

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

URN: F03X08

TITLE: Tenofovir Alafenamide for treatment of HIV 1 in adults and adolescents.

CRG:

NPOC: Blood and infection

Lead: Claire Foreman / Tracy Palmer

Date: 17/2/16

The panel were presented a policy proposal for routine commissioning.

<b>Question</b>	<b>Conclusion of the panel</b>	<b>If there is a difference between the evidence review and the policy please give a commentary</b>
<p><u>The population</u></p> <p>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?</p>	<p>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</p>	<p>It was noted that TAF is demonstrated to be equivalent to TDF and may have advantages (renal, bone) but this is not yet demonstrated beyond the short term.</p> <p>It was noted that the studies relate to individuals aged 18 and above. The SPC is for 12 years and above and this is intended in the policy.</p>
<p><u>Population subgroups</u></p> <p>2. Are any population subgroups defined in the policy and if so do they match the subgroups considered by the evidence review?</p>	<p>The population subgroups defined in the policy are the same or similar as those for which there is evidence in the evidence review</p>	<p>As noted above regarding 12-17 year olds</p>
<p><u>Outcomes - benefits</u></p> <p>3. Are the clinical benefits demonstrated in the evidence review</p>	<p>The clinical benefits demonstrated in the evidence review</p>	

consistent with the eligible population and/or subgroups presented in the policy?	support the eligible population and/or subgroups presented in the policy	
<p><u>Outcomes – harms</u></p> <p>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?</p>	The clinical harms demonstrated in the evidence review are reflected in the eligible population and/or subgroups presented in the policy	Although the long term benefits of reduced renal and bone effects are unknown so perhaps overstated in the policy
<p><u>The intervention</u></p> <p>5. Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?</p>	The intervention described in the policy the same or similar as in the evidence review	
<p><u>The comparator</u></p> <p>6. Is the comparator in the policy the same as that in the evidence review?</p> <p>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.</p>	<p>A: The comparator in the policy is the same as that in the evidence review.</p> <p>A The comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.</p>	However, not all possible switch options will have been included in the RCTs
<p><u>Advice</u></p> <p>The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may</p>		The Panel concluded that the evidence supported the recommendation on the basis of equivalence of TDF and the potential for some benefits although

<p>cover:</p> <ul style="list-style-type: none"> <li>• Uncertainty in the evidence base</li> <li>• Challenges in the clinical interpretation and applicability of policy in clinical practice</li> <li>• Challenges in ensuring policy is applied appropriately</li> <li>• Issues with regard to value for money</li> <li>• Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.</li> </ul>		<p>whether these endue beyond the short term is not known.</p>
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Overall conclusions of the panel

The policy should proceed as a routine commissioning policy.

Report approved by:  
James Palmer  
Clinical panel Chair  
17/2/16

Post meeting note:  
No actions from clinical panel.

For public consultation