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N&WICS - TA872 - Axicabtagene ciloleucel - Diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies

Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate explicit consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices. Consent given: ☐

If there is more than one NICE-approved treatment available, a discussion between the responsible clinician and the patient has taken place about the advantages and disadvantages of the treatments available. This has taken into consideration therapeutic need and whether or not the patient is likely to adhere to treatment. The most appropriate, least expensive, will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the TAs. ☐

Patient NHS No:	**Trust:**	**Practice Name:**
Patient Hospital No:	**Consultant Making Request:**	**Practice Postcode:**
Patient's Initials and DoB:		**Practice Code:**
Notification Email Address: (@NHS.net account ONLY)		**Contact name & number:**
Start date of requested treatment:	**Provider:** ☐ Private ☐ NHS **Supplier:** ☐ Homecare ☐ Hospital	**Sub-Type:** N/A **(if applicable)**

By completing this form, you confirm that you intend to use the requested medicinal product described below as agreed in the local commissioning statement. Any requests which fall outside of this use will require an individual funding request (IFR).

For support regarding IFRs, please contact: nwicb.icd@nhs.net

For support regarding the criteria listed below, please contact: nwicb.nontariff@nhs.net

Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. Axicabtagene ciloleucel is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma or primary mediastinal large B-cell lymphoma in adults after 2 or more systemic therapies. It is recommended only if the company provides axicabtagene ciloleucel according to the commercial arrangement. • Why the committee made this recommendation • This appraisal reviews the additional evidence collected as part of the Cancer Drugs Fund managed access agreement for axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma or primary mediastinal large B-cell lymphoma in adults after 2 or more systemic therapies (NICE technology appraisal guidance 559). • There is no standard treatment for relapsed or refractory diffuse large B-cell lymphoma or primary mediastinal large B-cell lymphoma after 2 or more systemic therapies. Best supportive care is used and usually includes salvage chemotherapy. Axicabtagene ciloleucel is a chimeric antigen receptor (CAR) T-cell therapy (also called CAR-T therapy). It uses the patient's own immune cells that have been modified to attach to and kill cancer cells. • The new evidence includes data from a clinical trial and from people having axicabtagene ciloleucel in the NHS while it was available in the Cancer Drugs Fund. It suggests that people having axicabtagene ciloleucel live longer than people having salvage chemotherapy and have longer before their condition gets worse. • Axicabtagene ciloleucel meets NICE's criteria to be considered a life-extending treatment at the end of life. Taking this into account, the cost-effectiveness estimates for axicabtagene ciloleucel are within what NICE considers an acceptable use of NHS resources. So, axicabtagene ciloleucel is recommended for routine use in the NHS.	☐ Yes ☐ No
2. As per NICE guidance, treatment should normally be started with the least expensive drug (considering the dose required, price per dose and any additional administration costs).	

Please confirm that the choice of drug is considered the most cost-effective treatment for this individual patient, noting that alternative treatment options recommended by NICE may be lower in cost, including the use of biosimilar medications if applicable. Where an alternative lower cost treatment is available and has not been tried by the patient, please confirm that the clinical rationale for prescribing has been included in the patients' medical record for the purpose of auditing.	☐ Yes ☐ No
3. The product is being used as described by local commissioning position.	☐ Yes ☐ No

I confirm that the patient meets the criteria for treatment	
Name of person completing:	Contact Details:
Designation of person completing:	Date:
Trust Authorising Pharmacist Name: Date:	