Association of British Neurologists

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Dear Professor Longson

We are providing our further comments on your recent appraisal document: "Fingolimod for the treatment of highly active relapsing–remitting multiple sclerosis" multiple sclerosis section. We are grateful for the NICE Committee's further consideration of fingolimod for the group of people with sub-optimally controlled relapsing-remitting multiple sclerosis.

We note the incorporation of the new 'patient-access scheme' and also the continued concerns expressed by the NICE committee.

You will already be in receipt of our previous submission following the first appraisal document and we stand by our initial comments made at that time.

We would further like to express our disappointment at the continued incorporation of point 4.18 in the most recent appraisal document and ask you to re-consider:

'The Committee heard from the ERG that its clinical advisers had estimated that approximately one-third of people with relapsing–remitting multiple sclerosis whose disease has a suboptimal response to beta-interferon treatment will receive best supportive care in the UK'.

We feel this assumption is incorrect and does not reflect typical practice within the UK. Standard practice would be switching to an alternative beta-interferon, glatiramer acetate or consideration depending on whether criteria were met: natalizumab, alemtuzumab or mitoxantrone. Although there are no agreed figures regarding this particular issue it is our view that the figure of one-third receiving best supportive care alone is a significant overestimate. We are concerned that in using this figure there is potential for inaccuarcy in the model used. We note that the incorporation of one third as a value regarding this issue is not based on published evidence but on comments your committee received.

Regards.

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