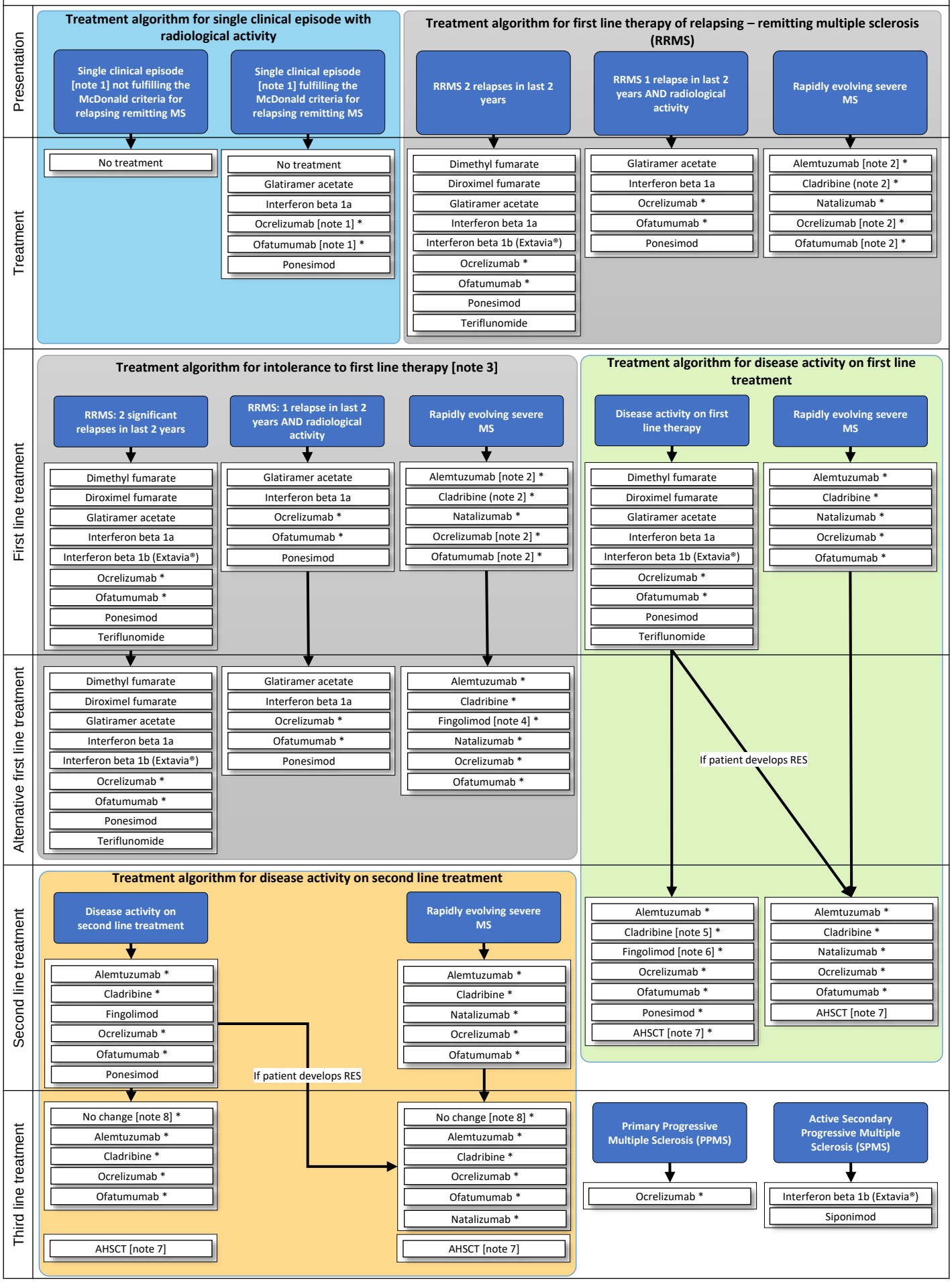
Treatment Algorithm Multiple Sclerosis Disease-modifying Therapies

Grouping is alphabetical and not intended to indicate hierarchy or order of use. Consider patient choice and patient specific factors, including family planning, in treatment decisions.



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Notes – See full policy for details

Treatments with [*] suffix should be agreed at MDT (see policy section 2)

[Note 1] Where clinical or radiological markers indicate a poor prognosis for rapidly developing permanent disability, **ofatumumab** or **ocrelizumab** may be considered after a single clinical episode with MRI activity. Physicians and patients should weigh up the risks against the potential benefit. This must be agreed by the MDT.

[Note 2] **Alemtuzumab**, **ocrelizumab**, **ofatumumab** and **cladribine** may be a safer option than natalizumab when John Cunningham virus (JCV) serology is high-index positive.

[Note 3] **Intolerance to treatment**; If a patient satisfies the eligibility criteria for a first line therapy, and then is relapse-free on a drug to which they become intolerant, they may be switched to another DMT even though their relapses may now fall outside the eligibility window.

[Note 4] NHS England 2014 clinical commissioning policy states that fingolimod can be used as an alternative to **natalizumab** for those patients receiving **natalizumab** who are at high risk of developing PML as defined by the following:

(i) JCV exposure indicated by anti-JCV antibody positive status,
(ii) Receiving an immunosuppressant prior to receiving **natalizumab**, or
(iii) **Natalizumab** treatment duration of >2 years.

If patients develop a severe adverse effect to **natalizumab** (e.g. anaphylaxis), and they have not previously received **fingolimod**, then it may be appropriate to use **fingolimod**.

[Note 5] For **cladribine** to be given, NICE specifically defined treatment failure as "1 relapse in the previous year and MRI evidence of disease activity."

[Note 6] For **fingolimod**: under previous guidance, **fingolimod** may be given if patients have an unchanged or increased relapse rate or ongoing severe relapses compared with the previous year despite treatment with beta interferon or **glatiramer acetate**. This is now extended to include disease activity on **dimethyl fumarate**, **diroximel fumarate**, **teriflunomide** and **ponesimod**.

[Note 7] Autologous haematopoietic stem cell treatment (AHSCT) for autoimmunity is commissioned at specialised centres and should be discussed at a specialist MDT. b04-haematp-stem-cll-transplt.pdf (england.nhs.uk)

[Note 8] After considering all these options, it may be appropriate to continue the second line therapy, despite evidence of disease activity. None of the drugs promise 100% efficacy and some patients and physicians may choose to tolerate some disease activity without changing drugs.