MULTIPLE SCLEROSIS
RISK SHARING SCHEME

Gateway reference: 16971

Dear Colleague

**Multiple Sclerosis Risk Sharing Scheme**

We thought it would be helpful to provide you with some information about the risk sharing scheme and about the legal obligation on the NHS to comply with it.

We are receiving feedback that some NHS bodies may have lost sight of it and think it no longer applies. In particular, we would not expect patients who are being prescribed Scheme drugs to be taken off those unless there were clinical reasons why their prescription should be changed.

The MS Risk Sharing Scheme started in 2002 and the details are outlined in the Health Service Circular 2002/004

http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/Costeffectiveprescribing/DH_123794

This circular includes a direction from the Secretary of State which is still in force and which requires the funding of the drugs in the Scheme. The drugs included in the scheme are: Avonex, Betaferon, Copaxone and Rebif Other drugs for multiple sclerosis are not part of the Scheme. Key points of the Scheme, which NHS bodies should bear in mind are:-

- the Scheme provides patients with access to the drugs at a price which makes them cost effective
- outcomes for a cohort of patients in the scheme are being monitored at annual intervals. The cost of the medicines to the NHS will be adjusted on a sliding scale if outcomes differ from the agreed target for a product;
- monitoring and potential price adjustments under the scheme are expected to continue over 10 years and as the last patients for the research element were recruited in April 2005, the scheme will continue until April 2015;
- there is no bar to clinicians prescribing and Health Authorities and NHS Trusts funding beta-interferon (Avonex, Betaferon and Rebif) and glatiramer acetate (Copaxone) for patients who do not fall within the ABN guidelines where they judge it clinically necessary;

- NHS bodies are expected to fund any treatment within this scheme prescribed by clinicians for eligible patients, in accordance with the direction from the Secretary of State. The choice of treatment, within those covered by the scheme, should be made on clinical grounds by the prescribing clinician in consultation with the patient taking into account expected benefit and potential side effects;
- patients currently receiving treatment who are not eligible under the scheme, should continue to be treated until such time as the consultant and patient agree that it is appropriate to stop

Data from the first two years of follow-up have been collected, analysed and interpreted by a group independent of the study funders – the Scientific Advisory Group (SAG). Their paper [published in the British Medical Journal (BMJ) and accessible at www.bmj.com] concludes that it is premature to reach any conclusion about the cost effectiveness of the drugs used to treat relapsing remitting multiple sclerosis from this first interim analysis. The 4-year data has also been collected and the 6-year data collection is almost complete. The SAG plan to undertake the analysis of these data over the next few months.

The latest information about the Scheme can be found on the DH website at

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123792

Finally, you should be aware that, because a direction from the Secretary of State is in force, it is not open to NHS bodies to put their patients on to drugs which are outside the Risk Sharing Scheme on financial grounds. Patients may, of course, change to different treatments if they and their clinicians feel that it is clinically appropriate to do so.

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