FOR PUBLIC CONSULTATION ONLY

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

URN: D04X03
TITLE: Fampridine for Multiple Sclerosis (adults)

CRG: Neurosciences
NPOC: Trauma
Lead: Jacquie Kemp

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.	The evidence review did not identify any new studies since the NICE guideline.
<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?	No subgroups identified	There is a licenced indication which is a subgroup of the population, which relates to disability score.
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the	The lack of benefit or absence of	

evidence review consistent with the eligible population and/or subgroups presented in the policy?	evidence of 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?	The clinical harms demonstrated in the evidence review are reflected in the eligible and / or ineligible 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?	The intervention described in the policy is 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.	The comparator in the policy is the same as that in the evidence review. The comparators in the evidence review include plausible comparators for patients in the English NHS and are 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		The panel noted that there had been no new evidence since NICE did their review. The also noted that a policy statement was already in place, which this policy proposition

• 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.		would supersede. There is no new primary evidence available to the panel to suggest a change of commissioning position and the proposal for not routine commissioning was supported on that basis.

Overall conclusions of the panel

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

Report approved by:

James Palmer
Chair
27 January 2016