metreleptin (Myalept™)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO093

Description

Metreleptin (Myalept) is a leptin analog that binds to and activates the human leptin receptor as replacement therapy to treat generalized lipodystrophy due to congenital or acquired generalized lipodystrophy.

Length of Authorization

- Initial: Three months
- Renewal: 12 months

Quantity limits

Product Name	Dosage Form	Indication	Quantity Limit
metreleptin (Myalept)	11.3 mg powder (5 mg/mL) vial	Congenital Lipodystrophy; Acquired Generalized Lipodystrophy	60 mL/30 days

Initial Evaluation

I. Metreleptin (Myalept) may be considered medically necessary when the following criteria below are met:
   A. Member is one year of age or older; **AND**
   B. Medication is prescribed by, or in consultation with, an endocrinologist; **AND**
   C. A diagnosis of **Congenital Lipodystrophy OR Acquired Generalize Lipodystrophy** when the following are met:
      1. Provider attests that the fasting leptin concentration at baseline is below the normal range; **AND**
      2. Member has a diagnosis of type 2 diabetes mellitus (T2DM) or insulin resistance; **AND**
      3. Member has a persistent hemoglobin A1c (HbA1c) > 7% despite dietary intervention and medication management (e.g., metformin) for T2DM; **AND**
      4. Member has a diagnosis of hypertriglyceridemia; **AND**
      5. Member has persistent triglyceride levels > 250 mg/dL despite dietary intervention and medication management for hypertriglyceridemia (e.g., fibrates, omega-3 fatty acids); **AND**
      6. Member does not have any hematologic abnormalities (e.g., leukopenia, neutropenia, bone marrow abnormalities, lymphadenopathy).

II. Metreleptin (Myalept) is considered investigational when used for all other conditions, including but not limited to:
   A. Partial lipodystrophy
   B. Localized lipodystrophy
   C. Liver disease (e.g., nonalcoholic steatohepatitis [NASH])
   D. Human Immunodeficiency Virus (HIV) – related lipodystrophy
   E. Metabolic disease (e.g., T2DM, hypertriglyceridemia)

Renewal Evaluation

I. Member has received a previous prior authorization approval for this agent through the health plan; **AND**
II. The member is not continuing therapy based off established therapy through samples, manufacturer coupons, or otherwise. Initial policy criteria must be met for the member to qualify for continuation through this health plan; **AND**
III. Member has exhibited improvement or stability of disease symptoms as defined by, a reduction from baseline for **one** of the following parameters:
   A. HbA1c
   B. Fasting glucose
   C. Triglycerides; **AND**
IV. Member does not have any hematologic abnormalities (e.g., leukopenia, neutropenia, bone marrow abnormalities, lymphadenopathy).

Supporting Evidence

I. Although the guideline states that there is no age limit for initiation of metreleptin (Myalept), and there were reported case studies where children as young as six months have been treated, the actual pediatric inclusion population in the FDA approval of metreleptin (Myalept) was 1 to 17 years of age.
II. According to the guideline (The Diagnosis and Management of Lipodystrophy Syndromes: A Multi-Society Practice Guideline), there is no defined serum leptin levels that have established to rule out the diagnosis of lipodystrophy. Therefore, specific lab values may not be very informative for the diagnosis of congenital or acquired generalized lipodystrophy.
III. Members with congenital or acquired generalized lipodystrophy and T2DM, metformin is a first-line agent for diabetes and insulin resistance, along with, other considerations for antihyperglycemia agents: insulin is effective for hyperglycemia, and thiazolidinediones, which

should be used with caution in generalized lipodystrophy as their efficacy has not been established in that setting.

IV. Members with congenital or acquired generalized lipodystrophy and hypertriglyceridemia, fibrates and/or long-chain omega-3 fatty acids should be used for hypertriglyceridemia.

V. As part of the metreleptin (Myalept) Risk Evaluation and Mitigation Strategy (REMS) program, provider will need to evaluate members with acquired generalized lipodystrophy for significant hematologic abnormalities due to the reported risk of T-cell lymphoma in that population.

Investigational or Not Medically Necessary Uses

I. There is limited evidence to suggest the safety and efficacy of metreleptin (Myalept) outside of the FDA-approved indications of congenital or acquired generalized lipodystrophy. Additionally, the following indications listed below were denoted to have a "limitation of use" in the metreleptin (Myalept) package insert.
   A. Partial lipodystrophy
   B. Liver disease (e.g., nonalcoholic steatohepatitis [NASH])
   C. Human Immunodeficiency Virus (HIV) – related lipodystrophy
   D. Metabolic disease (e.g., T2DM, hypertriglyceridemia)

References

1. Myalept [Prescribing Information]. Cambridge, MA: Aegerion Pharmaceuticals, Inc. August 2015.
2. Brown RJ, Araujo-Vilar D, Cheung PT, et al. The Diagnosis and Management of Lipodystrophy Syndromes: A Multi-Society Practice Guideline. The Journal of Clinical Endocrinology & Metabolism, Volume 101, Issue 12, 1 December 2016, Pages 4500–4511. Available at: https://doi.org/10.1210/jc.2016-2466

Policy Implementation/Update:

Date Created	November 2019
Date Effective	November 2019
Last Updated	October 2019
Last Reviewed	10/2019

Action and Summary of Changes	Date
Criteria transitioned into policy with the following updates: addition of supporting evidence, addition of investigational section along with supporting evidence, inserted lab values for type 2 diabetes and hypertriglyceridemia, added sample language to the renewal section, and assess for stability parameters upon renewal.	10/2019