



**GEORGIA MEDICAID FEE-FOR-SERVICE
IMCIVREE PA SUMMARY**

Preferred	Non-Preferred
n/a	Imcivree (setmelanotide)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Imcivree

- ❖ Approvable for members 6 to 17 years of age with a diagnosis of monogenic or syndromic obesity in the 95th percentile of the member’s weight using growth chart assessments who have proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1) or leptin receptor (LEPR) deficiency with the genetic variants interpreted as pathogenic, likely pathogenic or of uncertain significance (VUS) and who have an estimated glomerular filtration rate (eGFR) of 15 mL/min/1.73 m² or higher.
- ❖ Approvable for members 18 years of age or older with a diagnosis of monogenic or syndromic obesity with a body mass index (BMI) of 30 kg/m² or greater who have proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1) or leptin receptor (LEPR) deficiency with the genetic variants interpreted as pathogenic, likely pathogenic or of uncertain significance (VUS) and who have an estimated glomerular filtration rate (eGFR) of 15 mL/min/1.73 m² or higher.
- ❖ Approvable for members 6 to 17 years of age with a diagnosis of monogenic or syndromic obesity in the 97th percentile of the member’s weight using growth chart assessments who have Bardet-Biedl syndrome (BBS) with 15 or more genetic mutations and who have an estimated glomerular filtration rate (eGFR) of 15 mL/min/1.73 m² or higher.
- ❖ Approvable for members 18 years of age or older with a diagnosis of monogenic or syndromic obesity with a body mass index (BMI) of 30 kg/m² or greater who have Bardet-Biedl syndrome (BBS) with 15 or more genetic mutations and who have an estimated glomerular filtration rate (eGFR) of 15 mL/min/1.73 m² or higher.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:



- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.