

**From Director of Hospital & Community Services  
Brendan Whittle**



**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**

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**Director of Primary Care, SPPG - for cascade to:**

Head of Pharmacy & Medicines Management

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Date: 12 January 2023

Dear Colleague,

**SERVICE NOTIFICATION FOR NICE TECHNOLOGY APPRAISAL 823 –  
ATEZOLIZUMAB FOR USE WITHIN THE CANCER DRUGS FUND FOR THE ADJUVANT  
TREATMENT OF RESECTED NON-SMALL-CELL LUNG CANCER**

**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. Thereafter, numbers of patients who received or are receiving treatment will be reviewed and consideration will be given to moving to recurrent funding to support this regimen.

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 (Roche) has a managed access agreement which includes patient access scheme, which makes Atezolizumab 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.

### ***Licensing***

This treatment is licenced for use in Northern Ireland. The SPPG have identified a licence divergence for this treatment.

In Great Britain, atezolizumab as monotherapy is indicated as adjuvant treatment following complete resection for adult patients with Stage II to IIIA (7th edition of the UICC/AJCC-staging system) NSCLC whose tumours have PD-L1 expression on  $\geq 50\%$  of tumour cells (TC) and whose disease has not progressed following platinum-based adjuvant chemotherapy.

The licence for atezolizumab granted by the EMA, and applicable in Northern Ireland, is as monotherapy for adjuvant treatment following complete resection and platinum-based chemotherapy for adult patients with NSCLC with a high risk of recurrence whose tumours have PD-L1 expression on  $\geq 50\%$  of tumour cells (TC) and who do not have EGFR mutant or ALK-positive NSCLC.

### **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 contact Emma McKee (Tel: 028 95 36 3116) in the SPPG Commissioning Directorate in the first instance.

Yours sincerely



**Brendan Whittle**  
**Director of Hospital & Community Services**

**CC:**

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Chief Pharmaceutical Officer  
Chief Executive Patient and Client Council  
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