

**Egrifta (tesamorelin)**  
**Effective 10/01/2026**

|                              |                                                                                                      |                                            |                                                                                                                                                        |
|------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan</b>                  | <input type="checkbox"/> MassHealth UPPL<br><input checked="" type="checkbox"/> Commercial/Exchange  | <b>Program Type</b>                        | <input checked="" type="checkbox"/> Prior Authorization<br><input checked="" type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit     |                                            |                                                                                                                                                        |
| <b>Specialty Limitations</b> | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. |                                            |                                                                                                                                                        |
| <b>Contact Information</b>   | <b>Medical Benefit</b><br><b>Pharmacy Benefit</b>                                                    | Phone: 833-895-2611<br>Phone: 800-711-4555 | Fax: 888-656-6671<br>Fax: 844-403-1029                                                                                                                 |
| <b>Exceptions</b>            | N/A                                                                                                  |                                            |                                                                                                                                                        |

### Overview

Egrifta is a growth hormone releasing factor (GHRF) analog indicated for the reduction of excess abdominal fat in HIV-infected adult patients with lipodystrophy.

### Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

**OR**

Authorization may be granted when all of the following criteria are met:

1. Diagnosis of lipodystrophy associated with HIV
2. 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. Submission of medical records (e.g., chart notes) documenting **ONE** of the following:
  - a. For male members, current waist circumference is > 102 cm
  - b. For female members, current waist circumference is > 88 cm
5. Member has failed lifestyle modification with diet and exercise

### Continuation of Therapy

Reauthorization may be granted for members when all the following criteria are met:

1. Submission of medical records (e.g., chart notes) documenting that the member has had a decrease in waist size from baseline
2. Submission of medical records (e.g., chart notes) documenting that 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 apply

| Drug Name and Dosage    | Quantity Limit              |
|-------------------------|-----------------------------|
| Egrifta SV 2 mg vial    | 30 vials per 30 days        |
| Egrifta WR 11.6 mg vial | 1 box (4 vials) per 30 days |

## References

1. Egrifta SV (tesamorelin) [prescribing information]. Montreal, Quebec, Canada: Theratechnologies; February 2024
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
3. Glesby MJ. Epidemiology, clinical manifestations, and diagnosis of HIV-associated lipodystrophy. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2025 [cited 2026 Jan 6]. Available from: <https://www.uptodate.com/contents/epidemiology-clinical-manifestations-and-diagnosis-of-hiv-associated-lipodystrophy>.
4. Schambelan M, Benson CA, Carr A, Currier JS, Dube MP, Gerber JG, et al. Management of metabolic complications associated with antiretroviral therapy for HIV-1 infection: recommendations of an International AIDS Society-USA Panel. J Acquir Immune Defic Syndr. 2002 Nov 1;31(3):257-75.
5. Cofrancesco J, Freedland E, McComsey G. Treatment options for HIV-associated central fat accumulation. AIDS Patient Care STDS. 2009 Jan;23(1):5-18.
6. Lundgren JD, Battegay M, Behrens G, De Wit S, Guaraldi G, Katlama C, et al. European AIDS Clinical Society (EACS) guidelines on the prevention and management of metabolic diseases in HIV. HIV Med. 2008 Feb;9(2):72-81.

## 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.

07/15/2026 – Reviewed and updated for P&T. Updated formatting of the criteria for better flow and clarity. Updated references. Updated transition fill language. Removed Egrifta 1mg vial as this product is no longer available. Added Egrifta WR formulation to policy and generalized title header to reflect SV and WR formulations. Effective 10/01/2026

