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

URN: 1853
TITLE: Rituximab for systemic lupus erythematosus (SLE)
CRG: Specialised Rheumatology
NPOC: Internal Medicine
Date: 20/03/19

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy similar to that in the evidence reviewed, including subgroups?	Yes.			
Is the intervention described in the policy similar to the intervention for which evidence is presented in the evidence review?	Yes.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	There was no comparator. The evidence base was largely systematic reviews but were plausible for the NHS population.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	Yes.			
Are the clinical harms described in the evidence review likely to apply to the eligible and /or ineligible population and/or subgroups in the policy?	Yes.			
The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: • Balance between benefits and harms • Quality and uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice	The Panel supported the policy to continue for adults and young adults as a 'routine commissioning' position. It was agreed that this was appropriate to progress to stakeholder testing. The Panel noted that the CPAG Summary Report required amendments as it did not fully demonstrate the effectiveness of the product: • DH and DA should review the CPAG Summary Report in advance of the CPAG meeting to ensure that this appropriately reflects the evidence review. • Clinical Panel has received a formal report			

• 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.	from the Public Health lead in response to the letter from the CRG raising further evidence in the child population. The PH report has stated that they would support the use of treatment in all ages. Our Pharmacy Lead has identified that there is little published evidence in young children for the use of rituximab, a treatment that is used for many other indications. As a group, the Panel agrees with the Pharmacy advice but has noted the Public Health England and advice and will proceed with the proposition as presented to Panel.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should be 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	

Overall conclusions of the panel
Report approved by:
[Name]
[Role]
Day Month Year

Post meeting note:
[Input how actions requested by Clinical Panel have been addressed]