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

URN: A06X01
TITLE: Rituximab for standard treatment resistant idiopathic membraneous nephropathy

CRG: Renal dialysis
NPOC: Internal medicine
Lead: Ursula Peaple

Date: 21/10/16

The panel were presented a policy proposal for non-routine commissioning

Question	**Conclusion of the panel**	**If there is a difference between the evidence review and the policy please give a commentary**
<u>The population</u> 1. Are the eligible and ineligible populations defined in the policy consistent with the evidence of effectiveness, and evidence of lack of effectiveness; and where evidence is not available for the populations considered in the evidence review?	The eligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of effectiveness considered in the evidence review	The panel noted that the incidence of ILD is 6 to 10 per million with approximately 75% as the lowest proportion with idiopathic disease. The population defined in the policy are adult patients with idiopathic disease. It is recognised the disease is a heterogeneous condition. In the future biomarkers may enable more targeted treatments to be used.
<u>Population subgroups</u> 2. Are any population subgroups defined in the policy and if so do they match the subgroups considered by the evidence review?	N/A	There were no sub groups identified.

<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	N/A	
<u>Outcomes – harms</u> 4. Are the clinical harms demonstrated in the evidence review reflected in the eligible and / or ineligible population and/or subgroups presented in the policy?	The clinical harms demonstrated in the evidence review are reflected in the eligible population and/or subgroups presented in the policy	The associated side effects of rituximab were noted as well as those relating to the standard treatments which have well recognised side effects and are also equally expensive or more expensive.
<u>The intervention</u> 5. Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	The intervention described in the policy the same or similar as in the evidence review	The evidence for dosage is less clear in the evidence base.
<u>The comparator</u> 6. Is the comparator in the policy the same as that in the evidence review? 7. 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.	The comparator in the policy is the same as that in the evidence review. The comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	The range of existing treatments are well described.
<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 • Issues with regard to value for money • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.		

<u>Overall conclusions of the panel</u>

The policy is to progress as a non-routine commissioning policy.

Report approved by:
James Palmer
Clinical panel Chair
21/10/16