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

URN: 1813
TITLE: Canakinumab for treating periodic fever syndromes (tumour necrosis factor receptor associated periodic syndrome [TRAPS], hyperimmunoglobulin D syndrome/mevalonate kinase deficiency [HIDS/MKD] and Familial Mediterranean Fever [FMF])

CRG: Specialised Rheumatology
NPOC: Blood and Infection
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.			
Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development?	Yes. Panel noted that colchicine is an effective treatment in some of the individual disorders.			
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?				
The Panel should provide advice on	Demonstrates effectiveness.			

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 criteria are concise, but where colchicine offers a potentially effective intervention then canakinumab should only be offered where colchicine has not been adequately effective or where adverse effects prevent its use. Panel asks that the criteria are amended to make this clearer. For example, *'Whose disease is poorly managed by first line treatments such as NSAIDs or colchicine or with documented significant adverse effects associated with first line treatments'*could be replaced with *'Whose disease is poorly managed by first line treatments such as NSAIDs; and where colchicine has not proved to be effective or where there are documented significant adverse effects associated with these treatments'*.		
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	

Post Panel Note

Please note that the Blood & Infection Programme of Care have incorporated and completed the above amendments required following Clinical Panel in November, 2018.

Report approved by:
David Black
Deputy Medical Director Specialised Services 07 December 2018