National Innovative Medicines Fund List

(Including live list of indications funded via the Innovative Medicines Fund with their commissioning criteria for use)

v1.13

23-Jun-25

National Innovative Medicines Fund (IMF) List

List

This list should be read in conjunction with all other available information found at: https://www.england.nhs.uk/medicines-2/innovative-medicines-fund/

Drug	Indication	Criteria for use	Available to new patients		Eligible for Interim Funding	Interim Funding agreed by manufacturer	IMF Managed Access Scheme	Expected Entry into Baseline Commissioning (if known)
			Yes	Yes (but notice of removal served)				
Etranacogene dezaparvovec	ETR1a- Initial Funding Application for treating moderately severe or severe haemophilia B (TA989) where the following criteria have been met:	1. The prescribing clinician confirms the patient is aged 18 years or older.	From 27-June-24		N/A	N/A	Yes	nca
		2. The prescribing clinician confirms the patient has moderately severe or severe haemophilia B						
		3. The prescribing clinician confirms the patient has a demonstrated absence of Factor IX inhibitors and no previous history of Factor IX inhibitors.						
		4. The prescribing clinician confirms a pre-existing neutralising antibody titre has been performed and that the patient does not have neutralising anti-AAV5 antibodies above a titre of 1:678 (7-point assay) or 1:898 (9-point assay).						
		5. The prescribing clinician confirms the patient's baseline hepatic function has been assessed.						
		6. The prescribing clinician confirms compliance with UKHCDO guideline, in particular the approval and pathway process and that treatment will be delivered by a commissioned haemophilia ATMP treatment hub.						
		7. The prescribing clinician confirms that use is in accordance with the SmPC and the managed access agreement, as detailed in NICE TA989.						
Etranacogene dezaparvovec	ETR1b-Post Infusion Funding Application for treating moderately severe or severe haemophilia B (TA989) where the following criteria have been met:	1.The prescribing clinician confirms that one of the following applies: - The patient remained eligible for treatment and was infused with etranacogene dezaparvovec - The patient was no longer eligible for treatment and the order was cancelled before acceptance of the product - The patient was no longer eligible for treatment and the order had to be cancelled after acceptance of the product - The product was destroyed following identification of a defect or latent defect (i.e. a fault occurring prior to receipt of product, regardless of when it was detected) - The product was destroyed following identification of other damage to the product Please enter the date of infusion with etranacogene dezaparvovec if option 1 applies, otherwise please enter '00/00/0000': _____	From 27-June-24		N/A	N/A	Yes	nca
		2. The prescribing clinician confirms that etranacogene dezaparvovec was otherwise used as set out in the SmPC and the managed access agreement as detailed in NICE TA989						

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Exagamglogene autotemcel	EXA1a-Initial Funding Application (for each cell collection) – Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia [TA1003] where the following criteria have been met:	1.The prescribing clinician confirms that one of the following applies: a. The prescribing clinician confirms the patient is 16 years and older, being treated in an adult service, and the centre is commissioned to deliver this treatment OR b. The prescribing clinician confirms the patient is 12-18 years old at the point of referral to the panel for approval, is being treated within a paediatric service, and the centre is commissioned to deliver treatment in this age group	From 08-August-24		N/A	N/A	Yes	nca
		2. The prescribing clinician confirms the patient has transfusion-dependent beta-thalassaemia (diagnosis confirmed by DNA technology) and is suitable for haematopoetic stem cell transplant but a human leukocyte antigen (HLA)- matched related haematopoietic stem cell donor is not available.						
		3. The prescribing clinician confirms that the patient has not received a prior allogeneic or autologous haematopoietic stem cell transplant.						
		4. The prescribing clinician confirms that approval for treatment has been obtained from the National Haemoglobinopathy Panel on: To enter date in the box as (00/00/0000) ----------						
		5. The prescribing clinician confirms that one of the following applies 5a.The prescribing clinician confirms this is the patients first mobilisation cycle* OR 5b. The prescribing clinician confirms this is the patients second mobilisation cycle* OR 5c. The prescribing clinician confirms this is the patients third mobilisation cycle* OR 5d. The prescribing clinician confirms this is the patients fourth mobilisation cycle* OR 5e. The prescribing clinician confirms this is the patients fifth mobilisation cycle* *One mobilisation cycle is defined as mobilisation plus the completion of all collective attempts at apheresis that may occur from Day 5 to Day 7 (inclusive).						
		6. The prescribing clinician confirms that use is in accordance with the SmPC and the managed access agreement, as detailed in NICE TA1003 .						
		7. The prescribing clinician confirms the required data will be collected as per the managed access agreement.						
Exagamglogene autotemcel	EXA1b-Funding Application (treatment outcome)– Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia [TA1003] where the following criteria have been met:	1. The prescribing clinician confirms that one of the following applies: The patient remained eligible for treatment and was infused with exagamglogene autotemcel. The patient was no longer eligible for treatment and the order was cancelled before acceptance of the product. The patient was no longer eligible for treatment and the order had to be cancelled after acceptance of the product. The product was destroyed following identification of a defect or latent defect (i.e. a fault occurring prior to receipt of product, regardless of when it was detected). The product was destroyed following identification of other damage to the product	From 08-August-24		N/A	N/A	Yes	nca
		2.If option 1a applies, I confirm that Exagamglogene autotemcel was otherwise used as set out in the SmPC and the managed access agreement as detailed in NICE TA 1003 and please enter the date of infusion with Exagamglogene autotemcel, otherwise please enter '00/00/0000':						

