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
2854	Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season	All South West Acute Trusts

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

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

All Chief Executives

All Medical Directors

All Chief Pharmacists

16 July 2025

Dear Colleagues,

Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season

I am writing to advise you regarding the introduction of nirsevimab for the 2025/26 RSV selective infant immunisation programme. The Green Book guidance recommends nirsevimab as first-line immunisation, if available, to reduce the risk of severe disease in eligible high-risk infants, during the RSV season (typically October to end-February).

Following updated advice from the Joint Committee on Vaccination and Immunisation, nirsevimab is also recommended for very and extremely preterm infants (born before 32 weeks), who are unlikely to benefit from maternal vaccination, to be offered in or immediately preceding their first RSV season.

As nirsevimab will be available for the 2025/26 RSV season, it will be commissioned for the high-risk cohort, in line with the Green Book criteria, and the very/extremely preterm infant cohort (born before 32 weeks). The recommended dose of nirsevimab is a single dose of 50 mg administered intramuscularly for infants with body weight less than 5kg and a single dose of 100 mg administered intramuscularly for infants with body weight of 5kg or more.

RSV paediatric disease incidence is expected to peak in late November or December, with prevalence rising through October and falling by the end of February. Nirsevimab is licensed as giving six-months protection. Use should begin from the second half of September for both cohorts. Pre-season catch-up administration to eligible children coming into their first season should ideally be completed by mid-October.

In addition, providers will be required to:

- Be commissioned by NHS England for the provision of nirsevimab to ensure appropriate contractual arrangements are in place.
- Comply with data collection required for the prescribing of high-cost drugs, via the drugs minimum dataset (MDS).

- Patients must be registered via Blueteq (initiation form) and meet the clinical criteria on the registration form. 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.
- 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.
- Trust colleagues must ensure that the monoclonal antibody immunisation nirsevimab is correctly recorded and coded in the patient record, and this is accurately communicated to the individual's GP (see annex 1 for further details)

Nirsevimab is categorised as a high-cost drug to be reimbursed within the 'block'. The block notional baseline in the fixed element of the contract will not be amended for this change. Prior approval (Blueteq) forms will be enabled from the start of week commencing 2 September 2025 to assist in planning.

Note that most infants eligible for nirsevimab as part of the high-risk group will also be eligible on grounds of being very or extremely preterm; only a single dose of nirsevimab is required for a season even in children meeting eligibility for both groups.

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

Annex 1: Guidance for NHS Trusts on the coding and recording of the RSV monoclonal antibody immunisation product Nirsevimab

Trust colleagues must ensure that the monoclonal antibody immunisation nirsevimab is correctly recorded and coded in the patient record, and this is accurately communicated to the individual's GP. The procedure name and procedure code below must be adopted.

SNOMED procedure code advised for the recording of the monoclonal antibody immunisation Nirsevimab:

Programme	Procedure Name	Procedure code - SNOMED
NHS RSV Passive Immunisation Programme	Administration of Respiratory Syncytial virus immune globulin, human (procedure)	117089007

Descriptors and SNOMED codes for the RSV vaccination Abrysvo used for the NHS maternal and older adult RSV programmes MUST NOT be used to record the monoclonal antibody immunisation nirsevimab.

It is important that nirsevimab is not recorded as 'RSV vaccination' or abbreviated to 'RSV immunisation' in infant records where it could be mistakenly interpreted as the RSV vaccine Abrysvo.

Incorrect recording and coding of nirsevimab can result in unnecessary clinical incident investigation by Trust and general practice providers.