NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: August 2019

Intervention: Rituximab and Eculizumab

Indication: Prevention and Management of Delayed Haemolytic Transfusion Reactions (DHTR) and Hyperhaemolysis (HH) in Patients with Haemoglobinopathies

ID: 1821

Gateway: 2 Round 1

Programme: Blood and Infection

CRG: Haemoglobinopathies

Information provided to the panel

PPP Clinical Panel Report

Evidence Review undertaken by Public Health England

Clinical Priorities Advisory Group Summary Report

Bluteq forms - each for Rituximab and for Eculizumab use

Policy Proposition

Key elements discussed

DHTR and HH are rare life-threatening complications of a reaction to a blood transfusion. Rituximab acts on the body's immune system and decreases DHTR by reducing production of proteins that attack the red blood cells. Eculizumab reduces the activation of complement, a key part of activating the immune response involved in red blood cell destruction. This proposition is proposed for routine commissioning for both medicines, for the further prevention (rituximab 2nd line) and as treatment of condition if not responded to prophylaxis (eculizumab 3rd line).

The evidence review included seven studies based on individual cases and three case series. The evidence for rituximab as preventative treatment was very limited. Eight patients were reported in four of the studies with mixed response to rituximab as four of the patients experienced a reaction, although had further transfusions and survived. The outcomes of the review in prevention of DHTR/HH using rituximab was not definitive. Different dose regimen was used across all patients. Members of the Panel discussed the biological plausibility.

The evidence for eculizumab was restricted to one case report where the patient experienced a DHTR/HH reaction more than 28 days after their initial transfusion, so the evidence presented is indirect. The patient went on to undergo a splenectomy which also necessitated further blood transfusion prior to surgery. The publication reports that the patient developed several clinically significant alloantibodies though at what point during their inpatient episode this was identified was not clear.

The use of eculizumab is restricted to only a few centres. A question was raised whether a Trust would be willing to stock it as a just in case scenario.

The Panel considered that the evidence base was very low but debated the high risk, life threatening condition. There was consensus that the treatment for management of the condition

be supported. A vote took place regarding treatment for prevention which resulted in 6 vs 4 in favour, without requiring the Chair to vote.

The Panel agreed that there must be robust clear data collection alongside this policy to further determine efficacy, and that the commissioning plan needs to be clear that Trusts would not be reimbursed unless data was submitted. The resulting published policy will have a date for review.

The Panel asked for information on the numbers of patients estimated to need treatment per year.

Recommendation

Clinical Panel recommended that this proposition proceed as a routine commissioning proposition for both treatments.

Why the panel made these recommendations

The Clinical Panel considered that the evidence base was very low but debated the high risk, life threatening condition. There was consensus that the treatment for management of the condition be supported and a vote marginally in support regarding treatment for prevention.

The Panel agreed that there must be robust clear data collection alongside this policy to further determine efficacy, and that the commissioning plan needs to be clear that Trusts would not be reimbursed unless data was submitted. The resulting published policy will have a date for review.

Documentation amendments required

Proposition:

- Page 6 - Starting Criteria: remove the second sentence and third sentence starting with ‘The HCCs will’…’ and ending ‘…(MDM)’. Change the wording of the 4th sentence to say all cases will be referred to the national panel, removing the reference to September 2019.
- Number of patients requiring treatment per year to be included.

Declarations of Interest of Panel Members: None.

Panel Chair: James Palmer, Medical Director

Post panel note:

The above amendments to the policy have been made as per the requirements of Clinical Panel.

The number of patients anticipated to require treatment per year has been added.
The Starting Criteria section has been amended to reflect comments received back during assurance. The policy now states that all cases will be referred to the national panel, and the reference to Sept ‘19 is done.