BlueCross BlueShield
Federal Employee Program
Federal Employee Program®
1310 G Street, N.W.
Washington, D.C. 20005
202.942.1000
Fax 202.942.1125

5.60.48

Section:	Prescription Drugs	**Effective Date:**	April 1, 2021
Subsection:	Central Nervous System Drugs	**Original Policy Date:**	January 29, 2021
Subject:	Imcivree	**Page:**	1 of 5

Last Review Date: March 12, 2021

Imcivree

Description

Imcivree (setmelanotide)

Background
Imcivree (setmelanotide) is a melanocortin 4 (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. Imcivree may re-establish MC4 receptor pathway activity in patients with proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency reducing hunger and decreasing body mass index (BMI) through decreased caloric intake and increased energy expenditure (1).

Regulatory Status
FDA-approved indications: Imcivree is indicated for adult patients with a BMI of 30 kg/m^2 or higher and in pediatric patients 6 years of age and older with a BMI at or above the 95th percentile 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 that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS) (1-2).

Limitations of Use:
Imcivree is not indicated for the treatment of patients with the following conditions as Imcivree would not be expected to be effective: (1-2)

- BMI of 30 kg/m^2 in adults or BMI at or above the 95th percentile in pediatric patients due to suspected POMC-, PCSK1-, or LEPR-deficiency with *POMC*, *PCSK1*, or *LEPR* variants classified as benign or likely benign.

- BMI of 30 kg/m^2 in adults or BMI at or above the 95th percentile in pediatric patients not related to POMC, PCSK1, or LEPR deficiency, including high BMI associated with other genetic syndromes and general (polygenic) high BMI.

Select patients for treatment with Imcivree who have genetically confirmed or suspected deficiency of POMC, PCSK1, or LEPR. Treat patients with variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS) in the clinical context of the patient (1).

Patients should be periodically assessed for response to Imcivree therapy. Evaluate decrease in BMI after 12-16 weeks of treatment. If an adult patient has not shown an appropriate decrease in BMI, discontinue Imcivree as it is unlikely that the patient will achieve and sustain clinically meaningful decrease in BMI with continued treatment (1).

Imcivree may cause depression or suicidal ideation. Patients should be monitored for new onset or worsening of depression. Discontinuation of therapy may be considered if patients experience suicidal thoughts or behaviors (1).

The safety and effectiveness of Imcivree in pediatric patients less than 6 years of age have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Imcivree may be considered **medically necessary** in patients 6 years of age and older if the conditions indicated below are met.

Imcivree may be considered **investigational** in patients less than 6 years of age and for all other indications.

Prior-Approval Requirements

Age 6 years of age or older

Diagnosis

Patient must be using for the following:

POMC, PCSK1, or LEPR deficiency as confirmed by genetic testing

AND ALL of the following:

1. Variants in *POMC*, *PCSK1*, or *LEPR* genes are pathogenic, likely pathogenic, **OR** of uncertain significance (VUS)
2. Patient has the following:
    a. Age 18+: Body mass index (BMI) ≥ 30 kg/m^2
    b. Age 6-17: Body mass index (BMI) ≥ 95th percentile for their age
3. Prescriber agrees to monitor patient's BMI
4. Prescriber agrees to monitor for depression and suicidal ideation

Prior – Approval *Renewal* Requirements

Age 6 years of age or older

Diagnosis

Patient must be using for the following:

POMC, PCSK1, or LEPR deficiency as confirmed by genetic testing

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 km/m^2
        ii. Patient has lost ≥ 5% of body mass index (BMI) from baseline
    b. Age 6-17, must have **ONE** of the following:
        i. Body mass index (BMI) is) < 95th percentile for their age
        ii. Patient has lost ≥ 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

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 30 vials per 90 days

Duration 4 months

Prior – Approval *Renewal* Limits

Quantity 30 vials per 90 days

Duration 12 months

Rationale

Summary

Imcivree (setmelanotide) is a melanocortin 4 (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. Imcivree may re-establish MC4 receptor pathway activity in patients with proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency reducing hunger and decreasing body mass index (BMI) through decreased caloric intake and increased energy expenditure (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Imcivree while maintaining optimal therapeutic outcomes.

References

1. Imcivree [package insert]. Boston, MA: Rhythm Pharmaceuticals, Inc.; November 2020.
2. Centers for Disease Control and Prevention. About Adult BMI. Retrieved from: https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html. Accessed on January 30, 2021.

Policy History

Date	Action
January 2021	Addition to PA
March 2021	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.