Background
Disease modifying therapies (DMT) for multiple sclerosis (MS) have a considerable economic impact on hospital’s annual budgets. Since February 2017, there has been a shift of power from our Health Service Area to local MS committees to evaluate the appropriateness of DMT prescriptions.

Purpose
To evaluate the benefits of including a pharmacist in the MS Committee in a third-level hospital.

Material and methods
Descriptive, observational and retrospective study based on the information arising from the prescription of DMT for MS in February-August 2016 vs February-August 2017. Patient and treatment data (prescriptions, previous DMT, costs) were retrieved from Farmatools® management tool (Outpatients clinical module). The MS Committee organised weekly meetings with the neurologists in charge of monographic consultations for MS in our centre. The objective was to choose the most cost-effective alternative for those patients who were candidates to initiate or change their DMT. An evidence-based algorithm was designed to assist the Committee in decision-making.

Results
Patients were classified regarding if they used home treatment: oral (dimethyl fumarate, teriflunomide, fingolimod) or injectable (interferon β1A and 1B, glatiramer acetate), or infusion therapies (natalizumab and alemtuzumab). In 2016 215 patients received home treatment vs 243 in 2017, and the estimated annual cost per patient decreased 10.5% (10.428€ vs 9.326€). Despite the increase of patients being treated, the positive economic results were possible due to the prescription of more cost-effective alternatives for initial treatments as interferon β1B (2016 0% vs 2017 23%) and glatiramer (2016 0% vs 2017 13%) both considered as safe first-line treatments in MS. Same trends were observed in infusion therapies: 2016 59 patients vs 2017 61 patients, decrease of 12.5% in estimated annual cost per patient (17.106€ vs 14.962€). In this case this was explained by the administration of natalizumab using extended interval dosing (every 5 weeks).

Conclusion
Including a pharmacist in MS Committee has permitted to optimise management of DMT in a Rational Use of Medicines context. Evidence-based clinical protocols are essential in order to contribute to the financial sustainability of public health care and to improve patient access to existing medicines.