NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: March 2021

Intervention: Rituximab

Indication: IgM paraproteinaemic demyelinating peripheral neuropathy (PDPN) in adults

URN: 1910

Gateway: 2, Round 2

Programme: Trauma

CRG: Neurosciences

Information provided to the Panel

Policy Proposition – tracked and clean versions

Evidence review completed by Solutions for Public Health

Equality and Health Inequalities Assessment (EHIA) Report

Clinical Priorities Advisory Group (CPAG) Summary Report

Patient Impact Form

Policy Working Group Appendix

Blueteq® Form

Key elements discussed

This policy proposition recommends the routine commissioning of rituximab as a primary treatment option for PDPN, a condition in which paraproteins produced by white blood cells bind to the myelin sheath surrounding the body's nerve fibres and affects their structure and function. This proposition was previously considered by Panel in January 2021 and revisions were requested to provide more clarity regarding its use as a first line treatment option and the clinical pathway.

The Panel were reminded that there is an existing published policy concerning rituximab for three conditions, of which this is one, which is not for routine commissioning.

The Panel were also reminded that there were no comparative studies within the evidence review involving immunoglobulin or other treatments. Rituximab was compared to placebo. A brief outline of the evidence base was presented again to Panel and the significance of improvement against the critical and important outcomes identified in the review.

Members considered the revisions requested following the last meeting and if these had been adequately addressed. It was considered the proposition was clearer with some more minor amendments to be made.

Panel commented that some consideration was required when drafting the commissioning plan on how to communicate with IVIg Panels the need to review patients receiving IVIg with a view to switching treatment.

Blueteq® form – comments were made from members suggesting revisions were required.

EHIA – no additional comments received.

Patient Impact Form – no additional comments received.

Recommendation

Clinical Panel recommends that this proposition progresses as a routine commissioning proposition.

Why the panel made these recommendations

The Panel considered the revisions undertaken had clarified the positioning of the treatment in the clinical pathway.

Documentation amendments required

Policy Proposition:

- A statement is required in the 'Committee Discussion' section as to why treatment is recommended as first line, when the evidence was against placebo. Clinical Effectiveness Team to add.
- Page 5 – the sentence in paragraph two starting with 'It is anticipated that one cycle….' should read '…***because of*** immunological resetting and indefinite remission'.

Blueteq® form:

- Question 2 - the third line should say 'or' not 'and'.
- Question 4 – stopping criteria. Response reviewed at 6 months and treatment stopped if no adequate response. This should refer to the continuation form to make it clearer that if an adequate response is seen then another cycle can be given.

Declarations of Interest of Panel Members: None received.

Panel Chair: James Palmer, Medical Director Specialised Services

Post Panel note:

Policy Proposition:

- A statement is required in the 'Committee Discussion' section as to why treatment is recommended as first line, when the evidence was against placebo. Clinical Effectiveness Team to add:
  Action completed: *The Clinical Effectiveness team have added a statement to this effect.*
- Page 5 – the sentence in paragraph two starting with 'It is anticipated that one cycle….' should read '…***because of*** immunological resetting and indefinite remission'.
  Action completed: *This has been amended accordingly.*

Blueteq® form:

- Question 2 - the third line should say 'or' not 'and'.
  PWG response: *Following discussion with the clinical pharmacy lead It was decided to remove question 2. because it does not reflect the contents of the policy proposition.*

- Question 4 – stopping criteria. Response reviewed at 6 months and treatment stopped if no adequate response. This should refer to the continuation form to make it clearer that if an adequate response is seen then another cycle can be given.
  Action completed: *This has been amended to say: ' If there has been an adequate response, then the continuation form should be used'.*