

## tesamorelin (EGRIFTA SV)

### Diagnoses Considered for Coverage:

- Reduction of excess abdominal fat in HIV-infected patients with lipodystrophy

### Coverage Criteria:

**For the reduction of excess abdominal fat in HIV-infected patients with lipodystrophy:**

#### Initial Authorization

- Patient is at least 18 years of age, **and**
- Dose does not exceed FDA maximum (1.4 mg SQ per day), **and**
- Prescribed by or in consultation with an HIV specialist (e.g. endocrinologist, infectious disease specialist), **and**
- Not being used in combination with any growth hormone agent (somatropin) or IGF-1 (Increlex), **and**
- Waist Circumference and Waist-to-Hip Ratio meets requirements, based on gender, in following table:

	Waist Circumference	Waist to Hip Ratio
Men	> 37.4 inches (95 cm)	$\geq 0.94$
Women	> 37 inches (94 cm)	$\geq 0.88$

***Coverage Duration:*** 3 months

#### Reauthorization for continuation of therapy

- Patient has achieved/maintained improvement in waist circumference, **and**
- Patient is compliant with therapy, **and**
- Dose does not exceed 1.4 mg per day.

***Coverage Duration:*** 6 months

**Coverage Duration:** *see coverage criteria*

Effective Date: 8/2/2023