

## Subject: Specialised Services Circular (SSC) Sent on behalf of: Chair of the SW Specialised Service Circular Group

Dear Colleagues,

Please find attached the following Specialised Services Circular(s):

SSC Number	SSC Title	Trusts approved to prescribe in accordance with the SSC, providing appropriate internal governance arrangements are in place
2707	NICE Technology Appraisal Final Draft Guidance: Trifluridine-tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments	All South West Acute Trusts

## Is an implementation plan required from all SW trusts (regardless of commissioned status) for this SSC? No

For all other South West region trusts this is for information only.

Trusts should ensure that use is registered on the Blueteq system (if appropriate).

Treatment will only be funded where the drugs minimum dataset is fully and accurately populated.

Please direct any queries to: <a href="mailto:england.speccomm-southwest@nhs.net">england.speccomm-southwest@nhs.net</a>



**All Chief Executives** 

**All Medical Directors** 

All Chief Pharmacists

Specialised Commissioning South West NHS England 100 Temple Street Bristol BS1 6AG Email: england.speccommsouthwest@nhs.net

6<sup>th</sup> of September 2024

Dear Colleagues,

## Re: NICE Technology Appraisal Final Draft Guidance: Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments.

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal Final Draft Guidance (FDG) for Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments.

The FDG can be found at: <u>https://www.nice.org.uk/guidance/indevelopment/gid-ta11390</u>.

NICE in their FDG published on 28 August 2024 has stated that:

Trifluridine–tipiracil with bevacizumab is recommended, within its marketing authorisation, for treating metastatic colorectal cancer in adults who have had 2 lines of treatment (including fluoropyrimidine-, oxaliplatin and irinotecanbased chemotherapies, antivascular endothelial growth factor or anti-epidermal growth factor receptor treatments).

Trifluridine-tipiracil with bevacizumab will be available via the Cancer Drugs Fund (CDF) from 28 August 2024 in line with these recommendations and according to a set of treatment criteria which translates the NICE recommendation into a clinical guide as to use in practice. These treatment criteria can be found on the national CDF list at <a href="https://www.england.nhs.uk/cancer/cdf/cancer-drugs-fund-list/">https://www.england.nhs.uk/cancer/cdf/cancer-drugs-fund-list/</a> or on the application form(s) on the Blueteq site.

NHS England will then routinely commission trifluridine-tipiracil with bevacizumab in patients with metastatic colorectal cancer, incorporating these treatment criteria, including those contained within this letter from 90 days after the day of publication of the final guidance.

In addition:

• Trusts must ensure that they are purchasing trifluridine-tipiracil at the agreed proposed patient access scheme (PAS) discounted price. This discounted price



will be applied automatically at point of invoice and applies to all indications.

- Trusts must ensure that, until 90 days after publication of the final guidance from NICE, only invoices for the drug procurement costs of trifluridine-tipiracil and bevacizumab in this indication are directed to the CDF and that they are also submitting complete and accurate information via the CDF minimum dataset (MDS).
  - Please note that only charges for bevacizumab in this indication should be submitted to the CDF. All other commissioned indications of bevacizumab are funded in block.
- Patients who have been receiving top-up bevacizumab in addition to NHS England funded trifluridine-tipiracil via Blueteq form TRI1 can switch to NHS England funding for this combination. A new TRI3 blueteq form must be submitted for these patients.
  - Patients who have not been receiving top-up bevacizumab in addition to TRI1 should complete their treatment as planned and therefore cannot switch to TRI3.
- In line with the terms and conditions included in the NHS Standard Contract and as per the agreement that Cancer Services are commissioned with Trusts, Schedule 6a Reporting Requirements for drugs will apply. Payment of Trust invoices will be contingent on the completion of the MDS record and this information being made available in a timely way.
- Trusts must ensure they are registering trifluridine-tipiracil with bevacizumab use on SACT. The SACT dataset is a mandated dataset as part of the Health and Social Care Information Standards. This is listed as a Schedule 6 national information requirement within the NHS Standard Contract.
- Patients must be registered via Blueteq (TRI3) and meet the clinical criteria on the registration form during the interim funding period.
- Payment of Trust invoices will be contingent on Blueteq registration, the full SACT and CDF MDS record applicable to the drug being completed and this information being made available in timely way.
- Trusts must ensure that local governance aspects (e.g. technical issues, education & training, patient information) have been identified and addressed for all staff groups (as appropriate) in order to permit the safe delivery of this therapy.

Trusts should refer to the CAP portal for further information on the PAS price. The CAP portal is available at <u>https://nhsengland.sharefile.eu/Authentication/Login</u>

I would be grateful if you could cascade this information to relevant clinical teams within your organisation to support the consistent adoption of the policy nationally.

With best wishes,





Vinay Takwale (VT) Medical Director NHS England South West Region & Consultant Orthopaedic Surgeon

Tracey Williams Principal Pharmacist