SPECIALISED SERVICES CLINICAL PANEL
ASSESSMENT OF A PRELIMINARY POLICY PROPOSAL

Intervention Title	Dual therapy with Dolutegravir and Rilpivirine
Indication Title	HIV positive individuals already virologically suppressed on previous antivirals
PPP ID	P0063/17
Proposer is requesting for the intervention to be:	Routinely commissioned

NPOC	Blood & Infection
CRG	HIV

Clinical Lead	Professor Brian Gazzard
Clinical Lead email	Brian.gazzard@chelwest.nhs.uk

Date of Clinical Panel	21/02/18

Section A. Conditions that must be met in order that the development of a Clinical Commissioning Policy can be considered.

The National Programme of Care (NPOC) does not support the preparation of a clinical policy position at this time because: This is a combination of existing routinely commissioned antiretroviral (ART) drug regimens. The use of an integrase inhibitor and an non-nucleoside reverse-transcriptase inhibitor (NNRTI) is a novel approach to ART and potentially has benefits in terms of tolerability and decreased drug-drug interactions although other dual therapy regimens are currently available and frequently used. On the assumption that this dual therapy is equivalent to currently available ART interventions, NPOC Board is of the view that this could proceed into the work programme via the tender process.
The proposal is for a specialised commissioned service and can be considered.
NICE is not undertaking an appraisal through the TA programme on this intervention and indication so the proposal can be considered.
The intervention and indication is not included in tariff so the proposal can be considered.
The intervention is a drug that is due to receive market authorisation before the policy for this indication is formed.

Section B. Panel assessment of the proposal.

The Panel determined that the proposal was seeking a policy position on whether the intervention, dual therapy with dolutegravir and rilpivirine, should be routinely used for HIV positive individuals already virologically suppressed on previous antivirals. In discussing the proposal the following issues were raised: • The papers presented were not peer reviewed publications but it was recorded in the PPP that they have been accepted by the Lancet and are at a prepublication point so the evidence could be available when an evidence appraisal is undertaken.
The Panel determined that the proposal should proceed into the work programme via the NICE Commissioning Support Programme.

Section C. Evidence review requirements to inform the clinical build of the policy.

The Panel has determined that the proposal joins the NICE Commissioning Support Programme.

Section D. Advice from the Clinical Panel to the National Programme of Care.

The Panel recommends that the clinical impact is of a level that the proposal should enter the programme schedule at the next available point.

Section E. Further considerations.

There are no further considerations raised by the Panel.

Post Panel Actions

Action	**Who**	**When**
Topic to be referred to the NICE CSP work programme.	KJ	ASAP

The proposal ID continues as 1806

Panel Chair	James Palmer