SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR A PROPOSITION FOR A CLINICAL COMMISSIONING POLICY FOR ROUTINE COMMISSIONING

URN: 1713
TITLE: Anakinra for periodic fever and auto inflammatory diseases

CRG: Allergy & Immunology
NPOC: Blood and Infection
Lead: Rob Coster
Date: 20/09/17

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.			
Is the comparator in the policy the same as that in the evidence review? Are the comparators in the evidence review the most plausible comparators for patients in the English NHS and are they suitable for informing policy development?	Yes.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? Are the clinical harms demonstrated in the evidence review reflected in the eligible	Yes. Yes.			

and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	Yes.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: • Uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	The Panel noted that the quality of the evidence varies between each of the conditions defined in the policy. In addition, the Panel highlighted that the genetic factors are important and that in the future more may be known about the genetics of these diseases. This may change diagnostic definitions and how patients are selected for treatment. This may require the policy to be changed to reflect up to date and important clinical evidence. We note that and support that the commissioning plan needs to be well developed. This is to ensure that the drug is administered appropriately by centres with the expertise, experience and patients numbers to both determine when anakinra should be used and to monitor patients, stopping or altering treatment as needed and consistent with this policy. It was agreed that the policy will go forward via the standard process and will be considered at May prioritisation.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Overall conclusions of the panel

Report approved by:
David Black
Clinical Panel Co-Chair
26/09/17