

Here are the key points related to the EML and our application.

- **What is the Essential Medicines List (EML)?**
 - The EML is a set of selected medicines to guide countries (especially the less wealthy) in their provision of a minimum set of essential medicines. There are currently 433 treatments that cover a range of diseases, but there are no treatments for MS.

- **Why is the Essential Medicines List important?**
 - The Essential Medicines List has the potential to be an important tool for global and national advocacy in areas of the world where access to treatment is poor, or with very little choice. It could also act as a crucial advocacy tool at a national level, helping MS organisations improve access, affordability and awareness of MS and treatments within national healthcare systems.

- **Which treatments have we included in the application?**

The three treatments are:

 - Glatiramer acetate – high safety profile and use in pregnancy, availability of high quality generics. Administered through regular injections and has a long history of use.
 - Fingolimod – paediatric indication, tolerability past first dose and short patent life outside of the US, which allows generics to be developed in the near future. An oral drug which offers a step up in efficacy, but with some additional risk.
 - Ocrelizumab – low monitoring requirements, good safety profile, though in use for less time. An infusion therapy that offers high efficacy, but with some additional risk. Note the similar rituximab is used off-label in some areas of the world (with a longer history of use) and itself has biosimilars approved by the EMA, though not for MS.

- **How did we choose the three treatments?**
 - To prioritise the treatments, we put together an EML taskforce that has worked in close collaboration with the WHO EML secretariat. Our EML taskforce includes prominent neurologists from across the globe, access experts from national MS organisations and people affected with MS.
 - We sought to maintain the principle of treatment choice for people with MS, then assessing efficacy, safety, liveability, quality of evidence.
 - We stuck to a short list of three to maximise the chance of a positive outcome.

To help communicate our work on the EML you can use [this presentation](#), given by Ben Davis from the MS Society of Canada during the Rome World Conference. Please do get in contact with me if you have any further questions.

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