Summary of the NHSE commissioning criteria for MS DMTs (Blueteq criteria)

(updated 16th January 2023)

Drug	Indication[1]		
Alemtuzumab[3]	**RRMS[2]** Patient has diagnosis of clinically and /or MRI highly active RRMS despite treatment with at least one DMT, or the patient has RES RRMS defined by two or more disabling relapses in 1 year, and with 1 or more gad enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to previous recent MRI For cycle 3 – as above and requires a 3rd cycle, dates of previous treatment also needed		
Cladribine[3]	**Highly active RRMS** ONE of the following: 1. RES RRMS that is at least 2 relapses in the previous year and at least 1 T1 gadolinium-enhanced lesion at baseline MRI or a significant increase in T2 lesion load compared with a previous MRI (at least 3 months part and no longer than 3 years ago) 2. RRMS that has responded inadequately to treatment with DMT defined as 1 relapse in previous year and MRI evidence of disease activity 3. A comparator MRI is unavailable or assessment of GAD-enhancement is unreliable as the patient was taking steroids at around the time of the scan. A current weight is also needed.		
Dimethyl Fumarate	**RRMS:** ONE of the following: 1. Patient meets the standard criteria for initiation of dimethyl fumarate (that is pt has had at least 2 clinically significant relapse in the previous 2 years, is over 18 years old and able to walk 10 metres) OR 2. Unable to continue with current first line therapy due to adverse events		
Glatiramer	**RRMS[2] (including CIS and MRI activity in adults):** ONE of the following: 1. Patient meets standard criteria for initiation of glatiramer (ie patient has had at least 2 clinically significant relapses in the previous 2 years, is over 18 and able to walk 10metres) 2. The patient has had 1 clinically significant relapsing the last 2 years with evidence of radiological activity OR 3. Unable to continue with current first line therapy due to adverse events		
Interferon Beta	**CIS[2]:** ONE of the following: 1. Patient has multiple (more than 3) typical demyelinating lesions on a MRI scan, indicating a high prognosis for conversion to clinically definite MS 2. Patient has radiological activity, as defined by 2010 Macdonald criteria 3. Patient is unable to continue first line treatment with the	**RRMS[2] (including CIS and MRI activity in adults):** ONE of the following: 1. Patient meets standard criteria for initiation of beta interferon (ie patient has had at least 2 clinically significant relapses in the previous 2 years, is over 18 and able to walk 10metere) 2. The patient has had 1 clinically significant relapsing the last 2 years with evidence of	**RPMS[2]** ALL of the following: 1. Has had at least 2 disabling relapses in 2 years 2. Is able to walk 10 metres or more 3. Has had disease progression by less than 2 EDSS points over the last year (other than relapse related), where data has been recorded

[1] For all drugs and indications, confirm for the diagnosis, EDSS, date of first symptoms, date of diagnosis and date of first treatment is required

[2] CIS – clinically isolated syndrome, MS – multiple sclerosis, PML , RES-RRMS – rapidly evolving RRMS, RPMS – relapsing progressive MS, RRMS – relapsing remitting MS, SPMS – secondary progressive MS

	current beta interferon product due to adverse events/intolerance Choice of brand: Avonex, Betaferon, Extavia, Rebif 44	radiological activity 3. Unable to continue with current first line therapy due to adverse events / intolerance Choice of brand: Avonex, Rebif 22, Rebif 44, Plegridy, Extavia* *Extavia is not indicated for a single clinical episode with radiological activity	Choice of brand: Extavia
Fingolimod	**Highly active RRMS after 1st line treatment:** Patient has a unchanged or increased relapsed rate or on-going severe relapses compared with the previous year despite treatment with approved first line therapy, and unable to continue on their first line treatment	**Rapidly evolving severe (RES) RRS after natalizumab treatment:** Patient treatment with natalizumab and is at high risk of developing PML[2] Any of the following reasons: 1. Has had JCV exposure indicated by anti-JCV antibody positive status 2. Receiving immunosuppressant prior to natalizumab Has been treated with natalizumab for more than 2 years	
Natalizumab[3]	**RES RRMS** The patient has had two or more disabling relapses in the past year And ONE of the following: 1. Patient has one or more gadolinium-enhancing lesions on MRI 2. Patient has a significant increase in T2 lesion load compared with previous MRI (at least 3 months apart and not longer than 3 years ago) 3. A comparator MRI is unavailable or assessment of gadolinium-enhancement is unreliable as the patient was treated with steroids at around the time of scan		
Ocrelizumab[3]	**RRMS:** Pt has a diagnosis of RRMS with active disease defined by clinical or imaging features and that alemtuzumab is contraindicated or otherwise unsuitable	**PPMS:** Pt has a diagnosis of early PPMS with active disease defined by the appearance of new lesions confirmed by two MRI studies taken at least 6 months apart or one or more gadolinium enhancing lesions on one MRI, either of these occurring over the last 3 years.	
Ofatumumab[3]	**RRMS:** Pt has a diagnosis of RRMS with active disease defined by clinical or imaging features		
Ponesimod	**RRMS:** ONE of the following criteria: 1. Diagnosis of RRMS with active disease defined by clinical or imaging features 2. Unable to continue their current first line treatment due to adverse events / intolerance 3. [3]Ongoing activity despite treatment, which has been agreed at MDT		
Siponimod[3]	**SPMS**[2] Patient has diagnosis of SPMS with evidence of active disease by either: 1. At least one relapse in previous two years 2. Imaging features of inflammatory activity		

[3] Requires documentation of MDT support for treatment within patient records.

	3. Evidence of progression independent of relapses within the last two years while being treated with a DMT for RRMS Progression is defined (at least 6 months apart): • as a 1-point increase in EDSS if the baseline score was =5.5 • as a 0.5 point increase if the baseline score was 6 The minimum EDSS score at baseline is 4, and due to nature of SPMS, the progression can be identified retrospectively
Teriflunomide	**RRMS:** ONE of the following criteria: 1. Patient meets standard criteria for initiation of teriflunomide (that is the pt has had at least 2 clinically significant relapses in the previous 2 years, is over 18 years old and able to walk 10 metres) OR **2.** Unable to continue with current first line therapy due to adverse events

Written and checked by members of the London MS Pharmacist Network

Please email Joela.Mathews@nhs.net if you have any comments or suggestions.