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Exagamglogene autotemcel	EXA2a-National Innovative Medicines Fund Application Form – Initial Funding Application (for each cell collection) – Exagamglogene autotemcel for treating sickle cell disease [ID4016] where the following criteria have been met:	1. To note, a separate Blueteq form should be submitted for use of plerixafor 1a. The prescribing clinician confirms the patient is 16 years and older, being treated in an adult service, and the centre is commissioned to deliver this treatment OR 1b. The prescribing clinician confirms the patient is 12-18 years old at the point of referral to the panel for approval, is being treated within a paediatric service, and the centre is commissioned to deliver treatment in this age group. 2.The prescribing clinician confirms the patient has sickle cell disease and has recurrent vaso-occlusive crises (VOCs) defined as at least 2 VOC's per year during the 2 previous years. To note: In the SmPC: Patients were eligible for the study if they had a history of at least 2 severe vaso-occlusive crisis events per year in the 2 years prior to screening, which were defined as: •an acute pain event •acute chest syndrome •priapism lasting at least 2?hours •splenic sequestration 3. The prescribing clinician confirms the patient has: a. βS/βS, βS/β+ or βS/β0 genotype, b. is suitable for haematopoetic stem cell transplant, c. and for whom a human leukocyte antigen (HLA)-matched related haematopoietic stem cell donor is not available. 5. The prescribing clinician confirms that approval for treatment has been obtained from the National Haemoglobinopathy Panel on: To enter date in the box as (00/00/0000) 5a.The prescribing clinician confirms this is the patients first mobilisation cycle* OR 5b. The prescribing clinician confirms this is the patients second mobilisation cycle* OR 5c. The prescribing clinician confirms this is the patients third mobilisation cycle* OR 5d. The prescribing clinician confirms this is the patients fourth mobilisation cycle* OR 5e. The prescribing clinician confirms this is the patients fifth mobilisation cycle* OR 5f. The prescribing clinician confirms this is the patients sixth mobilisation cycle* * One mobilisation cycle is defined as mobilisation plus the completion of all collective attempts at apheresis that occur from Day 1 to Day 3 (inclusive) 6. The prescribing clinician confirms that use is in accordance with the SmPC and the managed access agreement, as detailed in NICE TA ID4016 7. The prescribing clinician confirms the required data will be collected as per the managed access agreement	From 31-January-25		N\A	N\A	Yes	nca
Exagamglogene autotemcel	EXA2b-National Innovative Medicines Fund Application Form – Funding Application (treatment outcome) – Exagamglogene autotemcel for treating sickle cell disease [ID4016] where the following criteria have been met:	1. The prescribing clinician confirms that one of the following applies: a. The patient remained eligible for treatment and was infused with exagamglogene autotemcel. b. The patient was no longer eligible for treatment and the order was cancelled before acceptance of the product. c. The patient was no longer eligible for treatment and the order had to be cancelled after acceptance of the product. d. The product was destroyed following identification of a defect or latent defect (i.e. a fault occurring prior to receipt of product, regardless of when it was detected). e. The product was destroyed following identification of other damage to the product 2. If option 1a applies, the prescribing clinician confirmsthat Exagamglogene autotemcel was otherwise used as set out in the SmPC and the managed access agreement as detailed in NICE TA ID4016 and please enter the date of infusion with Exagamglogene autotemcel, otherwise please enter '00/00/0000':	From 31-January-25		N/A	N/A	Yes	nca

