STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TESAMORELIN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TESAMORELIN ACETATE	EGRIFTA , EGRIFTA SV	37268		GPI-10 (3015008510)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of HIV with lipodystrophy and meets **ALL** the following criteria?
   - The patient is 18 years of age or older
   - The requested medication is being used for the reduction of excess abdominal fat
   - The patient is currently receiving treatment with a protease inhibitor (PI), PI combination (i.e., saquinavir, ritonavir, indinavir, nelfinavir, lopinavir/ritonavir, atazanavir, fosamprenavir, or tipranavir), a nucleoside reverse transcriptase inhibitor (NRTI), OR an NRTI combination (i.e., zidovudine, didanosine, stavudine, lamivudine, abacavir, tenofovir, emtricitabine, lamivudine/zidovudine, or abacavir/lamivudine/zidovudine, efavirenz/emtricitabine/tenofovir, emtricitabine/tenofovir)

   If yes, **approve for 3 months by HICL or GPI-10 with a quantity limit of #60 vials per month.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **TESAMORELIN (Egrifta, Egrifta SV)** requires the following rule(s) be met for approval:
   A. You have human immunodeficiency virus (HIV: a type of immune disorder) with lipodystrophy (abnormal distribution of fat in the body)
   B. You are 18 years of age or older
   C. The requested medication is being used for the reduction of excess abdominal fat
   D. You are currently receiving treatment with a protease inhibitor (PI: a type of drug), PI combination (saquinavir, ritonavir, indinavir, nelfinavir, lopinavir/ritonavir, atazanavir, fosamprenavir, or tipranavir), a nucleoside reverse transcriptase inhibitor (NRTI: a type of drug), OR an NRTI combination (zidovudine, didanosine, stavudine, lamivudine, abacavir, tenofovir, emtricitabine, lamivudine/zidovudine, or abacavir/lamivudine/zidovudine, efavirenz/emtricitabine/tenofovir, emtricitabine/tenofovir)

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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TESAMORELIN

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Egrifta.

REFERENCES

- Egrifta SV [Prescribing Information]. Montreal, Québec, Canada: Theratechnologies Inc.; July 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/22

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P&T Approval: 02/11