UK Access / Evidence Status

Traffic-light categorisation of MCL therapies for UK practice · MHA-MCL-2026-v1.6.0

GREEN

NICE-recommended / commissioned for current UK NHS use under the stated indication and access agreement.

Ibrutinib — R/R MCL after one previous line
NICE TA502 (31 Jan 2018), subject to commercial access agreement

Zanubrutinib — R/R MCL after one previous line
NICE TA1081 (10 Jul 2025). Direction: use least-expensive of zanubrutinib or ibrutinib after patient discussion

Brexucabtagene autoleucel — post-BTKi R/R MCL
NICE TA677 within Cancer Drugs Fund (subject to managed access agreement); review GID-TA11545 in development

Verify the live NICE / NHS England position at the point of every decision.

AMBER

Evidence-supported but access-dependent. Practice-changing evidence benchmark, not uniformly commissioned. Consider via legitimate non-routine access routes.

TRIANGLE — ibrutinib-integrated first-line induction and maintenance (fit patients)
Practice-changing evidence benchmark (Dreyling et al, Lancet 2024). Not yet uniformly commissioned as routine UK first-line.

Acalabrutinib + bendamustine-rituximab — previously untreated MCL ineligible for ASCT
Phase III ECHO (Wang et al, JCO 2025;43:2276–2284). NICE GID-TA11091 in development; expected publication 4 June 2026 (may reschedule).
FDA approval Jan 2025; European Commission approval 6 May 2025 for transplant-ineligible patients. Not adopted as routine UK standard until NICE final guidance.

Ibrutinib + venetoclax (SYMPATICO) — R/R MCL
Phase III: PFS 31.9 vs 22.1 m (Lancet Oncology 2025;26:200–213). Not routinely NICE-funded for MCL — access via clinical trials or individual funding routes.

RED

Not routine NHS-funded / investigational / access uncertain. Do not assume availability outside trial, EAMS, compassionate, or IFR routes.

Pirtobrutinib — post-covalent-BTKi R/R MCL
NICE ID3975 reported as suspended (no company evidence submission); ID6493 (BTKi-untreated R/R MCL) in development. Routine UK NHS access should not be assumed.

Lisocabtagene maraleucel — R/R MCL
TRANSCEND NHL 001 MCL cohort reports clinically meaningful activity. UK access status to be verified at referral — not a routine NHS-commissioned option in MCL.

SHINE pattern — frontline ibrutinib + bendamustine-rituximab
Wang et al, NEJM 2022. PFS benefit without OS advantage; excess AF, bleeding, pneumonia. Not adopted as UK routine first-line standard.

Selected fit older patients with adverse biology may be considered case-by-case, ideally within clinical trials.

GREY

Emerging / conference-level. May inform MDT discussion, trial referral, or access planning. Not the sole basis for routine treatment.

MRD-guided treatment changes (outside clinical trials)
Prognostic value established; predictive value for treatment modification not established outside trials.

Bispecific T-cell engagers in MCL (glofitamab, epcoritamab)
Early-phase activity in heavily pre-treated MCL. Not currently UK-approved in this indication.

ASH / EHA 2024–2025 emerging abstracts
Verify primary source before citation. Not yet considered practice-changing under current UK frameworks.

Evidence-supported does not equal NHS-commissioned. Implementation may differ in Scotland (SMC), Wales (AWMSG), and Northern Ireland (HSCNI) — check local positions.