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Ruxolitinib	RUX3 – National Innovative Medicines Fund Application Form - Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over [ID6377]	1.The prescribing clinician confirms the patient is aged 12 years and over. 2. The prescribing clinician confirms the patient has acute graft versus host disease (GvHD). 3. The prescribing clinician confirms that the patient has had an inadequate response to corticosteroids 4. The prescribing clinician confirms the patient will receive the licensed dose and frequency of ruxolitinib in line with its marketing authorisation.	From 21-March-25		Yes	Agreed	No	30-Jul-25

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			Yes	Yes (but notice of removal				
Marstacimab	MAR1_v1.0 – National Innovative Medicines Fund Application Form – Marstacimab for treating severe haemophilia B in people 12 years and over without anti-factor antibodies [ID 6342]	1. I confirm the patient is aged 12 years and over.	From 23-June-25		Yes	Agreed	No	22-Sep-25
		2. I confirm the patient has severe haemophilia B (a factor IX activity level of less than 1%).						
		3. I confirm the patient does not have factor 9 inhibitors (anti-factor antibodies)						
		4. I confirm the patient weighs at least 35kg.						
		5. I confirm that the patient will receive the licensed dose and frequency of marstacimab in line with its marketing authorisation (Summary of Product Characteristics).						
		6. I confirm that the patient/carer has been trained in the storage, handling and administration of their marstacimab in regimen, and that the clinical team is satisfied of their competence in these respects.						
		7. I confirm that the patient/carer has been advised that it is a requirement to provide the clinical team with data pertaining to dose administration and related clinical sequelae such as bleeding episodes. This is most easily achieved through the use of a secure therapy recording digital interface, such as Haemtrack™ (prior patient registration required).						

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Date published	Author(s)	Revision summary
n/a	D Dwyer	Initial draft of new IMF list, based on pre-existing national IMF list but updated for changes to the IMF, for review.
03/07/2024	S Patel; R Gowa; P Ryan; S Ahmed	Final version of new IMF list
19/08/2024	R Gowa; S Ahmed	1 drug/indication recommended for the IMF, 2 drugs/indications removed from the list
06/09/2024	R Gowa; S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
22/10/2024	R Gowa; S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
20/11/2024	R Gowa; S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
06/12/2024	R Gowa; S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding, 1 drugs/indications removed from the list
20/12/2024	R Gowa; S Ahmed	0 drug/indication recommended for the IMF
23/12/2024	R Gowa; S Ahmed	1 drugs/indications removed from the list
31/01/2025	R Gowa; S Ahmed	1 drug/indication recommended for the IMF, 1 drugs/indications removed from the list
20/02/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
27/02/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
21/03/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding
24/06/2025	S Mcaleer;S Ahmed	1 drug/indication recommended for routine commissioning, receiving IMF interim funding, 2 drugs/indications removed from the list

General or criteria changed	Summary of changes
Changes to version 1.0	
ETR1a_v1.0, ETR1b _v1.0	Recommended for the IMF
VOX1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
TAF1a _v1.0	Recommended for routine commissioning, receiving IMF interim funding
Changes to version 1.1	
EXA1a_v1.0 ,EXA1b_v1.0	Recommended for the IMF
VOX1a_v1.0 , TAF1a _v1.0	Removed from the list
Changes to version 1.2	
IPT1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
Changes to version 1.3	
ELAF1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
EXA1a_v1.0 ,EXA1b_v1.0	Updated EXA1a questions Q4 & Q5; EXA1b Question 2&3 combined
Changes to version 1.4	
CRO1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
ETR1a_v1.0, ETR1b _v1.0,EXA1a_v1.0 ,EXA1b_v1.0,ELAF1_v1.0 and IPT1_v1.0	Updated IDs
Changes to version 1.5	
UBL1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
IPT1_v1.0	Removed from the list
Changes to version 1.6	
CRO1_v1.1	Updated CRO1 question 2 & added a new question.
Changes to version 1.7	
CRO1_v1.1	Removed from the list
Changes to version 1.8	
EXA2a_v1.0 ,EXA2b_v1.0	Recommended for the IMF
UBL1_v1.0	Removed from the list
Changes to version 1.9	
FEN1a_v1.0	Recommended for routine commissioning, receiving IMF interim funding
Changes to version 1.10	
STS1_v1.0	Recommended for routine commissioning, receiving IMF interim funding
ELAF1_v1.0	1 drugs/indications removed from the list
Changes to version 1.11	
RUX3_v1.0	Recommended for routine commissioning, receiving IMF interim funding
Changes to version 1.12	
MAR1_v1.0	Recommended for routine commissioning, receiving IMF interim funding