Subject: Specialised Services Circular (SSC 2670)
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
2670	NICE Technology Appraisal Final Draft Guidance: Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments.	• All SouthWest Acute Provider

Is an implementation plan required for this SSC? NO

For all other SouthWest 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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28 June 2024

All Chief Executives

All Medical Directors

All Chief Pharmacists

Re: NICE Technology Appraisal Final Draft Guidance: Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments.

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal Final Draft Guidance (FDG) for elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments.

The FDG can be found at: https://www.nice.org.uk/guidance/indevelopment/gid-ta10918

NICE in their FDG published on 21 June 2024 has stated that:

> Elranatamab is recommended with managed access as an option for treating relapsed and refractory multiple myeloma in adults after 3 or more lines of treatment (including an immunomodulatory agent, a proteasome inhibitor and an anti-CD38 antibody) when the myeloma has progressed on the last treatment. It is only recommended if pomalidomide plus dexamethasone would otherwise be offered

Elranatamab will be available via the Cancer Drugs Fund (CDF) from 21 June 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 https://www.england.nhs.uk/cancer/cdf/cancer-drugs-fund-list/ or on the application form(s) on the Blueteq site.

Elranatamab will be available via the Cancer Drugs Fund (CDF) under the terms of the managed access agreement (MAA) and commercial access agreement (CAA), until NICE re-reviews these indications.

In addition:

- Trusts must ensure that they are purchasing elranatamab at the agreed 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
- Trusts must ensure that only invoices for the drug procurement costs of elranatamab in this indication are directed to the CDF and that they are also submitting complete and accurate information via the CDF minimum dataset (MDS).
- 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 elranatamab 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 (ELR1) and meet the clinical criteria on the registration form.
- **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 a 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.

Yours sincerely,

Luke Culverwell
Deputy Director of Specialised

Tracey Williams
Clinical Pharmacist