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

URN: A03X11
TITLE: Pasireotide for acromegaly as third-line treatment (adults)

CRG: Specialised Endocrinology
NPOC: Internal Medicine
Lead: Debbie Hart

Date: 20th January, 2016

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?	A1: The eligible population(s) defined in the policy are the same or similar to the population(s) for which there is 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?		N/A – already a sub-group

<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?	A1: The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented in the policy.	Evidence review demonstrates evidence of effectiveness in the group for whom the policy deems to be not eligible for treatment.
<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.	Clinical harms are clearly demonstrated in the evidence review.
<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?	A: The comparator in the policy is 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 comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	
<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.		We agree that the potential harms outweigh the benefits of treatment. PLS, p.4, last paragraph – replace: "…there is not sufficient evidence to…", with, "…on balance of risks and benefits, it does not…" Section 6, p.6, 2nd paragraph – remove: "To note"

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

The policy reflects the findings of the clinical evidence review. It should progress as a non-routinely commissioned policy following suggested updates.

Report approved by:

Jeremy Glyde
Clinical Effectiveness Team
10 February 2016