NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: 21 August 2024

Intervention: Prolonged release fampridine

Indication: multiple sclerosis and associated walking impairment as defined by Expanded Disability Status Score 4-7 (adults)

URN: 2341

Gateway: 2, Round 1

Programme: Trauma

CRG: Neurology

Information provided to the Panel

Policy Proposition

Title Change Form

Evidence Review completed by Solutions for Public Health

Clinical Priorities Advisory Group (CPAG) Summary Report

Evidence to Decision (EtD) Summary

Equalities and Health Inequalities (EHIA) Assessment

Patient Impact Assessment

Blueteq® Forms – adult and Medicines for Children

Policy Working Group (PWG) Appendix

This Policy Proposition recommends the use of prolonged release (PR) fampridine in multiple sclerosis (MS) and associated walking impairment as defined by Expanded Disability Status Score 4-7 (adults). Fampridine is a tablet form medication which aims to improve walking in adults with MS by helping impulses travel down damaged nerves. It is licensed in the UK for this indication, all forms of MS meeting the EDSS scoring requirements. NHS England currently has a 'Not for Routine Commissioning' policy on the use of fampridine for multiple sclerosis (published 2016) however, there has been new evidence published since this decision.

An evidence review was completed which included ten papers including a post hoc integrated analysis of two randomised controlled trials (RCTs), four papers related to three individual RCTs, three papers were prospective case series, and two were cost-effectiveness studies. The cost effectiveness studies were considered unlikely to be generalisable to current patients in England as they were reports from China and Sweden.

Outcomes that were considered critical and important to decision making were presented to Panel members. The evidence was of moderate to very low certainty for all reported outcomes. The very low to moderate certainty evidence from the four comparative clinical effectiveness studies suggest that PR fampridine improves self-perceived physical and psychological impacts of MS compared to placebo, reported up to 24 weeks follow up. A statistically significant

difference was reported at 2 week follow up. Improvement was observed in dexterity and performance in activities of daily living.

There were limitations with the studies. For example, treatment durations varied across the studies, treatment responders were defined differently across the studies, and specific details of standard of care practices were not provided.

The proposition and the supporting documentation were presented to Clinical Panel members. A few points of concern were debated at length and it was agreed some amendments were required to provide further assurance.

EHIA – no amendments requested.

PIA – no amendments requested.

Recommendation

Clinical Panel recommends that this proposition proceeds as a routine commissioning policy proposition, once amendments have been made and approved through Chair's action in consultation with the presenter.

Why the panel made these recommendations

Panel members agreed that the evidence base does demonstrate clinical benefit in the adult population. Younger people may gain access through the Medicines for Children policy, should they meet the criteria.

Documentation amendments required

Policy Proposition:

- The EDSS score range is 4 – 7. Clarification required from Policy Working Group as to whether this could be more precise as this seems to be a wide functional ability as currently stated.
- Starting criteria – the proposition enables previous non-responders to be restarted on treatment. This needs to be described more precisely as to the reason why.

Declarations of Interest of Panel Members: None received.

Panel Chair: Anthony Kessel, Deputy Medical Director, Specialised Services

Policy Proposition		
Panel Comment	Amendment	Page number (if applicable)
The EDSS score range is 4 – 7. Clarification required from Policy Working Group as to whether this could be more precise as this seems to be a wide functional ability as currently stated.	The PWG have taken on the feedback and altered the definition section to clearly define Fampridine, the EDSS score range and its marketing authorisation: "Fampridine is the first licensed treatment in the UK for people with MS	Page 3

	who have a walking impairment. Its marketing authorisation is for adult patients with MS with walking disability, defined as having an EDSS score of 4 to 7." followed by a link to the SmPC page. This is backed by EtD document, which also notes that subgroup analysis suggests this range is appropriate, and there is no statistical significance to suggest patients with higher or lower EDSS benefit more than others, but instead that patients within a range of EDSS scores stand to benefit from fampridine. On this basis the PWG believe that no amendments need to be made.	
Starting criteria – the proposition enables previous non-responders to be restarted on treatment. This needs to be described more precisely as to the reason why.	As reflected in the EtD document again, *"there is no way of predicting who will be a responder and who won't be before treatment, and given the progressive nature of MS, some patients who were not responders in their initial trial (because the nerves involved in walking aren't damaged) will respond to a trial later on as these nerves may now be affected."* Further, in the policy proposal it states, "Given the mechanism of treatment and progressive nature of the disease, patients who fulfil the inclusion criteria can be restarted on fampridine even if they have previously been deemed a 'non-responder' to treatment.". However, to tighten the process in assessing query non-responders for those already established on treatment, the drug holiday has been defined as 'two to four weeks'.	Page 5

Further note for panel 1:	The population has been updated within the policy proposal based on our calculations for the FIA.	Pages 3 and 4
Further note for panel 2:	The EHIA has been updated to acknowledge that post pubescent children can access the medication under Medicines for Children.	Page 2 and 5
Further note for panel 3:	Please be aware the title has now been changed to: Prolonged-released (PR) fampridine as a treatment of adults with Multiple Sclerosis and associated walking impairment [2341]. The change was to make the title more concise as walking impairment being defined by EDSS is later stated in the document.	N/A