

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Myalept®

#### Products affected

- Myalept®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	Laboratory confirmed leptin deficiency. Must have one of the following: triglyceride level more than 200mg/dL or diabetes mellitus.
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	Patient must not have HIV, infectious liver disease, or acquired lipodystrophy with hematologic abnormalities