

Imcivree - Non-PDL

Phone: 215-991-4300
Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Member Name:		Prescriber Name:	
HPP Member Number:	Fax:	Phone:	
Date of Birth:	Office Contact:		
Member Primary Phone:	NPI:	PA PROMISe ID:	
Address:	Address:		
City, State ZIP:	City, State ZIP:		
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):		
Drug Name:	Strength:		
Quantity:	Refills:		
Directions:			
Diagnosis Code:	Diagnosis:		
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>			

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a renewal? If yes, go to 2. If no, go to 4.

☐ Yes

☐ No

Q2. Does the patient meet one of the following criteria (a, b, or c):

a. Patient has lost $\geq 5\%$ of baseline body weight since initiating Imcivree therapy

b. Patient meets both of the following (1 and 2)

i. Patient has continued growth potential

ii. Patient has lost $\geq 5\%$ of baseline BMI since initiating Imcivree therapy;

c. Patient is receiving clinical benefit based on the prescriber's assessment.

☐ Yes

☐ No

Q3. Is the medication well tolerated without major side effects?

☐ Yes

☐ No

Q4. Is the patient at least 6 years of age or older?

☐ Yes

☐ No

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Prescriber Name:

Q5. Does the patient meet ONE of the following:

- a. Have a clinical diagnosis of Bardet-Biedl syndrome (BBS)
- b. Have genetic testing that demonstrates homozygous or compound heterozygous mutations in one of the following genes: POMC, PCSK1, or LEPR and the genetic variant is interpreted as pathogenic, likely pathogenic, or of uncertain significance

☐ Yes☐ No**Q6. Does the patient meet one of the following criteria (a, b, or c):**

- a. Individual is ≥ 18 years of age: BMI ≥ 30 kg/m²
- b. Individual is 6 to 17 years of age and has POMC, PCSK1, or LEPR deficiencies: BMI ≥ 95 th percentile for age and sex
- c. Individual is 6 to 17 years of age and has BBS: BMI ≥ 97 th percentile for age and sex

☐ Yes☐ No**Q7. Does the patient have documentation of counseling regarding lifestyle changes and behavioral modification (e.g., healthy diet and increased physical activity)?**☐ Yes☐ No**Q8. Is Imcivree prescribed by or in consultation with an endocrinologist, a geneticist, or a physician who specializes in metabolic disorders?**☐ Yes☐ No**Q9. Additional Information:**_____
Prescriber Signature_____
Date

v2025