

**From Director of Hospital Care
Paul Cavanagh**



By email

Chief Executives of Trusts - for cascade to:

Medical Directors
Directors of Nursing
Directors of Acute Services
Heads of Pharmacy & Medicines Management
Clinical & Social Governance Leads

Strategic Planning and Performance Group

*12-22 Linenhall Street
Belfast
BT2 8BS*

Director of Primary Care, SPPG - for cascade to:

Head of Pharmacy & Medicines Management

Tel: 0300 555 0115

Email: SPPG-NICEInbox@hscni.net

Date: 18 April 2025

Dear Colleague,

**SERVICE NOTIFICATION FOR NICE TECHNOLOGY APPRAISAL TA1023 –
ELRANATAMAB FOR TREATING RELAPSED AND REFRACTORY MULTIPLE MYELOMA
AFTER 3 OR MORE TREATMENTS**

Background

The Department's Medicines Policy Branch (MPB) in the Chief Medical Officer's Group has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In line with Circular HSC (SQSD) 12/22, the SPPG is required to issue a Service Notification to HSC Trusts and other relevant providers and stakeholders, including Family Practitioners, setting out the expectations for implementation.

Commissioning Arrangements

This regimen will be formally commissioned by the SPPG initially on a cost-per-case (CPC) basis.

Any Changes to the commissioning arrangements on this treatment will be updated on the SPPG NI formulary Managed Entry Decisions webpage:

<https://niformulary.hscni.net/managed-entry/managed-entry-decisions/>

Resource Implications

Any resources associated with the introduction of the technology in line with the commissioning arrangements set out above will be incorporated in the Trust financial allocation for the appropriate financial year.

The company (Pfizer) has commercial arrangements which makes elranatamab available with a discount. The size of the discount is commercial in confidence.

Any additional infrastructure requirements will be subject to agreement with the relevant SPPG Service Team.

Legislative/Policy Caveats

This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.

The Rural Needs Act (NI) 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling within the scope of the Act.

Action required by Health and Social Care Trusts

Trusts should now take forward the implementation of the TA in accordance with Circular HSC (SQSD) 12/22. The SPPG's expectation is that proportionate implementation arrangements will be established on receipt of this correspondence.

In particular, within three months ensure that: targeted dissemination takes place; a clinical/management change leader has been agreed; and a proportionate implementation plan is in place.

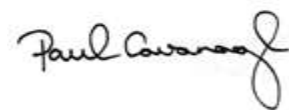
SPPG Monitoring and Assurance arrangements

The SPPG will seek direct assurances from Trusts on an ongoing basis regarding the actions outlined above in advance of the scheduled SPPG/Trust Service Issues and Performance meetings.

The SPPG cost per case process will generate regular reports on the number of applications for this treatment.

Thank you for your attention with this matter. If you have any queries please email SPPG Hospital Care directorate via SPPG-NICEInbox@hscni.net in the first instance.

Yours sincerely



Paul Cavanagh
Director of Hospital Care

CC:

Chief Medical Officer
Chief Pharmaceutical Officer
Chief Executive Patient and Client Council
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NICPLD
Chief Executive, NIPEC
Chief Executive, NIBTS
Chief Executive, RQIA
Chief Executive, PHA
Group Heads, SPPG
Assistant Directors of Commissioning, SPPG
NICE Managers Forum
Medicines Policy Branch
Andrew Dawson
Chris Garland
Jonathan Adair