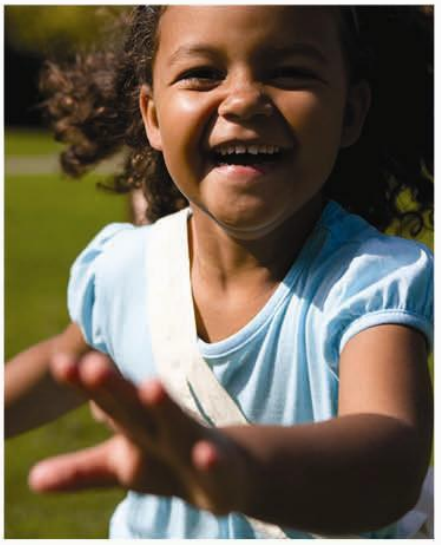
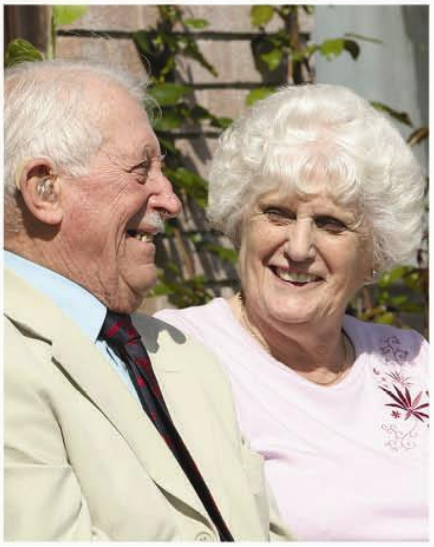
NHS Commissioning Board

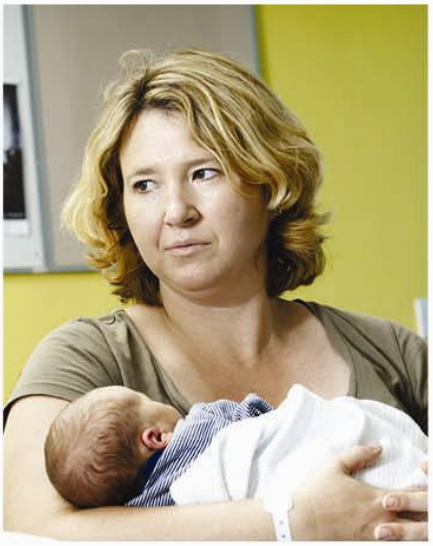
Clinical Commissioning Policy Statement: Fampridine for Multiple Sclerosis (MS)



April 2013

Reference : NHSCB/D04/PS/c





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NHS Commissioning Board Clinical Commissioning Policy Statement: Fampridine for Multiple Sclerosis (MS)

First published: April 2013

Prepared by the NHS Commissioning Board Clinical Reference Group for Neuroscience

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POLICY STATEMENT: Fampridine for Multiple Sclerosis	Policy Ref: NHSCB/D04/PS/c

Treatment:	**Fampridine** (Fampyra, Biogen)
For	Improvement of walking in adult patients with multiple sclerosis (MS) with walking disability (EDSS 4-7)
Background:	Fampridine is the first product specifically aimed at improving walking in adults with MS with walking disability and is promoted for use only by clinicians experienced in the management of the condition. Fampridine is excluded from Payment by results (PbR) tariff.
Commissioning position:	Fampridine is not routinely funded for the licensed indication.
Effective from:	1 April 2013
Evidence summary:	Fampridine has been reviewed by the London New Drugs Group.[1] In clinical trials, a statistically significant improvement in walking time was achieved in fewer than half of patients taking Fampridine. The clinical significance of this improvement, of 0.3-0.8 seconds to walk 25 feet compared with placebo, is questionable. Fampridine costs around £4,700 per patient per year although the manufacturer will fund the first four weeks of treatment, so that responders can be identified and treatment continued in only these patients. Following this, the NHS is responsible for funding treatment. Fampridine has been considered by the regional Expert Clinical Panel for Disease-Modifying Therapies in MS. The Panel considers there to be a limited role for fampridine in selected patients who demonstrate a significant symptomatic improvement with a trial of therapy. However, the Panel considers the overall clinical benefit of the medicine to be marginal and unlikely to be cost-effective. The Panel supports a recommendation to not routinely fund fampridine. Fampridine is not considered to be a cost-effective use of

NHS resources.

Equality impact:	The NHS CB has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012.The NHS CB is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, the NHS CB will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.
Responsible CRG:	Neurosciences CRG
Date approved by NHSCB Board:	1 April 2013
Policy review date:	During 2013/14
Version:	1

References

1. NELM. UKMi London New Drugs Group APC/DTC Briefing Document Fampridine. 2011. Available from: http://www.nelm.nhs.uk/en/Download/?file=MDs3NjM2NzE7L3VwbG9hZC9GYW1wcmlkaW5lX0F1ZzIwMTEucGRm.pdf Accessed 14/08/2012.

Change Notice for Published Specifications and Products

developed by Clinical Reference Groups (CRG)

Amendment **to the Published Products**

Product Name	Fampridine for Multiple Sclerosis (MS)
Ref No	D04/PS/c
CRG Lead	Neurosciences

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
D04/PS/d Clinical Commissioning Policy Statement: Fampridine for Multiple Sclerosis	D04/PS/c Clinical Commissioning Policy Statement: Fampridine for Multiple Sclerosis (MS)	Title page and 2nd and 3rd pages	To standardise naming and coding of products	Programme of Care Director for Trauma	September 2013