Prior Authorization Review Panel

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CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: 08/01/2021**
Policy Number: PA.CP.PHAR.425	**Effective Date: 01/15/2020** **Revision Date: 07/2021**
Policy Name: Metreleptin (Myalept)	

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ✓ **Revised Policy***
- ☐ **Annual Review - No Revisions**
- ☐ **Statewide PDL** - *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

3Q 2021 annual review: no significant changes; references reviewed and updated.

Name of Authorized Individual (Please type or print): **Venkateswara R. Davuluri, MD**	**Signature of Authorized Individual:**

Clinical Policy: Metreleptin (Myalept)

Reference Number: PA.CP.PHAR.425
Effective Date: 01/2020
Last Review Date: 07/2021~~0~~

Revision Log

Description
Metreleptin (Myalept™) is a recombinant human leptin analog.

FDA Approved Indication(s)
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.

Limitation(s) of use:
- The safety and effectiveness of Myalept for the treatment of complications of partial lipodystrophy have not been established.
- The safety and effectiveness of Myalept for the treatment of liver disease, including nonalcoholic steatohepatitis (NASH), have not been established.
- Myalept is not indicated for use in patients with HIV-related lipodystrophy.
- Myalept is not indicated for use in patients with metabolic disease, without concurrent evidence of generalized lipodystrophy.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health & Wellness® that Myalept is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Leptin Deficiency (must meet all)**:**

1. Diagnosis of leptin deficiency;
2. Member has congenital or acquired generalized lipodystrophy;
3. Dose does not exceed (a or b):
   a. Body weight ≤ 40 kg: 0.13 mg/kg per day;
   b. Body weight > 40 kg: 10 mg per day.

Approval duration: 6 months

B. Other diagnoses/indications
1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Leptin Deficiency (must meet all)**:**
1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed (a or b):
   a. Body weight ≤ 40 kg: 0.13 mg/kg per day;
   b. Body weight > 40 kg: 10 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53;
B. General obesity not associated with congenital leptin deficiency;
C. HIV-related lipodystrophy;
D. Liver disease, including NASH.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
HIV: human immunodeficiency virus
NASH: nonalcoholic steatohepatitis

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - General obesity not associated with congenital leptin deficiency: Myalept has not been shown to be effective in treating general obesity, and the development of anti-metreleptin antibodies with neutralizing activity has been reported in obese patients treated with Myalept
  - Hypersensitivity to metreleptin
- Boxed warning(s): risk of anti-metreleptin antibodies with neutralizing activity and risk of lymphoma
  - Because of these risks, Myalept is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Myalept REMS Program

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy	Weight ≤ 40 kg: 0.06 to 0.13 mg/kg SC QD (adjust in increments of 0.02 mg/kg) Weight > 40 kg: Males: 2.5 to 10 mg SC QD (adjust in increments of 1.25 to 2.5 mg/day) Females: 5 to 10 mg SC QD (adjust in increments of 1.25 to 2.5 mg/day)	Weight ≤ 40 kg: 0.13 mg/kg/day Weight > 40 kg: 10 mg/day

VI. Product Availability

Lyophilized cake in vial to be reconstituted: 11.3 mg/vial (5 mg/mL after reconstitution)

VII. References

1. Myalept Prescribing Information. Cambridge, MA: Aegerion Pharmaceuticals, Inc; September 2020. Available at http://www.myaleptpro.com. Accessed on March 18, 2021.~~Myalept Prescribing Information. Cambridge, MA: Aegerion Pharmaceuticals, Inc; December 2019. Available at http://www.myaleptpro.com. Accessed on April 20, 2020.~~

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New Policy Created	01/2020	
3Q 2020 annual review: references reviewed and updated.	07/2020	
3Q 2021 annual review: no significant changes; references reviewed and updated.	07/2021	

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