CareSource Rx Innovations

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Imcivree (setmelanotide)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Imcivree, initially approved by the FDA in 2020, is indicated to reduce excess body weight and maintain reduction long term in adults and pediatric patients aged 4 years and older with acquired hypothalamic obesity (HO), 2 years and older with Bardet-Biedl syndrome (BBS), and 2 years and older with pro-opiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency confirmed by genetic testing.

Monogenic obesity disorders are very rare. 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.

Acquired HO (aHO) presents as rapid, clinically relevant, and persistent weight gain due to hypothalamic damage. Causes include lesions such as craniopharyngiomas, neurosurgical intervention, irradiation, and traumatic brain injury.

Imcivree is an analog of endogenous melanocortin peptide α-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:

Rare Genetic Obesity Disorders

For **initial** authorization:

1. Member is at least 2 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; OR
   b) Documented diagnosis of Bardet-Biedl syndrome (BBS) per the clinical criteria determined by Beales et al (see appendix) OR confirmed by positive genetic test and at least 1 primary feature (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 6 to <18 years): Member's weight is 95th percentile or greater for age on growth chart

   c) Pediatric POMC/PCSK1/LEPR deficiency (age 2 to <6 years): Member's weight is 97th percentile or greater for age on growth chart
   d) Pediatric BBS (age <16 years): Member's weight is 97th 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:** Inject subcutaneously as follows:
   Starting dose for 2 to less than 6 years of age: 0.5 mg once daily for 2 weeks
   Starting dose for 6 to less than 12 years of age: 1 mg once daily for 2 weeks
   Starting dose for 12+ years of age: 2 mg once daily for 2 weeks
   Maintenance dose for 2 to less than 6 years of age: based on body weight (refer to drug label)
   Maintenance dose for 6+ years of age: 3 mg once daily
   QL:10 mL (10 vials) per 30 days

If all the above requirements are met, the medication will be approved for 16 weeks for POMC, PCSK1, or LEPR deficiency; OR for 12 months for BBS.

For **reauthorization**:
1. Updated chart notes must show one of the following:
   a) Achieved and maintained at least 5% reduction of baseline body weight OR
   b) Achieved and maintained at least 5% reduction from baseline BMI for patients with continued growth potential.

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

Acquired Hypothalamic Obesity (aHO)

For **initial** authorization:
1. Member is at least 4 years of age; AND
2. Medication must be prescribed by or in consultation with an endocrinologist or neurologist; AND
3. Member has a documented clinical diagnosis of aHO due to hypothalamic injury or dysfunction as shown on MRI; AND
4. Member has weight gain associated with the hypothalamic injury with documentation of one of the following:
   a) Adult: BMI of 30 or greater
   b) Pediatric: BMI ≥95th percentile for age and sex.
5. **Dosage allowed/Quantity limit:** Inject subcutaneously as follows:
   Starting dose: 0.5 mg once daily for 2 weeks
   Maintenance dose for 4 to less than 6 years of age: based on body weight (refer to drug label)
   Maintenance dose for 6+ years of age: 3 mg once daily following titration period.
   QL:10 mL (10 vials) per 30 days

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes must show documentation of clinically significant BMI reduction from baseline.

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.
02/16/2024	Added references. Clarified dosing. Increased QL from 9 mL/30 days to 10 mL/30 days. Increased initial auth duration for BBS from 16 wks to 12 mo. Removed separate renewal criteria for 2nd and subsequent reauths. For reauth, stated that weight/BMI loss must be both achieved and sustained.
12/27/2024	Added new reference. Lowered minimum age from 6 years to 2 years per label expansion, added growth percentile for age 2-6 with POMC/PCSK1/LEPR, updated dosing. Added genetic test diagnostic option for BBS (Dollfus et al 2024).
04/02/2026	Added AHO as new indication.

APPENDIX: Diagnostic criteria for BBS (Beales, et al.)

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:

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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
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9. Open-Label Study of Setmelanotide in Hypothalamic Obesity. ClinicalTrials.gov identifier: NCT04725240. Updated February 7, 2025. Accessed April 3, 2026. https://clinicaltrials.gov/study/NCT04725240
10. Müller HL, Tanaka T, Hasegawa T, et al. Diagnostic criteria for acquired hypothalamic obesity - international expert guidance document. *Endocr J*. 2026;73(2):341-353. doi:10.1507/endocrj.EJ25-0408

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