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
2787	**NICE Technology Appraisal Final Draft Guidance: Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after firstline chemoimmunotherapy when a stem cell transplant is suitable**	University Hospitals Bristol and Weston University Hospitals Plymouth

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: england.speccomm-southwest@nhs.net

All Chief Executives

All Medical Directors

All Chief Pharmacists

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

04 March 2025

Dear Colleagues,

Re: NICE Technology Appraisal Final Draft Guidance: Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after firstline chemoimmunotherapy when a stem cell transplant is suitable

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal Final Draft Guidance (FDG) for lisocabtagene maraleucel (liso-cel) for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable.

The FDG can be found at: https://www.nice.org.uk/guidance/indevelopment/gid-ta10778.

NICE in their FDG published on 20th February 2025 has stated that:

> Lisocabtagene maraleucel (liso-cel) is recommended as an option for treating large B-cell lymphoma that is refractory to, or has relapsed within 12 months after, first-line chemoimmunotherapy in adults with:
> - diffuse large B-cell lymphoma
> - high-grade B-cell lymphoma
> - primary mediastinal large B-cell lymphoma, or
> - follicular lymphoma grade 3B.
>
> Liso-cel is recommended only if:
> - an autologous stem cell transplant would be considered suitable,

Liso-cel will be available via the Cancer Drugs Fund (CDF) from 20th February 2025 via commissioned CAR T centres 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 https://www.england.nhs.uk/cancer/cdf/cancer-drugs-fund-list/ or on the application form(s) on the Blueteq site. Commissioned CAR T centres must have completed onboarding with BMS and signed a contract variation with the regional specialised commissioning team in order to access liso-cel.

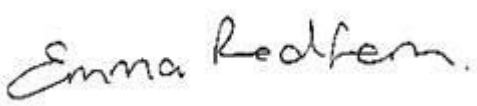
NHS England will then routinely commission liso-cel in patients with large B-cell lymphoma, incorporating these treatment criteria, including those contained within this letter from 90 days after the day of publication of the final guidance.

In addition, commissioned CAR T Centres must ensure they are:

- Purchasing liso-cel 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 should refer to the CAP portal for further information on the PAS price. The CAP portal is available at https://nhsengland.sharefile.eu/Authentication/Login
- Abiding by the term of BMS' supply agreement and that processes are in place to administer the requirements set out therein.
- Invoicing the CDF only for the procurement costs on infusion of liso-cel and that they are also submitting complete and accurate information via the CDF minimum dataset (MDS)Trusts must ensure that, until 90 days after publication of the final guidance from NICE,
- 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.
- Registering liso-cel 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.
- Completing a Blueteq initiation form for patients who meet the clinical criteria once they have been prioritised by the NCCP for lymphoma (code: LIS1a) to reflect the approval of leukapheresis and manufacture of CAR-T cells.
- Completing a Blueteq continuation form on the date of infusion (form code: LIS1b) to confirm the patient remains fit enough to receive the treatment, to document the date of infusion of CAR T cell therapy and for registration of this infusion with NHS England. Both parts of this form must be complete before Trusts can be reimbursed for the cost of liso-cel.
- **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.

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,



Emma Redfern
Medical Director NHS England South West Region

Tracey Williams
Principal Pharmacist