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

URN: F06X02
TITLE: Rituximab for cytopaenia complicating primary immunodeficiency

CRG: Immunology & Allergy
NPOC: Blood and Infection
Lead: Claire Foreman

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><br>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><br>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 | |

| | | |
|---|---|---|
| <u>Outcomes - benefits</u><br>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 studies presented had very small patient numbers. The panel agreed that evidence from Rituximab in other cytopaenias should be considered.* |
| <u>Outcomes – harms</u><br>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 | *The panel would like to see harms clearly described to patients in a shared decision making process.* |
| <u>The intervention</u><br>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><br>6. 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. | |

| | | |
|---|---|---|
| 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. | |
| Advice<br>The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:<br>• Uncertainty in the evidence base<br>• Challenges in the clinical interpretation and applicability of policy in clinical practice<br>• Challenges in ensuring policy is applied appropriately<br>• Issues with regard to value for money<br>• Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review. | | *The panel agreed that the clinical effectiveness team should receive the evidence of effectiveness from policies for rituximab in idiopathic cytopaenia – if they deem this transferable, the policy proposition should proceed for routine commissioning, via Chair's action.*<br><br>*If a routine commissioning position is agreed, the policy proposition should make clear the importance of providing patients with information on potential adverse effects and shared decision making.* |

Overall conclusions of the panel

To proceed as not routinely commissioned unless transferrable evidence approved.

Report approved by:

James Palmer
Chair
27 January 2016

**Post meeting note:** Transferable evidence was provided to NHS England's clinical effectiveness team, who approved it. Policy proceeding as routinely commissioned.