Tesamorelin (Egrifta SV®)

Place of Service

Self-Administration *(May be requested from the pharmacy benefit)*

HCPCS: J3490

NDC 62064-241-30

Condition(s) listed in policy (*see criteria for details*)

- HIV-associated lipodystrophy

AHFS therapeutic class: Growth Hormone Releasing Factor

Mechanism of action: Tesamorelin increases the release of both GH and IGF-1, thus producing both lipolytic and anabolic pharmacologic effects

(1) Special Instructions and Pertinent Information

If member has a Prescription Benefit, please refer cases to Pharmacy Services for prior authorization.

If covered under the Medical Benefit, please submit clinical information for prior authorization review via fax. **Please include medical rationale why medication cannot be home self-administered.**

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Egrita SV® (tesamorelin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

HIV-associated lipodystrophy

1. Patient is ≥18 years of age, **AND**
2. Prescribed by or in consultation with an HIV specialist (e.g., endocrinologist, infectious disease specialist), **AND**
3. Drug will not be used in combination with any form of growth hormone (somatropin) or IGF-1 (mecasermin), **AND**
4. One of the following:
    a. ***Through 10/29/2022***: CT scan results demonstrate excess visceral fat accumulation, or
    b. Meets the following waist circumference and waist-to-hip ratio, based on patient's gender:

	Waist Circumference	Waist to Hip
Men	≥ 37.4 inches (95 cm)	≥ 0.94
Women	≥ 37 inches (94 cm)	≥0.88

Covered Doses

Up to 1.4 mg SC every day

Coverage Period
Initial authorization: 3 months
Reauthorization: 6 months if patient has achieved and maintained improvement in waist circumference, and patient has been compliant with medication

ICD-10:
B20 plus E88.1

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Egrita® (tesamorelin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

5) Additional Information

How supplied:
2 mg single-dose vial (lyophilized powder with a diluent of 10 mL vial of Sterile Water for Injection)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com
- Egrifta SV® (tesamorelin) [Prescribing Information]. Montreal, Quebec, Canada: Theratechnologies Inc.; 10/2019.

(7) Policy Update

Date of last review: 3Q2022
Date of next review: 3Q2023
Changes from previous policy version:

- Section (2): HIV-associated lipodystrophy –
  - ***Effective 10/30/2022***, will remove qualifying criteria of CT scan that shows visceral fat accumulation
    Rationale: Provider can provide waist circumference measurement
  - Removed management of malignancy status, intact hypothalamic-pituitary-adrenal axis, and lifestyle modifications
    Rationale: Low potential for misuse