Member Name: ______________________________ Member ID: ________________ Member DOB: ________________

Drug Name: _____________________________ Strength: _______________ Directions: ______________________________________

Physician Name: __________________________ Physician Phone #: _________________________ Specialty: _____________________

Physician Fax #: _____________________ Pharmacy Name: ____________________________Pharmacy Phone: __________________

Horizon NJ Health
Setmelanotide (Imcivree®) – Medical Necessity Request
****Complete page 1 for Initial Requests Only****

1. What is the member's current weight? _____ lbs or _____ kg

2. Please indicate the member's diagnosis:
   - □ Proopiomelanocortin (POMC) deficiency obesity
   - □ Proprotein convertase subtilisin/kexin type 1 (PCSK1) deficiency obesity
   - □ Leptin receptor (LEPR) Deficiency obesity
   - □ Bardet-Biedl syndrome (BBS)
   - □ Other: _________________________

3. Has genetic testing confirmed that variants in any of the following genes are interpreted as pathogenic, likely pathogenic, or of uncertain significance: POMC, PCSK1, or LEPR?
   □ Yes □ No □ Not applicable

4. Is the medication being prescribed by or in consultation with an endocrinologist or expert in rare genetic disorders of obesity?
   □ Yes □ No

5. Does the member have documentation of creatinine clearance greater than or equal to 15 mL/min/1.73 m^2?
   □ Yes □ No

Member Name: _______________________________ Member ID: ________________ Member DOB: ________________

Drug Name: ______________________________ Strength: _______________ Directions: ____

Physician Name: ___________________________ Physician Phone #: __________________________ Specialty: ______________________

Physician Fax #: ______________________ Pharmacy Name: _____________________________Pharmacy Phone: ___________________

Horizon NJ Health

Setmelanotide (Imcivree®) – Medical Necessity Request

****Complete page 2 only for Subsequent/Renewal requests****

1. What is the member's current weight? ____lbs or ____kg
2. What is the member's current height? _____ feet/inches or ____cm