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
2798	**NICE Technology Appraisal Final Draft Guidance: Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over**	University Hospitals Bristol and Weston University Hospital Plymouth

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

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

31 March 2025

Dear Colleagues,

Re: NICE Technology Appraisal Final Draft Guidance: Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over

I am writing to advise you regarding the funding position on the recently published NICE Technology Appraisal Final Draft Guidance (FDG) for ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over.

The FDG can be found at: https://www.nice.org.uk/guidance/indevelopment/gid-ta11512.

NICE in their FDG published on 21st March 2025 has stated that:

> Ruxolitinib is recommended, within its marketing authorisation, as an option for treating acute graft versus host disease (GvHD) that has an inadequate response to corticosteroids in people 12 years and over.

Ruxolitinib will be available via the Innovative Medicines Fund (IMF) from 21st March 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 ruxolitinib in patients with acute graft versus host disease via centres commissioned to provide allogeneic haematopoietic stem cell transplant (HSCT), 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:

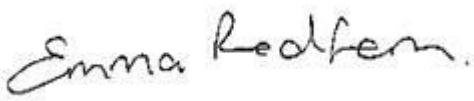
- Ensure that they are purchasing ruxolitinib at the agreed proposed patient access scheme (PAS) discounted price. This discounted price will be applied automatically at point of invoice and applies to all indications. Trusts should refer to the CAP portal for further information on the PAS price. The CAP portal

is available at https://nhsengland.sharefile.eu/Authentication/Login

- Ensure that, until 90 days after publication of the final guidance from NICE, only invoices for the drug procurement costs of ruxolitinib 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 (RUX3) 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.

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

Appendix 1 – Allogeneic haematopoietic stem cell transplant centres

- ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
- BARTS AND THE LONDON NHS TRUST
- BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST
- CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
- MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
- GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
- UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
- IMPERIAL COLLEGE HEALTHCARE NHS TRUST
- KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST
- LEEDS TEACHING HOSPITALS NHS TRUST
- THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
- NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST
- UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST
- SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST
- SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
- ST GEORGE'S HEALTHCARE NHS TRUST
- THE ROYAL MARSDEN NHS FOUNDATION TRUST
- THE CHRISTIE NHS FOUNDATION TRUST
- LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
- UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST
- UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
- UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
- UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST