Brighton and Sussex University Hospitals NHS Trust

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Mr Jeremy Powell
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Date: 8 October 2013

Dear Mr Powell

Re: Comments on Single Technology Appraisal (STA) on terifluonimide for relapsing-remitting multiple sclerosis

Many thanks for inviting me to comment on this recent STA. I attended as a clinical expert nominated by the Multiple Sclerosis Society of Great Britain and Northern Ireland.

I commend the committee for the work that has gone into this STA and detailed analysis and careful thoughtful judgement. I have confined my comments to the questions specifically raised in your email.

Has all of the relevant evidence been taken into account?

Yes I believe so. I was particularly pleased that a person with multiple sclerosis on terifluonimide was able to attend the committee meeting and provide their perspective. To my mind terifluonimide's strength as a potential agent for the treatment of relapsing-remitting multiple sclerosis lies in its ease of administration (no oral first line therapy currently exists) and the difference this can make to a person's life.

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

Yes. The data appears to show that terifluonimide is not inferior in efficacy to standard first line treatment of multiple sclerosis (beta-interferon) and with the proposed patient access scheme is available at comparable cost. I am unsure why a request has been made to model for a treatment waning effect as to my knowledge there is no evidence to suggest this occurs.

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

I believe the provisional recommendations are a thoughtful and considered judgement and take into account certain issues regarding long term modelling of multiple sclerosis as a disease entity and the fact that from an efficacy viewpoint terifluonimide appears not to confer any advantage in comparison to already available therapies (beta-interferon, glatiramer acetate).

I have sympathy with the above view but strongly feel that terifluonimide should be made available on the NHS because it has genuine innovation as an oral therapy. It is clear to me as a practising neurologist treating many people with relapsing-remitting multiple sclerosis that the currently available options which are all injectable have the potential to damage skin, stigmatise by the visibility of the administration and in some cause great anxiety and discomfort. This has

led to some people who would be eligible for therapy choosing not to treat their multiple sclerosis which has been detrimental to their long term care.

Although in an ideal world one would wish terifluonimide to have greater efficacy and have a shorter wash out period regarding planning for pregnancy this in my opinion should not prevent its approval. The availability of a first line oral therapy will I believe make a genuine difference to a number of people's lives and as long as prescribing is confined to specialist units with neurologists with sufficient expertise in multiple sclerosis and integration with specialist nurse services then suitable counselling and checks will be put in place to minimise inappropriate prescribing and avoid use of the drug when pregnancy is planned.

Once again my thanks to NICE for inviting my comments.

Yours sincerely

Dr Waqar Rashid
Consultant Neurologist and Honorary Clinical Senior Lecturer