Louisiana Medicaid
Metreleptin (Myalept®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for metreleptin (Myalept®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient has a diagnosis of congenital or acquired generalized lipodystrophy; **AND**
- The prescriber **states on the request** that metreleptin is being used as an adjunct to diet; **AND**
- The prescriber **states on the request** that metreleptin will **NOT** be prescribed for the following conditions:
    - the treatment of complications of partial lipodystrophy; **AND**
    - the treatment of liver disease, including metabolic dysfunction-associated steatohepatitis (MASH) [previously known as non-alcoholic steatohepatitis (NASH)]; **AND**
    - use in recipients with HIV-related lipodystrophy; **AND**
    - use in recipients with metabolic disease including diabetes mellitus and hypertriglyceridemia without concurrent evidence of congenital or acquired generalized lipodystrophy; **AND**
    - use in recipients with general obesity not associated with congenital leptin deficiency.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy; **AND**
- The prescriber **states on the request** that the requested medication is being used as an adjunct to diet.

Duration of approval for initiation and continuation of therapy: 12 months

Reference

Myalept (metreleptin) [package insert]. Cary, NC: Chiesi USA, Inc; March 2024. https://resources.chiesiusa.com/Myalept/MYALEPT_PI.pdf

Revision / Date	Implementation Date
Policy created / June 2025	January 2026