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

URN: 170095P
TITLE: Metreleptin for congenital leptin deficiency

CRG: Endocrinology
NPOC: Internal Medicine
Lead: [redacted]
Date: 17 January 2018

This policy is being considered for:	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes. However, the policy should include whether there is genetic test in addition to 'no detectable levels of leptin'. Is a genetic testing required for the diagnosis of congenital leptin deficiency or is the absence of leptin sufficient?			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	The policy does not make reference to metreleptin dosing. The policy needs to include advice on dosages and this should be obtained from the Policy Working Group. There is no 'licensed' does as metreleptin is not expected to receive a license until middle / late 2019			
Is the comparator in the policy the same as that in the evidence review? Are the comparators in the evidence review the most plausible comparators for patients in the English NHS and are they suitable for informing policy development?	Diet and lifestyle management. There is no pharmacological comparator.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? Are the clinical harms demonstrated in the evidence review	Significant benefits are reported, although the long term outcomes are not yet know for a condition that will require lifelong treatment. UK clinical experience of metreleptin use could be helpfully added to the policy to provide some indication of real life experience. No specific reference to harms associated with metreleptin are included in the policy proposition. It appears that there is very little information on patient			

reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?	safety included in the policy. The PWG are asked to add any information on harms / safety available from the evidence, along with any experience of harms from UK clinical experience.		
Rationale Is the rationale clearly linked to the evidence?	Yes.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: • 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.	Clear dosing advice required. A slightly expanded explanation of how the diagnosis is made is needed and should be clear regarding any genetic testing needed. . UK clinical experience should be summarised to include reference to benefits, durability of benefit and harms.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should 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:
David Black
Deputy Medical Director / Specialised Services Co-Chair
26 January 2018

Post meeting note:

Genetic testing – additional information added into section 7 of the proposed criteria for commissioning as follows:
Diagnosis is based on clinical features and a serum concentration of functional leptin which is below 10% of the lower limit of the normal range. levels of serum leptin. A mutation in the leptin gene is usually found but is not necessary for diagnosis.

Dosing – additional wording included in section 2 of the policy as follows:
The starting dose is 0.2 mg / kg / day, calculated to achieve 10% of the predicted normal peak serum leptin concentration. The adult dose is titrated to achieve normal leptin concentrations, which has required 2.8 – 5.3 mg daily in reported patients.

UK clinical experience/harms:
Information added into section 6 on the UK experience