NHS England South West

Subject: Specialised Services Circular (SSC 2631)
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
2631	**NICE Technology Appraisal Final Draft Guidance - Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over [Partial review of TA540]**	All South West acute providers are commissioned

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

Specialised Commissioning South West
NHS England
360 Bristol
Marlborough Street
Bristol
BS1 3NX
Email: england.speccomm-southwest@nhs.net

25 March 2024

All Chief Executives
All Medical Directors
All Chief Pharmacists

Dear Colleagues,

Re: NICE Technology Appraisal Final Draft Guidance: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over [Partial review of TA540]

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal Final Draft Guidance (FDG) for pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over [Partial review of TA540].

The FDG can be found at: https://www.nice.org.uk/guidance/indevelopment/gid-ta11317.

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

Pembrolizumab is recommended as an option for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over who have had at least 2 previous treatments and cannot have an autologous stem cell transplant (ASCT). It is recommended only if:

- they have already had brentuximab vedotin and
- pembrolizumab is stopped after 2 years of treatment or earlier if the person has a stem cell transplant or the disease progresses

Pembrolizumab has been available in this indication via the Cancer Drugs Fund (CDF) since 25 July 2018 (TA540). NICE has reviewed the evidence collected as part of the CDF managed access agreement and has recommended pembrolizumab for use in routine commissioning. Pembrolizumab will receive interim funding via the Cancer Drugs Fund (CDF) from 21 March 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.

NHS England will then routinely commission pembrolizumab in patients with classical Hodgkin 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:

- Trusts must ensure that they are purchasing pembrolizumab 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 pembrolizumab 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 pembrolizumab 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 and meet the clinical criteria on the registration form during the interim funding period. Trusts do not need to submit a new form for patients who have started treatment since 25 July 2018.
    - **Please note there are different Blueteq registration forms for adults and children.**
    - Adults – PEMB5
    - Children – PEMB6
- **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

Yours sincerely,

Luke Culverwell
Deputy Director of Specialised Commissioning

Tracey Williams
Principal Pharmacist