# Questions:

Please provide the following information regarding the availability, commissioning, and rollout of Fampridine (brand name Fampyra) for eligible Multiple Sclerosis (MS) patients within your jurisdiction, with specific reference to patients residing in or treated within the Belfast Health and Social Care Trust and the Southern Health and Social Care Trust areas.

1. Current Availability: Is Fampridine currently available to be routinely prescribed on the NHS to eligible MS patients (meeting the standard EDSS 4–7 criteria) who are under the care of neurologists within the Belfast Trust and the Southern Trust?

2. Patient Numbers: How many patients with a diagnosis of Multiple Sclerosis are currently receiving NHS-funded Fampridine prescriptions within (a) the Belfast Trust and (b) the Southern Trust?

3. Infrastructure and Clinics: Have specialist assessment or monitoring pathways/clinics required for the initial 2-to-4-week Fampridine walking speed trials been established and staffed in both the Belfast and Southern Trust areas?

4. Rollout Timelines: If Fampridine is not yet routinely available or if the necessary clinical assessment infrastructure is not fully operational in either of these Trust areas, what is the specific projected timeline or target date for the full rollout and operational availability of this service?

5. Interim Funding / Pathways: If routine local pathways are not yet active, what interim processes or Individual Funding Requests (IFRs) are available to eligible patients in these areas to access the treatment in the meantime?

# Responses:

1. The Department of Health (NI) has a formal link with NICE under which NICE Technology Appraisals are reviewed locally for their legal and policy applicability in Northern Ireland. Where found to be applicable, they are endorsed for implementation within HSC organisations.

   In line with the extant process for the Managed Entry of new Medicines, in the absence of a published NICE determination SPPG will seek and potentially apply decisions made by other established UK health technology appraisal bodies such as the Scottish Medicines Consortium or All Wales Medicines Strategy Group.

   In the absence of appraisal by NICE, Fampridine (Fampyra) was accepted for use in Northern Ireland in May 2023 following a positive determination by the Scottish Medicines Consortium (SMC2253). The drug has been available to prescribe in all Trusts on a cost per case basis since this date.

2. The Department has received less than five cost-per-case applications from across all Trusts. Providing specific detail on these cases may compromise individual patient confidentially, however the Department can confirm that all applications made to date have met the requirements of SMC2253 and were subsequently supported to allow these individuals to commence treatment.

3. Subsequent to the acceptance of the drug for use in NI, the Department was made aware, by the MS Specialist Interest group (MSSIG), that the provision of this drug would require additional staffing to make the drug available to all potentially eligible patients.

   At that stage there was no agreed model for providing access to this drug. To help inform the way forward, MS clinical teams have reviewed the models in place in Wales and Scotland and the challenges that have been encountered in both jurisdictions.

   It has been agreed that the local model for NI will be broadly based on the arrangements put in place in Wales. This will involve assessment by members of the MS multidisciplinary team covering clinical eligibility and the subsequent clinical response to treatment.

   Belfast Trust was asked to coordinate and prepare a business case for the additional staffing needs on behalf of the region to support the local provision of care for patients in each Trust area.

4. The Department received the business case at the end of November 2025. As part of the normal iterative business case review process a number of queries have been raised with Belfast Trust in respect of how the staffing proposed will be apportioned across Trust areas with a view to ensuring equitable access for patients irrespective of Trust of residence. This was discussed with the MSSIG on Tuesday 23 June 2026, and all Trusts have been asked to urgently consider the proposals contained in the regional business case against an assessment of the local need with a view to moving ahead as soon as possible to secure the additional staffing required.

5. In the interim, whilst the business case is in the process of being formally approved and the recruitment process takes place, this drug is available for use under interim commissioning (cost-per-case) arrangements for patients confirmed as clinically eligible for treatment and who meet the criteria as set out by the Scottish Medicines Consortium.

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