**Subject: Specialised Services Circular (SSC 2560)**
**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 |
|---|---|---|
| SSC 2560 | **New Subcutaneous (SC) formulation for atezolizumab 1875mg (Tecentriq®): Implications for currently funded indications.** | 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: england.speccomm-southwest@nhs.net

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14 September 2023

**All Chief Executives**

**All Medical Directors**

**All Chief Pharmacists**

Dear Colleagues,

**Re: New Subcutaneous (SC) formulation for atezolizumab 1875mg (Tecentriq®): Implications for currently funded indications.**

I am writing to advise you of the funding position for atezolizumab (Tecentriq®) following marketing of a subcutaneous (SC) version of the product. A new Summary of Product Characteristics (SmPC) for the Tecentriq® 1875 mg solution for injection subcutaneous product is available at https://products.mhra.gov.uk/substance/?substance=ATEZOLIZUMAB

The following NICE Technology Appraisal Guidance for atezolizumab includes a recommended dose schedule using atezolizumab intravenous (IV) infusion.

- Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer (TA823) see https://www.nice.org.uk/guidance/ta823
- Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable (TA739) see https://www.nice.org.uk/guidance/ta739
- Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer (TA705) see https://www.nice.org.uk/guidance/ta705
- Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma (TA666) see https://www.nice.org.uk/guidance/ta666
- Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer (TA639) see https://www.nice.org.uk/guidance/ta639
- Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer (TA638) see https://www.nice.org.uk/guidance/ta638
- Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer (TA584) see https://www.nice.org.uk/guidance/ta584
- Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy (TA525) see https://www.nice.org.uk/guidance/ta525

- Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy (TA520) see https://www.nice.org.uk/guidance/ta520

NHS England can confirm that the new SC atezolizumab product will be funded within the NHS from the date of this letter provided it remains a cost neutral alternative to the IV formulation.

The new SC product has a recommended dose of 1875 mg of atezolizumab solution for subcutaneous injection. The SmPC advice is to administer 15 mL of Tecentriq® SC solution for injection subcutaneously in the thigh in approximately 7 minutes every three weeks. New patients may be initiated on the SC version as an alternative to the IV formulation following discussion between the individual patient and their clinician. Patients currently receiving IV atezolizumab can be switched to SC atezolizumab following the dosing advice in the manufacturers SmPC.

In addition:

- Trusts must ensure that they are purchasing SC atezolizumab at the agreed discounted price. This discounted price will be applied automatically at point of invoice.
- Trusts must ensure charges are submitted to the correct commissioner for validation.
- 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 atezolizumab regimens via 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.
- All new patients starting on SC atezolizumab must be registered via Blueteq (Form Codes: ATE1 to ATE10) and meet the clinical criteria for each indication on each registration form. There is no requirement to re-register existing patients on Blueteq if switching from IV to SC. Note: Atezolizumab Blueteq forms have been updated to include SC administration as an option.
- Patients who started on the IV formulation and switched to SC atezolizumab do not need to re-register on Blueteq when switching to SC atezolizumab.
- **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 discounted price. The CAP portal is available at https://nhsengland.sharefile.eu/Authentication/Login

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
Yours sincerely,

Luke Culverwell
Deputy Director of Specialised Commissioning

Tracey Williams
Clinical Pharmacist