MEDISAVE WITHDRAWAL LIMIT PER MONTH
Upper gastrointestinal cancer  Gastric cancer and Oesophageal cancer	OPDIVO (nivolumab)	Treatment of patients with unresectable locally advanced or recurrent gastric or gastroesophageal junction (GEJ) adenocarcinoma after 2 or more prior systemic therapies. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for unresectable locally advanced or recurrent gastric or GEJ cancer. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.	☑	$1,800	$600
	OPDIVO (nivolumab)	Nivolumab in combination with fluoropyrimidine and platinum-based chemotherapy for untreated, unresectable advanced or metastatic HER2 negative gastric cancer, gastroesophageal junction cancer or oesophageal adenocarcinoma. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses.	☑	$1,800	$600
	OPDIVO (nivolumab)	Adjuvant treatment of completely resected oesophageal or gastroesophageal junction cancer with residual pathologic disease in patients who have received neoadjuvant chemoradiotherapy. Maximum treatment duration: 12 months.	☑	$1,800	$600
	OPDIVO (nivolumab)	Treatment of unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma after prior fluoropyrimidine- and platinum-based combination chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for this condition in the unresectable advanced, recurrent or metastatic setting.	☑	$1,800	$600
	OPDIVO (nivolumab)	Updated from 1st April 2023 Nivolumab in combination with fluoropyrimidine and platinum-based chemotherapy for untreated, unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses.	No Subsidy	$1,800	$600
	OPDIVO (nivolumab) + YERVOY (ipilimumab)	Updated from 1st April 2023 Nivolumab in combination with ipilimumab for untreated, unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma. The doses of nivolumab and ipilimumab should not exceed: 3mg/kg nivolumab every 2 weeks and 1mg/kg ipilimumab every 6 weeks. Treatment with nivolumab and ipilimumab should be stopped at 2 years, or earlier if disease progresses.	No Subsidy	$1,800	$600
Colorectal cancer  MSI-H/dMMR mCRC	OPDIVO (nivolumab)	Treatment of unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for unresectable or metastatic MSI-H or dMMR CRC. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses.	No Subsidy	$1,800	$600
	OPDIVO (nivolumab) + YERVOY (ipilimumab)	Nivolumab in combination with ipilimumab for treatment of unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for unresectable or metastatic MSI-H or dMMR CRC. The doses of nivolumab and ipilimumab should not exceed: 3mg/kg nivolumab and 1mg/kg ipilimumab every 3 weeks for 4 doses, followed by nivolumab 240mg every 2 weeks or 480mg every 4 weeks as a single agent. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses. Re-induction with ipilimumab is not allowed.	No Subsidy	$1,800	$600

CANCER TYPE		INDICATIONS ON CDL	MAF	MEDISHIELD LIFE CLAIM LIMIT PER MONTH	MEDISAVE WITHDRAWAL LIMIT PER MONTH
Liver cancer  aHCC	OPDIVO (nivolumab)	Treatment of advanced unresectable hepatocellular carcinoma (HCC) in patients with disease progression after 1 or more prior lines of systemic therapy, and who have adequate liver function as assessed by the Child-Pugh scoring system. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for advanced unresectable HCC. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses.	No Subsidy	$1,800	$600
	OPDIVO (nivolumab) + YERVOY (ipilimumab)	Nivolumab in combination with ipilimumab for treatment of advanced unresectable hepatocellular carcinoma (HCC) in patients with disease progression after 1 or more prior lines of systemic therapy, and who have adequate liver function as assessed by the Child-Pugh scoring system. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for advanced unresectable HCC. The doses of nivolumab and ipilimumab should not exceed: 1mg/kg nivolumab and 3mg/kg ipilimumab every 3 weeks for 4 doses, followed by nivolumab 240mg every 2 weeks or 480mg every 4 weeks as a single agent. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses. Re-induction with ipilimumab is not allowed.	No Subsidy	$1,800	$600

