Written by Daniel Choo (Director of Operations @PromiseLand Independent)

The Cancer Drug List (CDL) is a topic that has been gaining quite a lot of attention lately. This is not surprising as Cancer is listed as the top principal cause of death, amounting to close to 30% of all deaths in Singapore[1].

Principal Causes of Death

		2019	2020	2021
Total No. of Deaths		**21,446**	**22,054**	**24,292**
% of Death				
1.	**Cancer** [ICD10:C00-C97]	28.4	28.6	26.4
2.	**Ischaemic heart diseases** [ICD10:I20-I25]	18.8	20.5	20.1
3.	**Pneumonia** [ICD10:J12-J18]	20.7	18.8	18.4
4.	**Cerebrovascular diseases (including stroke)** [ICD10:I60-I69]	5.8	6.0	6.1
5.	**Hypertensive diseases (including hypertensive heart disease)** [ICD10:I10-I15]	2.6	2.9	3.4
6.	**External causes of morbidity and mortality** [ICD10:V01-Y89]	4.0	3.7	3.3
7.	**Nephritis, nephrotic syndrome & nephrosis** [ICD10:N00-N07, N17-N19, N25-N27]	3.1	3.1	2.7
8.	**Other heart diseases** [ICD10:I00-I09, I26-I51]]	2.0	2.1	2.3
9.	**Urinary tract infection** [ICD10:N39.0]	2.3	2.1	2.2
10.	**Diabetes Mellitus** [ICD10:E10-E14]	1.2	1.2	1.1

This is why the Government has been actively looking into finding ways to tackle the rising cost of cancer drugs treatments. The solution was to commission the MediShield Life Council to come up with recommendations, and that was how the CDL was formed[2].

Cancer Type	Active Ingredient	Dosage Form(s) and Strengths(s)	Brand(s)	Clinical Indication	Subsidy Class	MediShield Life Claim Limit per month	MediSave Withdrawal Limit per month	Category
Skin cancer	5-fluorouracil	5-fluorouracil cream (5%)	–	Treatment of actinic keratosis, Bowen's disease, or superficial basal cell carcinoma.	No subsidy	$ 200	$ 600	1
Breast cancer	Abemaciclib	Abemaciclib tablet (50 mg, 100 mg, 150 mg)	–	Abemaciclib in combination with an aromatase inhibitor as initial endocrine-based therapy for HR positive, HER2 negative, advanced or metastatic breast cancer.	MAF	$ 800	$ 600	4
Breast cancer	Abemaciclib	Abemaciclib tablet (50 mg, 100 mg, 150 mg)	–	Abemaciclib in combination with fulvestrant for treating HR positive, HER2 negative, advanced or metastatic breast cancer in patients who have received prior endocrine therapy.	MAF	$ 800	$ 600	4
Others	Abiraterone	Abiraterone tablet (250 mg, 500 mg, 1000 mg)	–	For cancer treatment.	SDL (Abiranat)	$ 400	$ 600	2
Leukaemia	Acalabrutinib	Acalabrutinib capsule (100 mg)	Calquence	Monotherapy for chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL) in patients who have received at least one prior therapy.	MAF	$ 2,000	$ 600	10
Leukaemia	Acalabrutinib	Acalabrutinib capsule (100 mg)	Calquence	Monotherapy for previously untreated chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL) in patients who are unsuitable for fludarabine-based therapy.	MAF	$ 2,000	$ 600	10

To view more, click here.

This list[3] is important because it would determine whether your cancer drug treatment can be claimable under MediShield Life, and whether MediSave can be used. Furthermore, Integrated Shield Plan (IP) providers are required only to cover treatments that are on the MediShield Life list and set claim limits for each cancer drug treatment. In case you're wondering about the cancer drugs and treatments that are not on the CDL, the good news is that this list will be updated every four months to keep up with medical advancements.

The tricky part will come on 1 April 2023, when all insurers will standardise what their IP covers. This would translate to current policyholders who have had their non-CDL treatments being covered so far losing coverage. This means that they would be unable to claim for any ongoing treatments they might currently be on and would need to foot the bill out of pocket.

To complicate things further, IPs have been allowed to cover non-CDL treatments through their riders. While this sounds good, it can be quite a headache because each IP can decide which non-CDL treatments they want to cover. Some may also choose to fully cover "as charged" (subject to limits), while others may want to put a limit (eg. 80%) on the non-CDL treatments they are covering. We will only know for sure what each IP covers through their rider after 1 April 2023, when more information is released. The non-CDL treatments are grouped into classes, and those interested to find out more can refer to this document[4] by LIA.

So, if you are currently on a cancer drug treatment, what should you do? Well, since all IPs will be moving to the CDL definition from 1 April 2023, you should consult your doctor early on whether your treatment is on the CDL. If yes, then there's not too much to worry about. However, if it is not on the CDL, you might need to make arrangements to switch to a treatment that is on the CDL, so that you can enjoy coverage from MediShield Life and your IP. One thing is for sure, you can expect both MediShield Life premiums and IP premiums to continue increasing. Hopefully, with this move, they will increase at a slower rate than before.

With the CDL making MediShield Life and IP claims more stringent, is there anything else you can consider? Why not consider getting a cancer plan which does not depend on the CDL. How a typical cancer plan works is that a lump sum will be paid out if you are diagnosed with early, intermediate, or late-stage cancer. Even if your treatment is not in the CDL, the payout would be useful for funding the treatment and any lifestyle changes needed to accommodate your condition.

Want to find out more about cancer plans? Drop us an email at enquiries@promiseland.com.sg to find out more.

Source:

1. https://www.moh.gov.sg/resources-statistics/singapore-health-facts/principal-causes-of-death
2. https://www.moh.gov.sg/news-highlights/details/government-enhances-subsidies-to-improve-affordability-of-cancer-treatment_17Aug2021

3. https://www.moh.gov.sg/home/our-healthcare-system/medishield-life/what-is-medishield-life/what-medishield-life-benefits/cancer-drug-list
4. https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf