

Alaska Medicaid

Egrifita™ (Tesamorelin)

1mg vial for subcutaneous injection

INDICATIONS:

“EGRIFTA™ is a growth hormone releasing factor (GRF) analog indicated for the reduction of excess abdominal fat in HIV-infected patients with lipodystrophy.

Limitations of use:

- Long-term cardiovascular benefit and safety of EGRIFTA™ have not been studied.
- Not indicated for weight loss management (weight neutral effect).
- There are no data to support compliance with anti-retroviral therapies in HIV-positive patients taking EGRIFTA™.”¹

Criteria for Approval:

1. The patient is HIV-positive.

Length of Authorization:

Coverage may be approved for 3 months. Reauthorization may be approved pending documentation of clinical improvement of lipodystrophy.

Dispensing Limit:

The dispensing limit is a 30 day supply of medication.

References:

¹ Egrifita™ package insert is available at:

<http://www.egrifita.com/Pdfs/Prescribing_Information.pdf > Accessed 10/25/11

Egrifita criteria

Version 1

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