REPORT FROM CLINICAL PANEL

Title: **A13X05 Rituximab for the treatment of dermatomyositis and polymyositis (adults)**

CRG: Specialised rheumatology
NPOC: Internal Medicine
Lead: Ursula Peaple

Date: 16 December 2015

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. 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 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 the studies within the clinical evidence review were heterogeneous with different entry criteria and therefore the criteria for commissioning appears to be a clinical assessment based on those studies, which appears reasonable.
<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 as those for which there is evidence in the evidence review.	The panel accepted that the subgroups defined by the clinicians appear reasonable in light of the evidence, but recommended that these should be kept under regular review (approximately every 6 months) to ensure that they are fit for purpose in identifying people at the severe end of the disease spectrum.
<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?	The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented in the policy.	It was noted that the studies within the evidence review showing benefit were of low quality, but whilst the population with dermatomyositis and polymyositis is large, the subpopulation with severe disease proposed in the policy proposition is likely to be small.
<u>Outcomes – harms</u>		
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 eligible 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?	The intervention described in the policy the same or similar as in the evidence review.	
<u>The comparator</u>		
1. Is the comparator in the policy the same as that in the evidence review?	The comparator in the policy is the same as that in the evidence review.	
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?	The comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	

Overall conclusions of the panel

The policy proposition reflects the findings of the clinical evidence review and should progress.

The panel requested that the criteria for commissioning be reviewed after six months if the policy is adopted.

The requested further work on the audit and governance sections of the policy proposition, to be clear about how the use of rituximab will be monitored. They asked that the policy working group consider governance arrangements, including what should be in place in centres prescribing this drug. This should be picked up in the service impact assessment report.

The clinical panel were also concerned regarding the statement in the patient pathway that rituximab might replace IVIG 'in some cases'. They requested clarity on which patients this would apply to, and evidence to support this.

Report approved by:

J Palmer
Chair
29 December 2015