

**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
2789	<b>NICE Technology Appraisal Final Draft Guidance: Blinatumomab with chemotherapy for consolidation treatment of Philadelphia-chromosome-negative CD19-positive B-cell precursor acute lymphoblastic leukaemia without minimal residual disease</b>	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](mailto:england.speccomm-southwest@nhs.net)

All Chief Executives

All Medical Directors

All Chief Pharmacists

Specialised Commissioning  
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04 March 2025

Dear Colleagues,

**Re: NICE Technology Appraisal Final Draft Guidance: Blinatumomab with chemotherapy for consolidation treatment of Philadelphia-chromosome-negative CD19-positive B-cell precursor acute lymphoblastic leukaemia without minimal residual disease**

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal Final Draft Guidance (FDG) for blinatumomab with chemotherapy for consolidation treatment of Philadelphia-chromosome-negative CD19-positive B-cell precursor acute lymphoblastic leukaemia without minimal residual disease.

The FDG can be found at: <https://www.nice.org.uk/guidance/indevelopment/gid-ta11571>.

NICE in their FDG published on 21<sup>st</sup> February 2025 has stated that:

Blinatumomab with chemotherapy can be used as an option to treat Philadelphia-chromosome-negative CD19-positive B-cell precursor acute lymphoblastic leukaemia (ALL) in adults, if:

- there is no minimal residual disease
- it is used at the start of consolidation treatment

Blinatumomab will be available via the Cancer Drugs Fund (CDF) from 21<sup>st</sup> February 2025\* (**\*see important note below**) 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.

NHS England will then routinely commission blinatumomab in patients with Philadelphia-chromosome-negative CD19-positive B-cell precursor acute lymphoblastic leukaemia, incorporating these treatment criteria, including those contained within this letter from 90 days after the day of publication of the final guidance.

- **\* At the current time, the manufacturer of blinatumomab (Amgen) is unable to supply the drug for this particular indication. It hopes to provide**

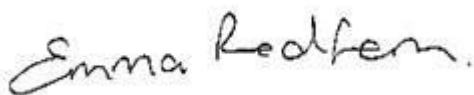
drug for this indication in March 2025, although the timing of this availability is subject to change. For this reason, Blueteq form BLI5 will remain inactive until this is resolved.

In addition:

- Trusts must ensure that they are purchasing blinatumomab 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>
- Trusts must ensure that, until 90 days after publication of the final guidance from NICE, only invoices for the drug procurement costs of blinatumomab 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 blinatumomab 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 (BLI5) 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.

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