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Dear < Prescriber >

Date

RE: Nivolumab and pembrolizumab in melanoma stopping after two years

NHS England has reviewed the evidence for the elective discontinuation of immunotherapy in patients who have completed 2 years of therapy. NHS England has therefore revised its commissioning position such that clinicians and patients will now have the option of discontinuing immunotherapy after 2 or more years of treatment. If such an option is chosen and if there is subsequent disease progression off treatment, NHS will commission the re-start of immunotherapy monotherapy as long as this re-start is the first treatment at that disease relapse.

In order to achieve this option of discontinuation and potential re-start of treatment, NHS England is introducing treatment criteria for nivolumab with or without ipilimumab (NICE TA384 & TA400) and pembrolizumab (NICE TA366) for advanced/metastatic melanoma. This new commissioning position applies to patients who continue to have stable disease or remain in response and having completed at least 2 years of treatment with nivolumab or pembrolizumab for their melanoma.

Clinicians wishing to take advantage of offering their patients the option of stopping treatment, must complete blueteq registration forms NIV8 and PEMB9 see <https://www.blueteq-secure.co.uk/Trust/default.aspx>. The forms have three parts all of which use the same Blueteq identifier;

- Part A should be completed when initiating monotherapy or having started monotherapy. NHS England would greatly value your help such that all new patients starting pembrolizumab or nivolumab monotherapy are registered at the start of treatment. For those patients who commence nivolumab+ipilimumab combination therapy, NHS England would greatly value if form NIV8a could be completed at the time of commencing nivolumab monotherapy after completion of the nivolumab+ipilimumab part of the treatment
- Part B should be completed after 2 or more years of treatment and when stopping therapy
- Part C should be completed when immunotherapy is restarted.

The forms have been designed to be as easy as possible to use and patient details need only be entered once on completion of part A. Parts B and C of the form only appear after completion of the previous part(s) of the form.

Using the forms will ensure that clinicians and patients make a shared decision, understanding the advantages and disadvantages of the options of either continuing treatment or electively discontinuing with the option of re-starting if the disease progresses.

The forms request some very simple data as to the start date of nivolumab or pembrolizumab, discontinuation date, response status at the time of discontinuation and any re-start date. It is the intention of NHS England in conjunction with melanoma oncologists to audit the data we collect to provide important real world evidence of the re-treatment rates following discontinuation of nivolumab/pembrolizumab.

Frequently Asked Questions

- Q: Can I stop my patient who has been on treatment for two or more years?
A: Yes, you must complete part A (retrospectively) and part B of the form when stopping.
- Q: Can I pre plan to stop at 2 years for new patients?
A: Yes, complete part A of the form now, and ensure you complete part B when stopping.
- Q: What if I or my patient does not wish to stop treatment after 2 years, do I have to complete a form?
A: No, but treatment must be stopped on progression and you will not have the option of stopping and restarting in future.
- Q: I have already stopped a patient who had treatment for two or more years, Can I restart in future if they progress?
A: Yes, if at the time of discontinuation they had stable disease or were in a response state, **but** you must retrospectively complete both part A and part B of the form now and then complete part C when they progress.
- Q: In a patient who electively discontinued treatment and who has just progressed, do I have to re-start with the same treatment that was discontinued?
A: Yes if you plan to re-use immunotherapy. A re-start of nivolumab monotherapy or pembrolizumab monotherapy must be the first systemic therapy for any disease relapse. If other treatment is used first at disease relapse (eg BRAF+MEK inhibitor therapy), then a re-start of immunotherapy is not commissioned.
- Q: If a patient has been treated with the ipilimumab/nivolumab combination and discontinued nivolumab after 2 or more years, can I re-start therapy with the ipilimumab/nivolumab combination?
A: No. Only a restart of nivolumab monotherapy is commissioned in patients electively discontinuing nivolumab at 2 or more years even if the initial treatment was with the ipilimumab/nivolumab combination

With best wishes

CDF National Team
Sent on behalf of Professor Peter Clark