

POLICY NAME

Imcivree (setmelanotide)

POLICY #

3050P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Creatinine Clearance (CrCl) < 30 ml/min
 - Measure of kidney function
- ☐ **2.2** Prior gastric bypass surgery resulting in >10% weight loss that was maintained
- ☐ **2.3** 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

Coverage Criteria

- ☐ **1.1** Diagnosis of obesity (defined as body mass index (BMI) ≥ 30 in adults or as BMI ≥ 95 th 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 or Documentation of genetic testing demonstrating that the variants in POMC, PCSK1, or LEPR genes are interpreted as pathogenic, likely pathogenic, or of uncertain significance
- ☐ **1.2** Member is 6 years or older
- ☐ **1.3** Review for coverage is completed by a pharmacist and medical director