

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Patient must have the following:

Leptin Deficiency

AND ALL of the following:

1. Congenital or acquired generalized lipodystrophy
2. Used as an adjunct therapy to diet
3. Physician must be enrolled in the Myalept Risk Evaluation and Mitigation Strategy (REMS) Program

AND NONE of the following:

1. HIV-related lipodystrophy
2. Partial lipodystrophy
3. Liver disease, including non-alcoholic steatohepatitis (NASH)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnosis

Patient must have the following:

Leptin Deficiency

AND ALL of the following:

1. Congenital or acquired generalized lipodystrophy
2. Used as an adjunct therapy to diet
3. Reduction from baseline complications due to leptin deficiency



**BlueCross.
BlueShield.**

Federal Employee Program.

**MYALEPT
(metreleptin)**

AND NONE of the following:

1. HIV-related lipodystrophy
2. Partial lipodystrophy
3. Liver disease, including non-alcoholic steatohepatitis (NASH)

Prior – Approval *Renewal* Limits

Same as above