REPORT FROM CLINICAL PANEL

Title: **D04X09/01**
The use of rituximab to treat selected immune-mediated peripheral neuropathies (adults)

CRG: Neurology
NPOC: Internal Medicine
Lead: Ursula Peaple

Date: 19 November 2015

The Panel were presented a policy proposal for 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. What are the eligible and ineligible populations defined in the policy and are these consistent with populations for which evidence of effectiveness is presented in the evidence review?	The eligible population(s) defined in the policy is not the same or similar to the population(s) for which there is evidence of effectiveness that considered in the evidence review.	The evidence review does not demonstrate good evidence of effectiveness.
<u>Population subgroups</u> 2. Are any population subgroups defined in the policy and if so do they match the subgroups for which there is evidence presented in the evidence review?	There is a difference between the population subgroups defined in the policy and the populations for there is evidence in the evidence review.	The subgroups are defined, but the evidence review does not demonstrate clinical benefit in each of them.

<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The clinical benefits demonstrated in the evidence review do not support the eligible 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 population and/or subgroups presented in the policy?	The clinical harms demonstrated in the evidence review are reflected in the eligible 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.	There is a lack of clarity regarding appropriate dosage in the policy proposition.
<u>The comparator</u> 1. Is the comparator in the policy the same as that in the evidence review?	The comparator in the policy is the same as that in the evidence review.	

2. 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 comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	For IgM, where Rituximab is suggested as first line therapy, IVIG should be included as the most plausible comparator.

Overall conclusions of the panel

The evidence available is not sufficient to support the development of a policy for routine commissioning and thus the intervention should not be routinely commissioned

Report approved by:

Jeremy Glyde
Clinical Effectiveness Team
16th December 2015