

# PHARMACY POLICY STATEMENT

## Georgia Medicaid

<b>DRUG NAME</b>	<b>Imcivree (setmelanotide)</b>
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Imcivree, initially approved by the FDA in 2020, is indicated for chronic weight management in patients with certain types of monogenic or syndromic obesity. This group of disorders is incredibly rare. These patients have extreme hunger (hyperphagia) and may become morbidly obese as early as infancy. They may also have endocrine complications. A number of additional manifestations may present in patients with Bardet-Biedl syndrome such as ocular complications, learning disabilities, and renal anomalies.

Imcivree is an analog of endogenous melanocortin peptide  $\alpha$ -MSH (alpha-melanocyte stimulating hormone) that acts as an agonist at the melanocortin-4 receptor (MC4R), intended to partially or completely restore signaling at the MC4 receptors in the brain, which are involved in regulation of hunger, satiety, and energy expenditure.

Imcivree (setmelanotide) will be considered for coverage when the following criteria are met:

### Weight Management in Rare Genetic Obesity Disorders

For **initial** authorization:

1. Member is at least 6 years of age; AND
2. Medication must be prescribed by or in consultation with an endocrinologist or medical geneticist; AND
3. Member meets one of the following:
  - a) Documented diagnosis of one of the following, confirmed by genetic testing results, showing gene variants interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS):
    - i) Proopiomelanocortin (POMC) deficiency
    - ii) Proprotein convertase subtilisin/kexin type 1 (PCSK1) deficiency
    - iii) Leptin receptor (LEPR) deficiency
  - b) Documented diagnosis of Bardet-Biedl syndrome (BBS) per the clinical criteria determined by Beales et al (see Appendix); AND
4. Baseline weight and body mass index (BMI) are documented in current chart notes; AND
5. Member has obesity documented as one of the following:
  - a) Adult: Member has BMI of 30 or greater, or
  - b) Pediatric POMC/PCSK1/LEPR deficiency (age <18 years): Member's weight is 95<sup>th</sup> percentile or greater for age on growth chart
  - c) Pediatric BBS (age <16 years): Member's weight is 97<sup>th</sup> percentile or greater for age on growth chart; AND
6. Member does NOT have any of the following:
  - a) Variants in POMC, PCSK1, or LEPR classified as benign or likely benign
  - b) Any other type of obesity not related to POMC, PCSK1 or LEPR deficiency or BBS, including obesity associated with other genetic syndromes and general (polygenic) obesity
  - c) Prior gastric bypass surgery resulting in greater than 10% weight loss durably maintained.

**7. Dosage allowed/Quantity limit:**

Starting dose for 6-11 years of age: 1 mg subQ once daily  
 Starting dose for 12+ years of age: 2 mg subQ once daily  
 Maximum maintenance dose: 3 mg subQ once daily (9 mL per 30 days)

***If all the above requirements are met, the medication will be approved for 16 weeks.***

For **reauthorization**:

1. 1<sup>st</sup> renewal: Chart notes must show one of the following:
  - a) At least 5% reduction of baseline body weight OR
  - b) At least 5% reduction from baseline BMI for patients with continued growth potential.
2. Subsequent renewals: Chart notes must show at least 10% weight loss from baseline has been achieved and maintained.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers Imcivree (setmelanotide) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
09/24/2021	New policy created for Imcivree.
06/24/2022	Criteria incorporated for new indication of BBS.

APPENDIX: Diagnostic criteria for BBS<sup>4</sup>

*Primary features*

Four features are required to be present of:

- Rod-cone dystrophy
- Polydactyly
- Obesity
- Learning disabilities
- Hypogonadism in males
- Renal anomalies

or

Three primary plus two secondary features are required of:

*Secondary features*

- Speech disorder/delay
- Strabismus/cataracts/astigmatism
- Brachydactyly/syndactyly
- Developmental delay
- Polyuria/polydipsia (nephrogenic diabetes insipidus)
- Ataxia/poor coordination/imbalance
- Mild spasticity (especially lower limbs)
- Diabetes mellitus
- Dental crowding/ hypodontia/small roots/high arched palate
- Left ventricular hypertrophy/congenital heart disease
- Hepatic fibrosis

References:

1. Imcivree. (Prescribing information). Rhythm Pharmaceuticals, Inc.; 2022.

2. Clément K, van den Akker E, Argente J, et al. Efficacy and safety of setmelanotide, an MC4R agonist, in individuals with severe obesity due to LEPR or POMC deficiency: single-arm, open-label, multicentre, phase 3 trials. *Lancet Diabetes Endocrinol.* 2020;8(12):960-970. doi:10.1016/S2213-8587(20)30364-8
3. Haws RM, Gordon G, Han JC, Yanovski JA, Yuan G, Stewart MW. The efficacy and safety of setmelanotide in individuals with Bardet-Biedl syndrome or Alström syndrome: Phase 3 trial design. *Contemp Clin Trials Commun.* 2021;22:100780. Published 2021 May 3. doi:10.1016/j.conctc.2021.100780
4. Beales PL, Elcioglu N, Woolf AS, Parker D, Flinter FA. New criteria for improved diagnosis of Bardet-Biedl syndrome: results of a population survey. *J Med Genet.* 1999;36(6):437-446.
5. Haws R, Brady S, Davis E, et al. Effect of setmelanotide, a melanocortin-4 receptor agonist, on obesity in Bardet-Biedl syndrome. *Diabetes Obes Metab.* 2020;22(11):2133-2140. doi:10.1111/dom.14133

Effective date: 01/01/2023

Revised date: 06/24/2022