Title	Guidelines for essential disease-modifying therapies for multiple sclerosis for low-resource settings	Provide title of the document/guideline that will reflect its scope.
Purpose	This guideline will: (a) Compare all on-label and off-label DMTs (meeting pre-defined inclusion definitions) across multiple decision criteria (b) Provide guidance on which MS DMTs are appropriate in low-resource settings (c) Provide guidance for the selection of DMTs to be proposed on the WHO essential medicine list	Specify health intents (i.e., prevention, diagnosis, treatment, etc.) and expected benefits or outcomes. E.g. preventing thromboembolic complications of patients undergoing elective orthopedic surgery.
Perspective	The perspective is for public health and health systems in low-resource settings.	Specify the perspective that the panel will take when making recommendations: this of an individual patients, their families, providers caring for those patients, public health, health system, payer, population (the society), etc.
Target population	People with MS - both relapsing and progressive forms. The panel will limit the focus of the evidence collection to adults (over 18 years old). Out of scope: Radiologically isolated syndrome and clinically isolated syndrome	Specify subjects to whom those recommendations apply (i.e. patients, society, etc.) E.g. adults undergoing elective orthopedic surgery, all women 40 years of age or older, etc.
Setting	This guideline is for low-resource settings where health systems need to prioritise a small number of essential medicines to be available.	Specify level of health care (i.e. primary, high, etc.) where these recommendations are supposed to be implemented.
Key coexisting conditions	It is important to manage co-morbidities that co-exist with MS, as MS treatments for acute relapses and maintenance disease may have an impact on these conditions. These include, migraine, diabetes mellitus, hypertension, hypercholesterolemia, anxiety, depression, thyroid disease and osteoporosis. There may also be other coexisting autoimmune conditions, such as rheumatoid arthritis, psoriasis, ankylosing spondylitis and Systemic Lupus Erythematosus.	Specify the key coexisting conditions (comorbidities) that might need to be considered when making recommendations. E.g. patients with COPD frequently have coexisting heart failure and diabetes that may influence the choice of the optimal management.
Types of interventions	These pharmacological interventions (disease modifying therapies [DMTs]) will be considered: 1 - interferon beta-1a 2 - interferon beta-1b 3 - PEG IFN-beta-1a 4 - mitoxantrone 5 - glatiramer acetate 6 - natalizumab 7 - fingolimod 8 - teriflunomide 9 - leflunomide 10 - dimethyl fumarate 11 - diroximel fumarate 12 - alemtuzumab 13 - laquinimod 14 - azathioprine 15 - immunoglobulin 16 - steroid 17 - ocrelizumab 18 - cladribine 19 - siponimod 20 - ozanimod 21 - ponesimod	Specify which preventive, therapeutic and diagnostic interventions will be covered and which will be not.

	22 – ofatumumab 23 - daclizumab 24 - rituximab 25 - cyclophosphamide 26 - fludarabine 27 - methotrexate 28 - minocycline 29 - mycophenolate mofetil 30 - Monomethyl fumarate Out of scope: stem-cell approaches	
Key stakeholders and users	Ministries of health, payers, neurological associations, MS patient organisations, and people affected by MS.	Specify all relevant professional groups, institutions, patients, public, etc. who are target users or beneficiaries of these guidelines and/or whose views should be sought
Key resources to consider	Stakeholder engagement is a key step to ensure implementation and support. We have AAN and AFAN representation on the panel and will liaise closely with WFN and the TRIMS networks. This will require careful planning to allow enough time for engagement.	Specify resources needed for the implementation of guidelines (i.e. need for additional human resources, equipment, infrastructure, system changes, etc.) and potential barriers to implementation.
Key issues for implementation	72% of countries report barriers to accessing disease-modifying therapies, 49% of those say a major barrier is the cost to the government, healthcare system or insurance provider. Cost is a key barrier for implementation but it is also highly variable and has potential to change through negotiations and other means.	
Existing documents	MSIF's application to WHO EML 2018: https://www.who.int/selection_medicines/committees/expert/22/applications/s8.1_multiplesclerosisDMT.pdf MSIF reply to WHO EML Expert Committee: https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/23rd-expert-committee/o8-update-from-multiple-sclerosis	List all existing documents/guidelines on the same or similar topic that are likely to be currently used in practice (e.g. guidelines developed by other organizations).