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

URN: 1819
TITLE: Emicizumab as prophylaxis in people with congenital haemophilia A without factor VIII inhibitors

CRG: Specialised Blood Disorders
NPOC: Blood and Infection
Lead: Dr Pratima Chowdary
Date: 21 November 2018

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. Awaiting the licence and recommended dosing schedules.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	Yes.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	Yes. Reduction in bleeding episodes in comparison with patients not receiving prophylaxis and appears to be at least as effective as factor VIII prophylaxis.			
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. Described but not serious.			
The Panel should provide advice on matters relating to the evidence base and	In section 8 there is reference to 'the UKHCDO will provide a dosing algorithm'. However, there will be a licensed dose and the Policy Working Group are asked to include dosing information in the policy proposition that			

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<tr><td>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
• 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.</td><td colspan="3">is: consistent with the licence, takes account of the latest UKHCDO algorithm and seeks to achieve the objectives laid out in section 8 regarding minimisation of waste, risk of error, dose volume etc.

The licence is currently expected to be granted such that consideration at the May 2019 Clinical Priorities Advisory Group prioritisation meeting would be timely.</td></tr>
<tr><td rowspan="4">Overall conclusion</td><td rowspan="2">This is a proposition for routine commissioning and</td><td>Should proceed for routine commissioning</td><td>X</td></tr>
<tr><td>Should be reversed and proceed as not for routine commissioning</td><td></td></tr>
<tr><td rowspan="2">This is a proposition for not routine commissioning and</td><td>Should proceed for not routine commissioning</td><td></td></tr>
<tr><td>Should be reconsidered by the PWG</td><td></td></tr>
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Report approved by:

David Black
Deputy Medical Director Specialised Services
07 December 2018