SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR CLINICAL COMMISSIONING POLICY DEVELOPMENT

URN: A13X07
TITLE: Rituximab for immunoglobulin G4-related disease (IgG4-RD)

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

Date: 20th January 2016

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	
<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	*Clear criteria are defined, however the panel requested a wording change to Section 7, (d1) to make it clear that this criteria related to fatigue specifically related to organ dysfunction.*

<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	*The size of the studies demonstrating benefits are very small. The panel accepted that due to the heterogeneous nature of the condition and that the intervention is being proposed as 3rd line there will only be very small patient numbers and trials of efficacy are unlikely to be available to support future policy positions.*
<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> 6. Is the comparator in the policy the same as that in the evidence	The comparator in the policy is the same as that in the evidence review.	

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.	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.		*The panel agreed that the policy, although built on limited available evidence, should proceed as routinely commissioned.*

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

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

Report approved by:

James Palmer
Chair
27 January 2016