

## **Medical Policy Reference Manual**

### **Medical Policy**

#### **5.01.037 Tesamorelin (Egrifta™) Injection for Lipodystrophy**

Original MPC Approval: 09/17/2018

Last Review: 11/01/2020

Last Revision: 11/01/2020

#### **Description**

Lipodystrophy is a common problem among patients with human immunodeficiency virus (HIV) affecting 30-50% of that population. Lipodystrophy is actually two separate disorders: Fat loss known as lipoatrophy affects the arms and legs, the face, and the buttocks. Lipohypertrophy, fat buildup, occurs primarily in the abdominal viscera, but may also be present in the breasts of both men and women and the back of the neck and shoulders. At first it was thought that lipodystrophy was a side effect of the highly active antiretroviral therapy (HAART) especially the protease inhibitors. More recent research however suggests that lipodystrophy may be multifactorial in nature, with contributions from the antiretroviral medications, as well as risk factors such as age and patient lifestyle.

There is concern that visceral adipose tissue (VAT) hypertrophy accumulation leads to insulin resistance, hyperlipidemia, elevated blood pressure and coronary artery disease. HIV-related dyslipidemia can be difficult to treat, and can be complicated by interactions between lipid-lowering medications and antiretroviral medications.

Tesamorelin acetate is a synthetic form of growth hormone releasing factor that stimulates the release of endogenous growth hormone, which is known to be both anabolic and lipolytic. Tesamorelin for injection (Egrifta™, EMD Serono, Inc., Distributor) is given by subcutaneous injection into the skin of the abdominal area once daily. The recommended dose is 2 mg.

#### **Policy**

There is no policy statement for this policy.

#### **Policy Guidelines**

<https://provider.carefirst.com/providers/pharmacy/pharmacy-forms.page>

#### **Benefit Applications**

There are no Benefit Applications with this policy.

#### **Provider Guidelines**

Effective Jan. 1, 2017, providers are required to submit all drug prior authorizations electronically. Providers can request prior authorization electronically by doing the following:

If the provider is already registered for CareFirst Direct:

- o Log in at [www.carefirst.com/providerlogin](http://www.carefirst.com/providerlogin).
- o Click the Prior Auth/Notifications tab to begin your request.

If the provider is not yet registered for CareFirst Direct:

- o Go to [www.carefirst.com/provider](http://www.carefirst.com/provider).
- o Click Register Now.

## **References**

**The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own, and may or may not be in agreement with those of CareFirst.**

CVS Caremark. Egrifta®. (2017; 2019). Retrieved from <https://provider.carefirst.com/carefirst-resources/provider/pdf/drug/pharmacy-policies.pdf>

**This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.**