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

URN: 1837
TITLE: Bedaquiline or delamanid for patients with MDR-TB and XDR-TB
CRG: Infectious Diseases
NPOC: Blood & Infection
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?	Yes. These are appropriate.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	The Panel discussed the following: - The age range – the policy has defined the availability of bedaquiline for 6 years and older, and delamanid for 3 years and older. There was a weak evidence base to support this and this was also supported by the WHO guidance for these age groups. The Panel considered the public health need for this age group (who are likely to be in families who have this condition) supports the age range amendment in the policy. - There was extensive discussion on using the treatment for over 6 months. There was a weak evidence base to support this however, the policy has tried to define the appropriateness of treatment using the algorithm. - There was no evidence on the use of the combination of the two drugs and this has been addressed by the algorithm.			
Are the clinical harms described in the evidence review likely to	There may be significant harms to the population because of the public health risks of MDR-TB.			

apply to the eligible and /or ineligible population and/or subgroups in the policy?			
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 • 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.	The Panel would like to change the title of the policy to reflect the treatment of MDR-TB and XDR-TB. The Panel asked that the Clinical Effectiveness Team do a further review to simplify the document to improve readability and application and modify the sequencing to include TB centres at the beginning of the section. The Panel agreed that Chair's action should be taken to review the final policy documentation so that the policy can proceed to relative prioritisation in May 2019.		
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:

James Palmer
Clinical Panel Chair
27/03/19

Post meeting note:

- The title of the policy was amended
- The policy proposition document was reviewed and simplified by the Clinical Effectiveness team and PWG.