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

URN: F03X08
TITLE: Tenofovir Alafenamide for treatment of HIV 1 in adults and adolescents.

CRG:
NPOC: Blood and infection
Lead: Claire Foreman / Tracy Palmer

Date: 17/2/16

The panel were presented a policy proposal for 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	It was noted that TAF is demonstrated to be equivalent to TDF and may have advantages (renal, bone) but this is not yet demonstrated beyond the short term. It was noted that the studies relate to individuals aged 18 and above. The SPC is for 12 years and above and this is intended in the policy.
<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?	The population subgroups defined in the policy are the same or similar as those for which there is evidence in the evidence review	As noted above regarding 12-17 year olds
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review	The clinical benefits demonstrated in the evidence review	

consistent with the eligible population and/or subgroups presented in the policy?	support the eligible population and/or subgroups presented in the policy	
<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	Although the long term benefits of reduced renal and bone effects are unknown so perhaps overstated 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?	The intervention described in the policy 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.	However, not all possible switch options will have been included in the RCTs
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may		The Panel concluded that the evidence supported the recommendation on the basis of equivalence of TDF and the potential for some benefits although

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.		whether these endue beyond the short term is not known.

Overall conclusions of the panel

The policy should proceed as a routine commissioning policy.

Report approved by:
James Palmer
Clinical panel Chair
17/2/16

Post meeting note:
No actions from clinical panel.