Teriflunomide for treating relapsing-remitting Multiple Sclerosis – ACD
UKCPA Neurosciences Committee - Oct 2013

1. Has all the relevant evidence been taken into account?

Answer:
Yes, all relevant evidence has been taken into account. The limitations of the available trials and related analysis have been identified and additional information has been requested where appropriate. We agree with the concerns that the total number of available trials is small; the duration of the trials is not particularly long in relation to the likelihood of occurrence of relapses and the trials may have been too heterogenic for data pooling.
Consideration was given to evidence related to clinical effectiveness, quality of life and economical aspects as well as clinical experts and affected patients.

2. Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?

Answer:
Yes.
The evaluation of clinical effectiveness focuses mainly on the EDSS score which does not capture other symptoms such as fatigue, bladder symptoms, cognitive impairment and depression.
There appears to be a considerable high amount of undisclosed evidence which was not accessible for interpretation.
We agree with the criticism of the ERG that trial data before 2000 was excluded in the base-case analysis. We are also in agreement with the concerns regarding the use of a blended comparator. The proposed arguments for these concerns appear correct and reasonable.
However, in absence of any other oral first line treatment, we would like to emphasise that an oral medication is a desirable option for patients who experience adverse effects from the injectables.
We noted the lack of evidence for teriflunomide in rapidly evolving severe relapsing-remitting MS and highly active MS; although the suggested treatment pathway describes use of Natalizumab and Fingolimod for these patient groups, teriflunomide may still need to be considered as an option (treatment failure, side effects) before supportive care.

3. Are the provisional recommendations sound and a suitable basis for guidance to the NHS?

Answer:
Yes, the reason for the provisional recommendations is clear and in view of the calculated ICER range understandable.

4. Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of race, gender, disability, religion or belief, sexual orientation, age, gender reassignment, pregnancy and maternity?

Answer: No