Mass General Brigham
Health Plan

Egrifta SV (tesamorelin)
Effective 10/01/2021

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Egrifta is a growth hormone releasing factor FDA indicated for the reduction of excess abdominal fat in HIV-infected patients with lipodystrophy.

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with Egrifta excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:
1. The member is diagnosed with lipodystrophy associated with HIV
2. The member has been using antiretroviral therapy for at least two months within the last 90 days
3. Other potential causes of visceral adipose tissue (VAT) accumulation/central obesity have been ruled out
4. For male members: current waist circumference is > 102 cm
5. For female members: current waist circumference is > 88cm
6. The member has failed lifestyle modification with diet and exercise

<u>Continuation of Therapy</u>
Reauthorization may be granted for members when all the following criteria are met, and documentation is provided:
1. Clinical documentation is submitted supporting the member has had a decrease in waist size from baseline
2. Member is currently receiving antiretroviral therapy

Limitations:
1. Initial approval and reauthorizations may be granted for up to 6 months.
2. The following quantity limits will apply:

Egrifta 1mg vial	60 per 30 days
Egrifta SV 2mg vial	30 per 30 days

References

1. Egrifta SV (tesamorelin) [prescribing information]. Montreal, Quebec, Canada: Theratechnologies; October 2019
2. Lake JE, Stanley TL, Apovian CM, et al. Practical Review of Recognition and Management of Obesity and Lipohypertrophy in Human Immunodeficiency Virus Infection. Clin Infect Dis 2017; 64:1422

Review History

07/21/2021- Reviewed at July P&T, switched from CVS SGM to custom criteria; added waist circumference measurements for initial and reauth, administrative change of drug name to Egrifta SV due to discontinuation of original product. Effective 10/01/2021.