Dear colleague, you will be aware that ivacaftor will be funded by the NHS in England from 1 January 2013. This follows a decision by the four regional Specialised Commissioning Groups to fund the medicine in England only if it is provided by the manufacturer in accordance with a Patient Access Scheme. Under the terms of this PAS, ivacaftor will be supplied through Vertex's nominated homecare supplier(s) **with no charge for supplies made before 31 March 2013**. A simple commercial in confidence discount will be applied to supplies of ivacaftor made from 1 April 2013.

The following information has been received from Vertex about supply arrangements, particularly homecare delivery, which is the preferred method of supply.

Supply arrangements:

1. Direct supply

We can deliver immediately via our centralised supply company Arvarto. These deliveries would be made direct to hospital. However in order for us to do this with, each hospital would have to sign a confidentiality agreement with Vertex so we can let them know details of the PAS as they would be billed at the PAS price once reimbursement starts

We are just working through the details but we could start delivering straight away as the drug will initially be free, however we would have to take steps to ensure that each order is specific to a patient and minimise any potential parallel export by a hospital

I will let you know contact details of Arvarto in coming days

2. Home Delivery (Vertex preferred option)

Bupa Home Healthcare should be ready to proceed from approx 2nd/3rd January (contracts are being signed in the next few days) - standard procedures as per other medicines they deliver. Delivery direct to patients home and also VAT saving

Healthcare at Home will be ready a couple of weeks after Bupa so probably mid January as their contracts are taking longer to sort out. Vertex's aim is to offer the choice to the NHS as to which home delivery company to use.

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Please note that **ivacaftor will be available to all patients who meet the licensed indication**. There is no plan to identify sub-groups for funding.

Information on baseline assessment of eligible patients, together with a copy of the national commissioning policy and a template Drug and Therapeutics Committee submission (to support local governance arrangements) will be circulated to clinicians shortly.