Health Alliance™ Pharmacy Drug Policy Checklist

POLICY NAME	Imcivree (setmelanotide)	POLICY #	3050P

Criteria

Coverage Criteria

- ☐ Diagnosis of obesity (defined as body mass index (BMI) ≥ 30 in adults or as BMI ≥ 95th percentile using growth chart assessments) related to one of the following:
  - Bardet-Biedl syndrome
  - Proopiomelanocortin (POMC), Proprotein convertase subtilisin/kexin type 1 (PCSK1) or Leptin receptor (LEPR) deficiency as determined by genetic testing o Documentation of genetic testing demonstrating that the variants in POMC, PCSK1, or LEPR genes are interpreted as pathogenic, likely pathogenic, or of uncertain significance
- ☐ Member is 6 years or older
- ☐ Review for coverage is completed by a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ Creatinine Clearance (CrCl) < 30 ml/min
  - Measure of kidney function
- ☐ Prior gastric bypass surgery resulting in >10% weight loss that was maintained
- ☐ Other types of obesity or obesity due to suspected POMC, PCSK1, or LEPR deficiency with POMC, PCSK1, or LEPR variants classified as benign or likely benign