

Tesamorelin (Egrifta)

Coverage Criteria:

Egrifta is reserved for patients meeting the following criteria:

1. Egrifta is prescribed by a specialist; AND,
2. Patient has a diagnosis of HIV lipodystrophy with abdominal fat accumulation. Chart notes must be submitted. Diagnosis includes evidence of significant lipodystrophy as defined by diagnostic criteria (waist circumference or waist to hip ratio); AND,
3. Information has been provided that the patient is currently taking and current stable on antiretroviral therapy (ART); AND,
4. Patient has normal (or appropriately managed with drug therapy) serum triglycerides, HDL cholesterol, blood pressure and fasting plasma glucose; AND,
5. The prescribing physician must certify that the patient:
 - a. Continues in an exercise regimen consisting of physical activity no less than 30 minutes three times weekly or has a medical condition that prevents physical activity; AND,
 - b. Is not a current tobacco user; AND,
6. For patients with diabetes with intact hepatic and renal function, trial and failure of treatment with metformin must be documented; AND,
7. Egrifta is being prescribed up to the FDA-approved dosing regimen.

Coverage Duration:

Approvals will be granted for a 6 months duration.

Renewal Criteria:

1. Patient has been seen within the past 6 months by the prescribing provider; AND,
2. Chart notes must be submitted showing the patient has had a reduction in visceral adipose tissue (VAT) over the past 6 months of treatment, as demonstrated by a reduction in waist circumference, OR reduction in waist to hip ratio; AND,
3. Patient continues to meet initial authorization criteria #4, #5, and #7.