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

URN: 1706
TITLE: Susoctocog alfa for treating bleeding episodes in people with acquired haemophilia

CRG:
NPOC: Blood & Infection
Lead: Rob Coster
Date: 19/12/17

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?	Yes.			
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?	Yes.			
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	Yes. Yes.			

reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?			
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 evidence base is limited as is to be expected for a small population such as this. The rationale is clear. Patients must be registered through the haemophilia registry and we would see this policy as requiring formal review at 2 years with registry data on the outcomes of treatment.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		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	

<u>Overall conclusions of the panel</u>

Report approved by:
James Palmer
Clinical Panel Chair