

**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:**

<b>Initial Authorization</b>		
<ul style="list-style-type: none"> <li>• Patient is at least 18 years of age, <b>and</b></li> <li>• Dose does not exceed FDA maximum (1.4 mg SQ per day), <b>and</b></li> <li>• Prescribed by or in consultation with an HIV specialist (e.g. endocrinologist, infectious disease specialist), <b>and</b></li> <li>• Not being used in combination with any growth hormone agent (somatropin) or IGF-1 (Increlex), <b>and</b></li> <li>• Waist Circumference <u>and</u> Waist-to-Hip Ratio meets requirements, based on gender, in following table:</li> </ul>		
	<b>Waist Circumference</b>	<b>Waist to Hip Ratio</b>
Men	> 37.4 inches (95 cm)	≥ 0.94
Women	> 37 inches (94 cm)	≥ 0.88
<b>Coverage Duration:</b> 3 months		
<b>Reauthorization for continuation of therapy</b>		
<ul style="list-style-type: none"> <li>• Patient has achieved/maintained improvement in waist circumference, <b>and</b></li> <li>• Patient is compliant with therapy, <b>and</b></li> <li>• Dose does not exceed 1.4 mg per day.</li> </ul>		
<b>Coverage Duration:</b> 6 months		

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

Effective Date: 8/2/2023