

1.	<p>Treatment & Condition</p> <p>Ofatumumab for treating relapsing multiple sclerosis</p>
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA699 (May 2021)</p> <p>Ofatumumab (Kesimpta[®]) is recommended as an option for treating relapsing–remitting multiple sclerosis in adults with active disease defined by clinical or imaging features. This is only if the company provides ofatumumab according to the commercial arrangement.</p>
3.	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>In discussion with clinical colleagues locally, it is estimated that the number of people likely to eligible for treatment will be in the region of:</p> <ul style="list-style-type: none"> • 20 in 2021/22; and • Approximately 70 per year thereafter
4.	<p>Patient Access Scheme Availability</p> <p>(<u>Yes</u>/No)</p> <p>The company (Novartis) has a commercial arrangement in place. This makes ofatumumab available to the NHS with a discount. The size of the discount is commercial in confidence.</p>
5.	<p>Infrastructure Requirements</p> <p>The use of ofatumumab is not expected to result in additional service requirements. It is self-administered at home via a pre-filled auto injector pen (following initial healthcare professional guidance during the first injection), increasing convenience for people who use it and may save costs. The use of ofatumumab may also free up healthcare professional capacity compared to treatments administered by intravenous infusions in hospital.</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 regimen will be formally commissioned by the HSCB/PHA via the Specialist</p>

	Services Commissioning Team initially on a cost-per-care (CPC) basis.
8.	Monitoring arrangements The HSC Board has robust arrangements in place for the monitoring of patients on disease modifying therapies (activity/cost and waiting times) and this regime will be included within the routinely provided return. All monitoring returns for disease modifying therapies are reviewed by the specialist services commissioning team quarterly.
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. The Rural Needs Act NI 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling within the scope of the act.