Commercial/Healthcare Exchange PA Criteria

Effective: 6/9/2021

Prior Authorization: IMCIVREE (setmelanotide)

Products Affected: IMCIVREE (setmelanotide) injection, for subcutaneous use

Medication Description:
Setmelanotide is an MC4 receptor agonist with 20-fold less activity at the melanocortin 3 (MC3) and melanocortin 1 (MC1) receptors. MC4 receptors in the brain are involved in regulation of hunger, satiety, and energy expenditure. In patients with obesity due to POMC, PCSK1, and LEPR deficiency associated with insufficient activation of the MC4 receptor, setmelanotide may re-establish MC4 receptor pathway activity to reduce hunger and promote weight loss through decreased caloric intake and increased energy expenditure. Nonclinical evidence shows that MC4 receptors are important for setmelanotide-regulated appetite and weight loss. The MC1 receptor is expressed on melanocytes, and activation of this receptor leads to accumulation of melanin and increased skin pigmentation independently of ultraviolet light.

Covered Uses: Obesity, chronic weight management

Exclusion Criteria:
IMCIVREE is not indicated for the treatment of patients with the following conditions as IMCIVREE would not be expected to be effective:

- Obesity due to suspected POMC-, PCSK1-, or LEPR-deficiency with *POMC*, *PCSK1*, or *LEPR* variants classified as benign or likely benign
- Other types of obesity not related to POMC, PCSK1 or LEPR deficiency, including obesity associated with other genetic syndromes and general (polygenic) obesity

Required Medical Information:
1. Diagnosis and genetic testing
2. Past medical and surgical history
3. Body mass index (BMI) OR stature (in centimeters) plus weight (in kilograms), creatinine clearance (CrCl) or eGFR
4. Previous therapies tried and failed

Age Restrictions: 6 years of age or older.

Prescriber Restrictions: Prescribed by or in consultation with an endocrinologist, a geneticist, or a physician who specializes in metabolic disorders.

Coverage Duration: 4 months for initial treatment and 12 months for continuation of therapy

Other Criteria:

ConnectiCare

I. Initial Approval Criteria
(must meet all):

1. Patient has diagnosis of obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency confirmed by genetic testing demonstrating variants in *POMC*, *PCSK1*, or *LEPR* genes; AND
2. The genetic variant is interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS); AND
3. There is documentation of baseline body weight and body mass index. Individuals ≥ 18 years of age should have a body mass index (BMI) of ≥30 kg/m2, and in individuals 6 to 17 years of age weight should be ≥95th percentile using growth chart assessments; AND
4. Patient does not have moderate (estimated GFR (eGFR) 30 to 59 mL/min/1.73 m (2), or severe renal impairment (eGFR 15 to 29 mL/min/1.73 m (2)), or end stage renal disease (eGFR less than 15 mL/min/1.73 m (2)); AND
5. The patient has NOT received prior gastric bypass surgery which resulted in ≥ 10% weight loss durably maintained from baseline, pre-operative weight with no evidence of weight regain; AND
6. Other contributing factors or causes of obesity have been ruled out and eliminated (e.g., other genetic variations, chronic medical conditions, medications, etc.); AND
7. Response to therapy will be assessed periodically; AND
8. If patient is pediatric, the impact of weight loss on growth and maturation will be evaluated; AND
9. Does not exceed maximum dose of 3 mg injected subcutaneously once daily.

II. Continued Therapy

1. Member has experienced a therapeutic response, demonstrated by losing at least 5% of baseline body weight or 5% of baseline BMI for patients with continued growth potential; AND

2. Member has not experienced unacceptable toxicity from the drug (e.g. depression or suicidal ideation, spontaneous penile erections)

References:
1.IMCIVREE (setmelanotide) injection [Package Insert]. Boston, MA. Rhythm Pharmaceuticals, Inc. Updated December 11, 2020. Accessed April 27, 2021.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date

1	New policy	New policy	All	6/9/2021