

MYALEPT is available only through a restricted program, the MYALEPT Risk Evaluation and Mitigation Strategy (REMS).

To prescribe MYALEPT, a prescriber must:

1. Review the Prescribing Information and review/complete the Prescriber Training Module
2. Complete this one-time MYALEPT REMS Prescriber Enrollment Form
3. Complete and submit a MYALEPT REMS Prescription Authorization Form for each new prescription

Instructions: Complete this enrollment form and fax it to the MYALEPT REMS at 1-877-328-9682.

PRESCRIBER ATTESTATION

By signing this form, I agree to comply with the following MYALEPT REMS requirements.

- I understand that 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.
- I affirm that my patient has a clinical diagnosis consistent with generalized lipodystrophy, and that my patient (or their caregiver) has been properly informed of the benefits and risks of MYALEPT therapy.
- I understand that MYALEPT is not indicated for:
 - the treatment of complications of partial lipodystrophy.
 - the treatment of liver disease, including non-alcoholic steatohepatitis (NASH).
 - use in patients with HIV-related lipodystrophy.
 - use in patients with metabolic disease including diabetes mellitus and hypertriglyceridemia without concurrent evidence of congenital or acquired generalized lipodystrophy.
- I understand that MYALEPT is contraindicated in patients with general obesity not associated with congenital leptin deficiency.
- I understand that MYALEPT is associated with serious adverse events due to the development of anti-metreleptin antibodies that neutralize endogenous leptin and/or MYALEPT.
- I agree to test for neutralizing antibodies in patients who experience severe infections or if I suspect MYALEPT is no longer working (e.g., loss of glycemic control, or increases in triglycerides).
- I understand that MYALEPT is associated with a risk of lymphoma.
- I understand I must carefully consider the risks of treatment with MYALEPT in patients with significant hematological abnormalities and/or acquired generalized lipodystrophy.

SIGN HERE	Physician/Prescriber Signature	Date
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Please print, * indicates a required field

PRESCRIBER INFORMATION

Full Name (first, middle, last)*			
Credentials* <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other (specify) _____			
Physician Specialty*			
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Cardiology	
<input type="checkbox"/> General Internal Medicine	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Other _____	
Who do you treat? <input type="checkbox"/> Adults <input type="checkbox"/> Pediatrics <input type="checkbox"/> Both			
Practice/Facility Name			
Address 1*			
Address 2 (optional)		City*	State* Zip*
Phone*	Alternate phone*	Fax*	
Email*		NPI #*	
Practice Setting* <input type="checkbox"/> Solo private practice <input type="checkbox"/> Group private practice <input type="checkbox"/> Academic/Hospital affiliated practice			
<input type="checkbox"/> Government Institution <input type="checkbox"/> Other _____			

OFFICE CONTACT

Full Name (first last)*

If different from above:

Phone	Fax	Email
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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE MYALEPT REMS

PHONE: 1-855-669-2537 | FAX: 1-877-328-9682 | WWW.MYALEPTREMS.COM

