

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	Egrifta (tesamorelin)
POLICY #	22118
INDICATIONS	Egrifta is indicated for the reduction of excess abdominal fat in HIV-infected patients with lipodystrophy.
CRITERIA	<p>ConnectiCare considers Egrifta to be medically necessary for patients who meet all of the following criteria:</p> <ul style="list-style-type: none"> • Patient has clinically diagnosed human immunodeficiency virus (HIV infection) • Patient has excess accumulation of abdominal fat due to HIV-associated lipodystrophy with the following gender-specific measures: <ol style="list-style-type: none"> 1. <u>For males:</u> <ol style="list-style-type: none"> a. Waist circumference greater than 37.4 inches (95 cm) AND b. Waist-to-hip ratio greater than 0.94. OR 2. <u>For females:</u> <ol style="list-style-type: none"> a. Waist circumference greater than 37 inches (94 cm) AND b. Waist-to-hip ratio greater than 0.88. • Patient must be or have been on a protease inhibitor and/or nucleoside reverse transcriptase inhibitor
LIMITATIONS	If the above criteria are met initial authorization will be granted for 6 months. Subsequent authorization will be granted with clinical documentation indicating a decrease in waist circumference.
REFERENCES	Egrifta full prescribing information. Rockland,MA: EMDSerono, Inc.
P&T REVIEW HISTORY	4/11, 12/11, 10/12, 10/13, 10/14, 11/15, 5/16, 5/17, 5/18, 5/19
REVISION RECORD	11/12

PHARMACY PRE-AUTHORIZATION CRITERIA

