CVS Caremark®

|  |
| --- |
| Reference number(s) |
| 1872-A |

# Specialty Guideline Management Egrifta

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Egrifta SV | tesamorelin acetate |
| Egrifta WR | tesamorelin acetate |

## 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 Indications1,2

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

#### Limitations of Use

* Long-term cardiovascular safety of Egrifta has not been established. Consider risk/benefit of continuation of treatment in patients who have not had a reduction in visceral adipose tissue.
* Egrifta is not indicated for weight loss management as it has a weight neutral effect.
* There are no data to support improved compliance with antiretroviral therapies in HIV-positive patients taking Egrifta.

All other indications are considered experimental/investigational and not medically necessary.

## Exclusions

Coverage will not be provided for weight loss.

## Prescriber Specialties

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

## Coverage Criteria

### Reduction of Excess Abdominal Fat in Human Immunodeficiency Virus (HIV)-Infected Patients with Lipodystrophy1,2

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

* Member has HIV infection and lipodystrophy.
* Member is currently receiving antiretroviral therapy.
* The requested medication will be used to reduce excess abdominal fat.

## Continuation of Therapy1-3

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for reduction of excess abdominal fat when all of the following criteria are met:

* Member has HIV infection and lipodystrophy.
* Member is currently receiving antiretroviral therapy.
* Member has demonstrated a clear clinical improvement from baseline that is supported by waist circumference measurement or computed tomography (CT) scan.

## References

1. Egrifta SV [package insert]. Montreal, Québec, Canada: Theratechnologies Inc.; February 2024.
2. Egrifta WR [package insert]. Montreal, Québec: Theratechnologies Inc.; March 2025.
3. Brown TT. Approach to the human immunodeficiency virus-infected patient with lipodystrophy. J Clin Endocrinol Metab. 2008;93(8):2937-2945.