

**IMCIVREE
(setmelanotide)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 years of age or older

Diagnosis

Patient must have **ONE** of the following:

1. POMC, PCSK1, or LEPR deficiency as determined by an FDA-approved test
 - a. Variants in POMC, PCSK1, or LEPR genes are pathogenic, likely pathogenic, **OR** of uncertain significance (VUS)
2. Bardet-Biedl syndrome (BBS)

AND ALL of the following:

1. Patient has the following:
 - a. Age 18+: Body mass index (BMI) ≥ 30 kg/m²
 - b. Age 6-17: Body mass index (BMI) $\geq 95^{\text{th}}$ percentile for their age
2. Prescriber agrees to monitor patient's BMI
3. Prescriber agrees to monitor for depression and suicidal ideation
4. NO dual therapy with another Prior Authorization (PA) medication for weight loss (see Appendix 1)

Prior - Approval Limits

Quantity 30 vials per 90 days

Duration	POMC, PCSK1, or LEPR deficiency	6 months
	BBS	12 months

Prior – Approval *Renewal* Requirements

Age 6 years of age or older

Diagnosis

Patient must have **ONE** of the following:

1. POMC, PCSK1, or LEPR deficiency as determined by an FDA-approved test

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2. Bardet-Biedl syndrome (BBS)

AND ALL of the following:

1. Patient has the following:
 - a. Age 18+, must have **ONE** of the following:
 - i. Body mass index (BMI) is $<30 \text{ kg/m}^2$
 - ii. Patient has lost $\geq 5\%$ of body mass index (BMI) from baseline
 - b. Age 6-17, must have **ONE** of the following:
 - i. Body mass index (BMI) is $< 95^{\text{th}}$ percentile for their age
 - ii. Patient has lost $\geq 5\%$ of body mass index (BMI) from baseline
2. Prescriber agrees to monitor patient's BMI
3. Prescriber agrees to monitor for depression and suicidal ideation
4. **NO** dual therapy with another Prior Authorization (PA) medication for weight loss (see Appendix 1)

Prior - Approval *Renewal* Limits

Quantity 30 vials per 90 days

Duration POMC, PCSK1, LEPR deficiency, or BBS 12 months

Appendix 1 - List of PA Weight Loss Medications

Generic Name	Brand Name
benzphetamine	N/A
carboxymethylcellulose-cellulose-citric acid	Plenity
diethylpropion	N/A
liraglutide	Saxenda
naltrexone/bupropion	Contrave
orlistat	Xenical
phendimetrazine	N/A
phentermine	Adipxex-P/Lomaira
phentermine/topiramate ER	Qsymia
semaglutide	Wegovy
setmelanotide	Imcivree
tirzepatide	Zepbound



**BlueCross
BlueShield**

Federal Employee Program.

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