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

URN: 1609
TITLE: Anakinra and tocilizumab for adult onset Still's Disease

CRG: Immunology and Infectious Disease
NPOC: Blood & Infection
Lead: Claire Foreman
Date: 19/07/17

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	The population is adults with Still's disease who are a heterogeneous group of patients. The population eligible are those with Still's disease that has been refractory to current available treatments.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.			
Is the comparator in the policy the same as that in the evidence review? 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?	There are no head to head trials between the two treatments and the evidence did not appear to demonstrate that one was more efficacious than the other. The majority of the studies were retrospective case series, which may introduce bias and should be interpreted with caution. However, all studies suggested the interventions to be clinically effective with improvement in markers and symptoms of inflammation.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? Are the clinical harms demonstrated in the evidence review reflected in the eligible	Yes. The evidence summary contains limited information about adverse effects and harms, their frequency and their severity. The evidence summary needs to include			

and /or ineligible population and/or subgroups presented in the policy?	further detail on adverse effects linked to the studies from which the information is derived.		
Rationale Is the rationale clearly linked to the evidence?	Yes.		
<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 • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	The proposal can move forward to relative prioritisation. The panel advise that there needs to be more detail included about the second line drug treatment. The flow chart should be modified to include detail of the second line therapies that must be used prior to consideration of these third line therapies; identifying the names of drugs that can be prescribed, the duration of use and the criteria determined to identify treatment failure. The reference to second line treatment needs to be well structured. The definition of disease modifying anti-rheumatic drugs (DMARDs) needs further clarification within the flow chart and in the text. Clear documentation of which of the DMARD drugs can be used within the treatment algorithm needs to be added. The policy needs to be explicit how anakinra and tocilizumab should be used within the treatment alogorithm; i.e. independently or in a combined treatment with another agents and if so, providing detail of the other drugs. We note that one of the drugs being considered is significantly more costly than the second drug and in the absence of data suggesting greater efficacy of one over the other; we would expect the policy to be amended to recommend the least expensive drug. The Policy Working Group (PWG) should look into this further to determine whether the policy document should be amended to either demonstrate a harm reduction of one over the other or a situation where one would be prescribed in preference to the other. The panel agree that the revised policy can be agreed by the Chair. However, the Chair may suggest that the policy should return to Clinical Panel for review.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine	X

		commissioning	
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Report approved by:
James Palmer
Clinical Panel Chair
27/07/17