FOR PUBLIC CONSULTATION ONLY

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

URN: A13X12 (previously A13X06)
TITLE: Tocilizumab for Giant cell arteritis (adults)

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

Date: 02 February 2016

The panel were presented a policy proposal for non 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?	A: The ineligible population(s) defined in the policy are 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	
<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?	B: No population subgroups defined in evidence review or policy proposition	
<u>Outcomes - benefits</u> 3. Are the clinical benefits	B: The lack of benefit or absence of evidence of	

demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	benefit demonstrated in the evidence review is consistent with the ineligible population and/or subgroups presented in the policy.	
<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 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?	A: 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 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.	No comparators used	
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:	No comparator used	

• 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.		

Overall conclusions of the panel

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

Report approved by:
James Palmer
Clinical Panel Chair
2 February 2016