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

URN: F06X05
TITLE: Intravenous immunoglobulin for acute disseminated encephalomyelitis and autoimmune encephalitis

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

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?	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 population subgroups defined in the policy are the same or similar as those considered by the evidence review.	

the evidence review?		
<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 lack of benefit or absence of evidence of benefit demonstrated in the evidence review is consistent with the ineligible population and/or subgroups presented in the policy.	*There are some patient benefits described in the patients included but it was unclear whether these could be attributed to IVIG through the trials undertaken.*
<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?	The clinical harms demonstrated in the evidence review are not reflected in the eligible population and/or subgroups presented in the policy.	*The harms are not adequately reflected in the policy document.*
<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 is the same or similar as in the evidence review. .	
<u>The comparator</u>		*There were no comparators.*

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.		
<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 were informed that this indication is on the 'grey list' within the IVIG national guidelines, which means that patients may be receiving treatment through their Trust IVIG panel.* *The panel agreed that the level of evidence was not at a sufficient level to support a routine commissioning proposal.*

<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