Subject: Specialised Services Circular (SSC)
Sent on behalf of: Chair of the SW Specialised Service Circular Group

Dear Colleagues,

Please find attached the following Specialised Services Circular(s):

SSC Number	SSC Title	Trusts approved to prescribe in accordance with the SSC, providing appropriate internal governance arrangements are in place
2851	NICE Technology Appraisal: Cladribine for treating active relapsing forms of multiple sclerosis [TA1053]	Gloucestershire Hospitals Foundation Trust Great Western Hospitals Foundation Trust North Bristol Trust Royal Cornwall Hospital Trust Royal Devon University Hospitals Foundation Trust Royal United Hospital of Bath Salisbury Foundation Trust Somerset Foundation Trust Torbay and South Devon Hospital Trust University Hospitals Plymouth Trust University Hospitals Dorset Foundation Trust

Is an implementation plan required from all SW trusts (regardless of commissioned status) for this SSC? No

For all other South West region trusts this is for information only.

Trusts should ensure that use is registered on the Blueteq system (if appropriate).

Treatment will only be funded where the drugs minimum dataset is fully and accurately populated.

Please direct any queries to: england.speccomm-southwest@nhs.net

****PLEASE NOTE: 2 courses only****

All Chief Executives

All Medical Directors

All Chief Pharmacists

Specialised Commissioning South West
NHS England
100 Temple Street
Bristol
BS1 6AG
Email: england.speccomm-southwest@nhs.net

16 July 2025

Dear Colleagues,

Re: NICE Technology Appraisal: Cladribine for treating active relapsing forms of multiple sclerosis [TA1053].

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal (TA) for active relapsing forms of multiple sclerosis.

The TA can be found at: Overview | Cladribine for treating active relapsing forms of multiple sclerosis | Guidance | NICE

NICE in their TA published on 15 April 2025 has stated that:

Cladribine is recommended as an option for treating active relapsing forms of multiple sclerosis in adults, only:

- if they have active relapsing–remitting multiple sclerosis, and
- when high-efficacy disease-modifying therapies would be offered

High-efficacy disease-modifying therapies for active relapsing–remitting multiple sclerosis include ocrelizumab and ofatumumab.

Cladribine will be routinely commissioned from 14 July 2025 in line with these recommendations and according to a set of treatment criteria which translates the NICE recommendation into a clinical guide as to use in practice. **The NHS England Treatment Algorithm for Multiple Sclerosis Disease-Modifying Therapies is being updated to include TA1053.**

For adults, treatment with cladribine may be delivered and managed through any acute provider trust which treats patients with MS under neurology. Eligibility must be determined through a specialist MS consultant in an agreed networked approach with a specialist MS consultant in a specialised neurology centre. This may be through direct clinical assessment by clinicians with appropriate expertise within the network, or through an MDT arrangement managed through a specialised neurology centre.

In addition, NHS England will commission cladribine in children where cladribine is used in accordance with the NHS England policy ‘Commissioning medicines for children in specialised services’ as regards post-pubescent patients. In this setting cladribine should only be requested by and administered in commissioned paediatric treatment centres, if the post-pubescent patient has not already transitioned to a commissioned adult service.

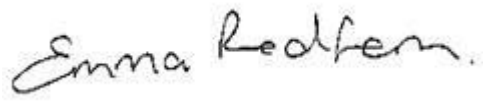
The use of cladribine should be discussed at a multi-disciplinary team (MDT) meeting which must include at least two consultants in the subspecialty with active and credible expertise in the relevant field of whom at least one must be a consultant paediatrician. The MDT should include a paediatric pharmacist and other professional groups appropriate to the disease area. Separate Blueteq registration forms for registration of adults and children have been made available. It should also be noted that cladribine should be used within the Trusts governance framework as cladribine is not licensed for use in children.

In addition:

- Trusts must ensure that only invoices for the drug procurement costs of cladribine in this indication are invoiced to NHSE and that they are also submitting complete and accurate information via the high-cost drugs minimum dataset (MDS). All other on costs are in block arrangements.
- In line with the terms and conditions included in the NHS Standard Contract Schedule 6a Reporting Requirements for drugs will apply. Payment of Trust invoices will be contingent on the completion of the MDS record and this information being made available in a timely way.
- Patients must be registered via Blueteq and meet the clinical criteria on the registration form. To note a separate initiation form should be completed for year 1 and for year 2 of the treatment. This letter gives the required one month's notice as per Schedule 2 Part G (Other Local Agreements, Policies and Procedures) of your Specialised Services contract for prior approval for this treatment/indication. From one month of the date specified above, NHS England will only reimburse these treatments for patients that have been confirmed as meeting the eligibility criteria via the formal Prior Approval Scheme (i.e. Blueteq). You may wish to use the prior approval mechanism earlier than this to expedite access to this drug.
- **Payment of Trust invoices will be contingent on Blueteq registration and high-cost drugs MDS record applicable to the drug being completed and this information being made available in a timely way. Please note there are different Blueteq registration forms for adults and children.**
- Trusts must ensure that local governance aspects (e.g. technical issues, education & training, patient information) have been identified and addressed for all staff groups (as appropriate) in order to permit the safe delivery of this therapy.

I would be grateful if you could cascade this information to relevant clinical teams within your organisation to support the consistent adoption of the policy nationally.

With best wishes,



Emma Redfern
Medical Director NHS England South West Region

Tracey Williams
Principal Pharmacist