REPORT FROM CLINICAL PANEL

Title: **D04X01**
Amifampridine Phosphate for the treatment of Lambert-Easton Myasthenic Syndrome

CRG: Neurosciences
NPOC: Internal Medicine
Lead: Ursula Peaple

Date: 16 December 2015

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. What are the eligible and ineligible populations defined in the policy and are these consistent with populations for which evidence of effectiveness is presented in the evidence review?	The population(s) defined in the policy is 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.	The panel noted that this policy concerns the amifampridine in its phosphate formulation.
<u>Population subgroups</u>		
2. Are any population subgroups defined in the policy and if so do they match the subgroups for which there is evidence presented in the evidence review?	The population subgroups defined in the policy are the same or similar to those considered by the evidence review.	

Outcomes - benefits		
3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The lack of benefit or absence of evidence of benefit demonstrated in the evidence review is consistent with the population and/or subgroups presented in the policy.	
Outcomes – harms		
4. Are the clinical harms demonstrated in the evidence review reflected in the eligible population and/or subgroups presented in the policy?	The clinical harms demonstrated in the evidence review are reflected in the policy.	
The intervention		
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 comparator		
1. Is the comparator in the policy the same as that in the evidence review?	Not applicable	The panel noted that there was no licenced comparator.
2. 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?	Not applicable	

Overall conclusions of the panel

The Clinical Panel supported the policy proposition that there was not sufficient evidence to support the routine commissioning of amifampridine phosphate for the treatment of LAMS. This no routine commissioning policy proposition concerns the phosphate of amifampridine.

FOR PUBLIC CONSULTATION ONLY

Report approved by:

David Black
Chair
04 January 2016