

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

URN: 1806

TITLE: Dolutegravir-rilpivirine for treating human immunodeficiency virus type 1 in adults

CRG:HIV

NPOC: Blood & Infection

Date: 20/02/19

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?	The trial used a combination of the two products; the separate ingredients could be provided.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	The comparators were standard care (drug combination) and are appropriate for the population that the drug is intended.			
Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy?	Yes. They demonstrated non-inferiority which was the aim of the policy coming through the programme.			
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?	The harms were as described.			
The Panel should provide advice on matters relating to the evidence base and policy development and	The policy proposition should proceed as for routine commissioning and then enter into the tendering exercise for HIV drugs once the proposition has been agreed.			

<p>prioritisation. Advice may cover:</p> <ul style="list-style-type: none"> • 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. 			
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

22/2/19

Post meeting note:

No changes made to policy due to clinical panel comments and approval.