National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Teriflunomide for treating relapsing forms of multiple sclerosis

Royal College of Nursing

Introduction

The Royal College of Nursing (RCN) was invited to review the Appraisal Consultation Document (ACD) for Teriflunomide used for treating relapsing forms of multiple sclerosis.

Nurses caring for people with multiple sclerosis reviewed the documents on behalf of the RCN.

Appraisal Consultation Document – RCN Response

The Royal College of Nursing welcomes the opportunity to review this document. The RCN's response to the questions on which comments were requested is set out below:

i) **Has the relevant evidence been taken into account?**

The evidence considered seems reasonable and comprehensive. We have nothing to add here except to comment on the lack of neurology experts on the appraisal committee. We, however note that the committee sought personal perspective from clinical experts and patient.

ii) **Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?**

The document appears not to be focussing on cost effective solutions for a long term condition. It is a very technically dominated analysis of an economic model. There is a danger that this means the consultation and outcome are being swamped by hypothetical manipulation of mathematical data.

iii) **Are the provisional recommendations sound and a suitable basis for guidance to the NHS?**

The provision of a first line oral disease modifying drugs is innovative, this is recognised by the Committee within the report but it is overwhelmed by the mathematical modelling. An oral therapy may well lead to better adherence and much improved outcomes.

There is an assumption by the Committee that there is a universal treatment pathway in place, this is not the case and therefore, we consider that the Committee cannot make assumptions on sequence or escalation of treatments.

Treatment sequencing suggested is not a route that would generally be followed within practice; therefore it is not clear why it need further comparison in this way?

People with multiple sclerosis who are offered disease modifying drugs need to be offered a range of options in order to make informed choices with their future care and treatment. Teriflunomide will sit within the costs of injectable disease modifying drugs and would therefore, offer far greater scope and choice for patients rather than only an injectable drug.

We would ask that the summaries of the clinical and cost effectiveness of this appraisal should be aligned to the clinical pathway followed by patients with multiple sclerosis. The preliminary views on resource

impact and implications should be in line with established standard clinical practice.

iv) Are there any aspects of the recommendations that need particular consideration to ensure that NICE avoids 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?

We are not aware of any specific issue at this stage. We would ask that any guidance issued should show that an equality impact analysis has been considered and that the guidance demonstrates an understanding of issues relating to all the protected characteristics where appropriate.