

Subject: Specialised Services Circular (SSC 2613)
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SSC 2613	Re: NICE Technology Appraisal Draft Guidance: with Selinexor and bortezomib and dexamethasone for previously treated multiple myeloma	All South West Acute Trusts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

Specialised Commissioning South West

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12 February 2024

All Chief Executives**All Medical Directors****All Chief Pharmacists**

Dear Colleagues,

Re: NICE Technology Appraisal Draft Guidance: Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal Draft Guidance (DG) for selinexor with bortezomib and dexamethasone for previously treated multiple myeloma.

The DG can be found at: <https://www.nice.org.uk/guidance/indevelopment/gid-ta10646>.

NICE in their DG published on 2 February 2024 has stated that:

Selinexor with bortezomib and dexamethasone is recommended as an option for treating multiple myeloma in adults, only if they have only had 1 previous line of treatment and their condition is refractory to both daratumumab and lenalidomide

Selinexor will be available via the Cancer Drugs Fund (CDF) from 2 February 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 selinexor in patients with previously treated multiple myeloma, 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 selinexor at the agreed proposed *High quality care for all, now and for future generations*

patient access scheme (PAS) discounted price. This discounted price will be applied automatically at point of invoice and applies to all indications.

- Trusts must ensure that, until 90 days after publication of the final guidance from NICE, only invoices for the drug procurement costs of selinexor in this indication are directed to the CDF and that they are also submitting complete and accurate information via the CDF minimum dataset (MDS).
 - Bortezomib in this indication is funded in routine commissioning. No charges for bortezomib should be submitted to the CDF.
- 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 selinexor 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 (SELIN1) 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.

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>

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
Commissioning



Tracey Williams
Principal Pharmacist