NHS England South West

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
2875	**NICE Technology Appraisal Final Draft Guidance: Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis**	North Bristol Trust Royal Devon University Healthcare Foundation Trust Royal United Hospitals Bath Foundation Trust Somerset Foundation Trust University Hospitals Bristol and Weston Foundation Trust University Hospitals Plymouth 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

NHS England South West

All Chief Executives

All Medical Directors

All Chief Pharmacists

Specialised Commissioning
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15 August 2025

Dear Colleagues,

Re: NICE Technology Appraisal Final Draft Guidance: Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal Final Draft Guidance (FDG) for benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis.

The FDG can be found at: https://www.nice.org.uk/guidance/indevelopment/gid-ta11248.

NICE in their FDG published on 14th August 2025 has stated that:

> Benralizumab as an add-on to standard care can be used, within its marketing authorisation, as an option to treat relapsing or refractory eosinophilic granulomatosis with polyangiitis (EGPA) in adults.
>
> Benralizumab should be stopped after 52 weeks if the EGPA has not responded. Response is:
> - a Birmingham Vasculitis Activity Score (BVAS) score of 0, and
> - a reduction in oral corticosteroid use, either:
>   - by 50% or more since starting benralizumab, or
>   - to 7.5 mg or less per day.

Benralizumab will be available via the Innovative Medicines Fund (IMF) from 14th August 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. These treatment criteria can be found on the application form(s) on the Blueteq site.

NHS England will then routinely commission benralizumab in patients with relapsing or refractory eosinophilic granulomatosis with polyangiitis via commissioned specialised immunology, specialised rheumatology or specialised severe asthma providers, incorporating these treatment criteria, including those contained within this letter from 90 days after the day of publication of the final guidance.

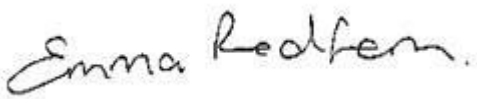
In addition, commissioned centres must:

- Ensure that they are purchasing benralizumab at the agreed proposed patient access scheme (PAS) discounted price. This discounted price will be applied automatically at point of invoice and applies to all indications.
- Ensure that, until 90 days after publication of the final guidance from NICE, only invoices for the drug procurement costs of benralizumab in this indication are directed to the IMF and that they are also submitting complete and accurate information via the IMF minimum dataset (MDS).
- 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 are registered via Blueteq (BENRA1) and meet the clinical criteria on the registration form during the interim funding period.
- **Payment of Trust invoices will be contingent on Blueteq registration and IMF MDS record applicable to the drug being completed and this information being made available in timely way.**
- 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.

Trusts should refer to the CAP portal for further information on the PAS price. The CAP portal is available at https://nhsengland.sharefile.eu/Authentication/Login

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,



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