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

URN: A14X01
TITLE:

CRG: Rituximab for connective tissue disease associated interstitial lung disease
NPOC: Internal medicine
Lead: Ursula Peaple

Date: 2/2/16

The panel were presented a policy proposal for not 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?	A2: The ineligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of lack of effectiveness or inadequate evidence of effectiveness demonstrated in the evidence review.	
<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?	A: The population subgroups defined in the policy are the same or similar as those considered by the evidence review.	
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review consistent	A2: The lack of benefit or absence of evidence of benefit demonstrated in	*The panel noted the evidence review was for rituximab for the*

with the eligible population and/or subgroups presented in the policy?	the evidence review is consistent with the ineligible population and/or subgroups presented in the policy.	*treatment of refractory sarcoidosis. This should be clearly in the policy proposition template.*
<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?	A: The clinical harms demonstrated in the evidence review are reflected in the eligible and / or ineligible population and/or subgroups presented in the policy.	
<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?	A: The intervention described in the policy is the same or similar as in the evidence review.	
<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.	A: The comparator in the policy is the same as that in the evidence review. A: The comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	*The panel noted that the comparators were conventional medical management.*
<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>
Report approved by:
James Palmer
Clinical panel Chair
2/2/16