

## Pharmacy Policy Bulletin

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**Title:** Metreleptin (Myalept®)

**Policy #:** Rx.01.157

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***Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.***

***This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.***

***Members are advised to use participating pharmacies in order to receive the highest level of benefits.***

**Intent:**

The intent of this policy is to communicate the medical necessity criteria for metreleptin (Myalept®) as provided under the member's prescription drug benefit.

**Description:**

Generalized lipodystrophy is a disorder characterized by the absence or diffuse deficiency of adipose tissue, resulting in deficiency of the hormone, leptin. Leptin is important for appetite suppression, and deficiency results in uncontrolled intake of calories and subsequent deposit in areas such as the liver or muscle. Patients with generalized lipodystrophy often develop metabolic disorders such as insulin resistance and/or elevation in serum triglycerides.

**Metreleptin** is a recombinant human leptin analog that binds to and activates the human leptin receptor (ObR), which belongs to the class I cytokine family of receptors that signals through the JAK/STAT transduction pathway. Activation of the leptin receptor by metreleptin mimics native leptin, which is responsible for signaling the CNS with the status of energy stores in the body.

**Metreleptin (Myalept®)** is indicated as an adjunct to diet as replacement therapy to treat the complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy.

**Policy:**

**INITIAL CRITERIA:** Metreleptin (Myalept®) is approved when ALL of the following are met:

- A. Diagnosis of congenital or acquired generalized lipodystrophy (excluding other forms of lipodystrophy); and
- B. Prescribed as adjunct to diet as replacement therapy; and
- C. Member is refractory to current standards of care for lipid and diabetic management; and
- D. Prescribed by or in consultation with an endocrinologist; and
- E. Documentation demonstrates that member has at least one of the following metabolic abnormalities:
  1. Insulin resistance (defined as requiring more than 200 units per day)
  2. Hypertriglyceridemia
  3. Diabetes

Initial Authorization duration: 12 months

**CONTINUATION CRITERIA:** Continuation of metreleptin (Myalept®) is reapproved when there is documentation of positive clinical response to metreleptin (Myalept®) therapy (e.g., sustained reduction in Hemoglobin A1c or triglycerides from baseline)

Continuation authorization duration: 2 years

**Black Box Warning as shown in the drug Prescribing Information:**

**WARNING: RISK OF ANTI-METRELEPTIN ANTIBODIES WITH NEUTRALIZING ACTIVITY AND RISK OF LYMPHOMA**

Anti-metresleptin antibodies with neutralizing activity have been identified in patients treated with metresleptin. The consequences of these neutralizing antibodies are not well characterized but could include inhibition of endogenous leptin action and/or loss of metresleptin efficacy. Severe infection and/or worsening metabolic control have been reported. Test for anti-metresleptin antibodies with neutralizing activity in patients who develop severe infections or show signs suspicious for loss of metresleptin efficacy during treatment.

T-cell lymphoma has been reported in patients with acquired generalized lipodystrophy, both treated and not treated with metresleptin. Carefully consider the benefits and risks of treatment with metresleptin in patients with significant hematologic abnormalities and/or acquired generalized lipodystrophy.

Because of these risks associated with the development of anti-metresleptin antibodies that neutralize endogenous leptin and/or metresleptin and the risk for lymphoma, metresleptin is available only through a restricted risk evaluation and mitigation strategy (REMS) program.

**Guidelines:**

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

**BENEFIT APPLICATION**

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

**References:**

Metresleptin. Micromedex Solutions [database on the Internet]. Available at: [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed October 04, 2022.

Myalept® (metresleptin) [prescribing information]. Cambridge, MA. Aegerion Pharmaceuticas, Inc. February 2022. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=c986f93b-855d-4ef0-b620-5d41a0513e48&type=display>. Accessed October 04, 2022.

Mantzoros, MD. Lipodystrophic syndromes Post TW, ed. October 04, 2022.

**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Myalept®	metresleptin

**Cross References:**

Off-Label Use Rx. 01.33

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<b>Policy Version Number:</b>	9.00
<b>P&amp;T Approval Date:</b>	September 15, 2022
<b>Policy Effective Date:</b>	January 01, 2023
<b>Next Required Review Date:</b>	September 15, 2023

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The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

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