Singapore Society of Oncology

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Financing Cancer Drug Treatment: Whose Responsibility?

Health is an emotive subject; healthcare financing – even more so.

The different healthcare financing systems in the world have spanned the gamut of collective responsibility at one end to individual responsibility at the other. In the National Health Plan of 1983, the Singapore government committed to making healthcare affordable for Singaporeans through government subsidies, supplemented by the 3Ms, namely MediSave (individual savings), MediShield (insurance, risk pooling) and MediFund (endowment fund, safety net). In 2015, the MediShield claim limit for outpatient cancer treatment was raised from $1240 to $3000 per month, and MediShield was re-named as MediShield Life (MSL). Come September 2022, the system of MSL claims is set to morph into a new state.

From the standpoint of prescribing cancer drugs, Singapore had been in a unique situation where the insurance claims process did not require strict adherence to HSA-approved drug indications (drugs that are HSA-approved are permitted to be marketed in Singapore; HSA-approved drugs are listed with a set of indications). The treating doctor's clinical judgement was key. However, this will change from September 2022. This change primarily stems from the observation of rising cancer drug costs. To address this, and so as not to compromise Singapore's high standard of care, cost-effectiveness analysis (CEA) via health technology assessment (HTA) by the Agency for Care Effectiveness (ACE) of Ministry of Health (MOH) was used to form a rational framework to underpin cancer drug financing. ACE's CEA was based on the list of HSA-approved drugs and drug indications. This led to the publication of the Positive List in August 2021, which itemized the drugs that were eligible for Medical Assistance Fund (MAF) support (depending on the per capita monthly income) and which were MSL-claimable and MediSave (MSV)-deductible, as well as the corresponding $

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thresholds and limits. There have been additions to the Positive List since August 2021, which is a testament to ACE honouring its pledge to continually assess applications for inclusion. This assessment process has to be nimble, especially for new drugs, so that their inclusion is timely.

Doctors are natural advocates for their patients' health, rather than their financial managers. In settings where there is no robust data, doctors often need to make treatment decisions for their patients based on clinical judgement – this is where we wade into the waters of 'off-label' prescribing.

In the molecular era, drugs are increasingly molecular target-specific, rather than anatomical tumour-specific – this has implications for HSA in its approval of drugs and their indications, as well as HTA by ACE. Many countries' health authorities take its cue from the Food & Drug Administration (FDA) in USA and the European Medicines Agency (EMA), where data from clinical trials are assessed to determine drug indications and approval for registration. With modern technological advances, as each anatomical tumour type is being precisely sub-divided by its molecular profile (precision oncology), the size of each sub-group decreases. Even though a drug may be developed that specifically targets a molecule or molecular pathway, the small numbers of these sub-groups would not likely be able to support a full randomised study, which would require large enough numbers of patients in order to generate data that is considered 'robust' in the statistical sense. There are anatomical tumour-agnostic clinical trials ongoing, where patients are selected based on their tumour's molecular profile, not anatomical site. However, not every tumour is expected to be represented, or represented equally.

Having been used to making treatment decisions with an eye on the $3000 MSL limit and $1200 MSV limit, there has been a fair amount of discomfort and unease amongst doctors over the impending changes associated with the Positive List. Quite apart from the implementation of the new and seemingly complex system of claims and deductions on the ground, it feels as if the doctors' prescribing wings have been clipped. For patients who are wholly reliant on MSL and MSV to cover their healthcare expenses, doctors will need to be mindful of and up-to-date with the dynamically changing Positive List.

Will insurance companies take their cue from the Positive List? How will Integrated Shield Plans and their riders fit into the new landscape of cancer healthcare coverage? We had an inkling from a Straits Times article on 21 April 2022, where our Immediate Past President of SSO, Dr Choo Su Pin, was featured with her patient with advanced gallbladder cancer. A common refrain from patients denied their claims is: "I've paid so

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much for premiums and riders, and yet, when I need the help to cover expenses, I don't get it." From the individual standpoint, one feels hard done by after having invested in one's insurance policy, only to realise that it does not actually provide the expected coverage. From a societal standpoint of equity and solidarity, one might argue that it is fair and just to cover drug expenses that are 'on-label' before covering those that are 'off-label' – but this is hardly implementable.

We await September 2022 with bated breath.

SSO Executive Committee