blue of california

Imcivree (setmelanotide, SC)

Diagnoses Considered for Coverage:

- Chronic weight management due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency
- Chronic weight management due to Bardet-Biedl Syndrome

Coverage Criteria:

1. **For chronic weight management due to POMC, PCSK1, or LEPR deficiency:**

Initial Authorization

• Patient is 6 years of age or older, and
• Dose does not exceed 3 mg per day, and
• Patient's obesity is due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency, **and**
• Deficiency is confirmed by genetic testing demonstrating variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS), **and**
• Patient has obesity defined as one of the following:
  • Adult patient has body mass index (BMI) of ≥30 kg/m2,
  OR
  • Pediatric patient's weight is ≥ 95th percentile using growth chart assessments.
 	
Coverage Duration: 16 weeks

Reauthorization
• Patient demonstrates at least 5% weight loss from baseline or 5% of baseline BMI for patients with continued growth potential, **and** • Dose does not exceed 3 mg per day. ***Coverage Duration:*** one year

2. **For chronic weight management due to Bardet-Biedl Syndrome:**

Initial Authorization

• Patient is 6 years of age or older, and
• Dose does not exceed 3 mg per day, and
• Provider attestation of a diagnosis of Bardet-Biedl Syndrome, and
• Patient has obesity defined as one of the following:
  • Adult patient has body mass index (BMI) of ≥30 kg/m2,
  OR
  • Pediatric patient's weight is ≥ 97th percentile using growth chart assessments.
 	
Coverage Duration: 6 months

Reauthorization

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• Patient demonstrates at least 5% weight loss from baseline or 5% of baseline BMI for patients with continued growth potential, **and** • Dose does not exceed 3 mg per day. ***Coverage Duration:*** one year	
Coverage Duration: S*ee coverage criteria*	

Effective Date: 11/29/2023GF

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