HSCB Service Notification for the managed entry of new medicines and technologies

1.	**Treatment & Condition** Beta interferons and glatiramer acetate for treating multiple sclerosis
2.	**Associated appraisal body *&* Summary of ruling** NICE Technology Appraisal guidance TA527 (June 2018) Interferon beta-1a (Avonex®, Rebif®) is recommended as an option for treating multiple sclerosis, only if: • the person has relapsing–remitting multiple sclerosis and • the companies provide it according to commercial arrangements Interferon beta-1b (Extavia®) is recommended as an option for treating multiple sclerosis, only if: • the person has relapsing–remitting multiple sclerosis and has had 2 or more relapses within the last 2 years or • the person has secondary progressive multiple sclerosis with continuing relapses and • the company provides it according to the commercial arrangement Glatiramer acetate (Copaxone® and available generic versions) is recommended as an option for treating multiple sclerosis, only if: • the person has relapsing–remitting multiple sclerosis and • the company provides it according to the commercial arrangement Interferon beta-1b (Betaferon®) is **not recommended** within its marketing authorisation as an option for treating multiple sclerosis.
3.	**Number of people in Northern Ireland expected to take up service/therapy** This guidance is not expected to impact on patient numbers as these therapies are already available locally for people with multiple sclerosis and practice is not expected to change significantly as a result of the guidance.
4.	**Patient Access Scheme Availability** (**Yes**/No) Four companies (Biogen Idec Ltd, Teva UK Ltd, Novartis Pharmaceuticals UK Ltd, and Merck Serono Ltd) have commercial arrangements. These make Avonex®, Copaxone®, Extavia® and Rebif® available to the NHS with a discount. The size of each discount is commercial in confidence.
5.	**Infrastructure Requirements** It is anticipated that infrastructure requirements will be minimal. Infrastructure requirements for the delivery of all Disease Modifying Therapies

	(DMTs) for multiple sclerosis are reviewed annually as part of routine commissioning arrangements for supporting growth in the provision of these therapies.
6.	**Expected implementation period** There is no impediment to immediate implementation for new patients.
7.	**Commissioning arrangements** These drugs will be formally commissioned by HSCB/PHA via the Specialist Services Commissioning Team
8.	**Monitoring arrangements** The HSC Board has robust arrangements in place for the monthly monitoring of all DMTs (patient numbers, costs and waiting times). These drugs are already included within the monitoring information. Monitoring returns are reviewed by the Specialist Services Commissioning Team each month.
9.	**DoH (NI) Legislative/Policy Caveats** This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.