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| 1. | <p>Treatment & Condition</p> <p>Ocrelizumab for treating relapsing-remitting multiple sclerosis</p> |
| 2. | <p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA533 (July 2018)</p> <p>Ocrelizumab (Ocrevus[®]) is recommended as an option for treating relapsing–remitting multiple sclerosis in adults with active disease defined by clinical or imaging features, only if:</p> <ul style="list-style-type: none"> • alemtuzumab is contraindicated or otherwise unsuitable and • the company provides ocrelizumab according to the commercial arrangement |
| 3. | <p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>In their Resource Impact Statement, NICE has indicated that there is some uncertainty around the number of people for whom alemtuzumab is contraindicated or otherwise unsuitable, for whom ocrelizumab is an option. It is estimated that in Northern Ireland, between about 670 and 840 people may be eligible for treatment with ocrelizumab and around 10% may receive treatment (about 70 – 85 patients). The actual number of patients eligible will depend on suitability for other therapies, particularly alemtuzumab.</p> |
| 4. | <p>Patient Access Scheme Availability</p> <p>(<u>Yes</u>/No)</p> <p>The company (Roche) has a commercial arrangement. This makes ocrelizumab available to the NHS with a discount. The size of the discount is commercial in confidence.</p> |
| 5. | <p>Infrastructure Requirements</p> <p>It is anticipated that infrastructure requirements will be minimal.</p> <p>Infrastructure requirements for the delivery of all Disease Modifying Therapies (DMTs) for MS are reviewed annually as part of routine commissioning arrangements for supporting growth in the provision of these therapies.</p> |
| 6. | <p>Expected implementation period</p> <p>There is no impediment to immediate implementation for new patients.</p> |
| 7. | <p>Commissioning arrangements</p> <p>This drug will be formally commissioned by HSCB/PHA via the Specialist Services Commissioning Team initially on a cost per case basis.</p> |

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| 8. | Monitoring arrangements The HSC Board has robust arrangements in place for the monthly monitoring of all DMTs (patient numbers, costs and waiting times). This regime will be 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. |