GENITOURINARY

Renal cancer  aRCC	OPDIVO (nivolumab) + YERVOY (ipilimumab)	Nivolumab in combination with ipilimumab for untreated intermediate- or poor-risk advanced renal cell carcinoma. The doses of nivolumab and ipilimumab should not exceed: 3mg/kg nivolumab and 1mg/kg ipilimumab every 3 weeks for 4 doses. Re-induction with ipilimumab is not allowed.	☑	$5,200	$600
	OPDIVO (nivolumab)	For previously treated advanced renal cell carcinoma (RCC). Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for advanced RCC. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.	☑	$1,800	$600
	OPDIVO (nivolumab)	For untreated intermediate- or poor-risk advanced renal cell carcinoma, following induction treatment with nivolumab in combination with ipilimumab. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses.	☑	$1,800	$600
	OPDIVO (nivolumab)	Nivolumab in combination with cabozantinib for untreated advanced renal cell carcinoma. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses.	No Subsidy	$1,800	$600
Bladder cancer  aUC  MIUC	OPDIVO (nivolumab)	Treatment of patients with locally advanced or metastatic urothelial carcinoma (UC) after receiving platinum-containing chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for locally advanced or metastatic UC. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses.	No Subsidy	$1,800	$600
	OPDIVO (nivolumab)	Updated from 1st April 2023 Adjuvant treatment of patients with muscle invasive urothelial carcinoma (MIUC) with tumour cell PD-L1 expression ≥1%, who are at high risk of recurrence after undergoing radical resection of MIUC, and only if adjuvant treatment with platinum-based chemotherapy is unsuitable. Maximum duration of treatment: 12 months.	No Subsidy	$1,800	$600

OPDIVO (nivolumab) | OPDIVO (nivolumab) + YERVOY (ipilimumab)

CANCER TYPE		INDICATIONS ON CDL	MAF	MEDISHIELD LIFE CLAIM LIMIT PER MONTH	MEDISAVE WITHDRAWAL LIMIT PER MONTH
THORACIC Lung cancer  mNSCLC	OPDIVO (nivolumab)	Treatment of patients with 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 metastatic NSCLC. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks. Treatment with nivolumab should be stopped at 2 years, or earlier if disease progresses.	☑	$1,800	$600
	OPDIVO (nivolumab) + YERVOY (ipilimumab)	Nivolumab in combination with ipilimumab and 2 cycles of platinum-based chemotherapy, for untreated metastatic or recurrent non-small cell lung cancer (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.	No Subsidy	$1,800	$600
 Neo-Adjuvant Lung	OPDIVO (nivolumab)	Updated from 1st April 2023 Nivolumab in combination with platinum-doublet chemotherapy for neoadjuvant treatment of resectable (tumours ≥4 cm or node positive) non-small cell lung cancer. Maximum duration of treatment: 3 cycles.	No Subsidy	$1,800	$600
 MPM	OPDIVO (nivolumab) + YERVOY (ipilimumab)	Updated from 1st April 2023 Nivolumab in combination with ipilimumab for unresectable malignant pleural mesothelioma (MPM). Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for this condition. The doses of nivolumab and ipilimumab should not exceed: 3mg/kg nivolumab every 2 weeks and 1mg/kg ipilimumab every 6 weeks. Treatment with nivolumab and ipilimumab should be stopped at 2 years, or earlier if disease progresses.	No Subsidy	$1,800	$600
Head and Neck cancer  r/m SCCHN	OPDIVO (nivolumab)	For patients with recurrent or metastatic squamous cell cancer of the head and neck whose disease progressed within six months of starting platinum-based chemotherapy. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for this condition in the recurrent or metastatic setting. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.	☑	$1,800	$600
MELANOMA Skin cancer  aMelanoma Adj tx of Melanoma	OPDIVO (nivolumab) + YERVOY (ipilimumab)	Nivolumab in combination with ipilimumab for the treatment of advanced unresectable or metastatic malignant melanoma. The doses of nivolumab and ipilimumab should not exceed: 1mg/kg nivolumab and 3mg/kg ipilimumab every 3 weeks for 4 doses.	☑	$7,800	$1,200
	OPDIVO (nivolumab)	Adjuvant treatment of completely resected malignant melanoma in patients with lymph node involvement. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks. Maximum duration of treatment: 12 months.	☑	$1,800	$600
	OPDIVO (nivolumab)	Monotherapy for advanced unresectable or metastatic malignant melanoma. Patients must not have received prior treatment with a PD-1 inhibitor or ipilimumab for advanced unresectable or metastatic malignant melanoma. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.	☑	$1,800	$600
	OPDIVO (nivolumab)	Treatment of advanced unresectable or metastatic malignant melanoma, following induction treatment with nivolumab in combination with ipilimumab. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks.	☑	$1,800	$600
HAEMATOLOGY Lymphoma  r/r cHL	OPDIVO (nivolumab)	Treatment of patients with relapsed or refractory classical Hodgkin lymphoma (cHL) after an autologous stem cell transplant (ASCT) and treatment with brentuximab vedotin. Patients must not have received prior treatment with a PD-1/PD-L1 inhibitor for this condition in the relapsed or refractory setting. Nivolumab should be given as a weight-based dose up to a maximum of 240 mg every two weeks or 480 mg every four weeks. Treatment with nivolumab should be stopped at 2 years, or earlier if the person has an allogeneic stem cell transplant or the disease progresses.	☑	$1,800	$600

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