

Reference number
1872-A

SPECIALTY GUIDELINE MANAGEMENT

EGRIFTA (tesamorelin)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Egrifta is indicated for the reduction of excess abdominal fat in human immunodeficiency virus (HIV)-infected patients with lipodystrophy.

Limitations of Use:

- A. Long-term cardiovascular benefit and safety of Egrifta have not been studied.
- B. Egrifta is not indicated for weight loss management (weight neutral effect).
- C. There are no data to support improved compliance with anti-retroviral therapies in HIV-positive patients taking Egrifta.

All other indications are considered experimental/investigational and are not a covered benefit.

II. EXCLUSIONS

Coverage will not be provided for weight loss.

III. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with an infectious disease specialist.

IV. CRITERIA FOR INITIAL APPROVAL

Reduction of excess abdominal fat in human immunodeficiency virus (HIV)-infected patients with lipodystrophy

Authorization of 6 months may be granted to members who meet all of the following criteria:

- A. The member has HIV infection and lipodystrophy
- B. The member is currently receiving anti-retroviral therapy
- C. Egrifta is used to reduce excess abdominal fat

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V. CONTINUATION OF THERAPY

Reduction of excess abdominal fat in human immunodeficiency virus (HIV)-infected patients with lipodystrophy

Authorization of 6 months may be granted to members who meet ALL the following criteria:

- A. The member has HIV infection and lipodystrophy
- B. The member is currently receiving anti-retroviral therapy
- C. The member has demonstrated a clear clinical improvement from baseline that is supported by waist circumference measurement or CT scan

VI. REFERENCES

1. Egrifta [package insert]. Montreal, Québec: Theratechnologies, Inc.; July 2018.
2. Brown TT. Approach to the human immunodeficiency virus-infected patient with lipodystrophy. *J Clin Endocrinol Metab.* 2008;93(8):2937-2945.