




Prior Authorization Review Panel MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.

Policies submitted without this form will not be considered for review.

Plan: Aetna Better Health	Submission Date: 8/1/2021
Policy Number:	Effective Date: 8/1/2021 Revision Date: 3/2021
Policy Name: Egrifta (Non-PDL)	
Type of Submission – Check all that apply: <input type="checkbox"/> Revised <input checked="" type="checkbox"/> New Policy (Non-PDL) <input type="checkbox"/> Annual Review – No Revisions	
*All revisions to the policy must be highlighted using track changes throughout the document.	
Please provide any clarifying information for the policy below: Policy was retired in 2020; however, re-introducing this policy as Non-PDL. Thank you.	
Name of Authorized Individual (Please type or print): Natalie Nkurunziza, Pharm.D.	Signature of Authorized Individual: 



AETNA BETTER HEALTH®

Non-Formulary Prior Authorization guideline for Egrifta (Non-PDL)

Authorization guidelines

Egrifta is approved when the following criteria are met:

- A. Diagnosis of HIV-associated lipodystrophy
- B. Member is at risk for medical complications due to excess abdominal fat
- C. Documentation of waist circumference greater than or equal to 95 cm for males, or greater than or equal to 94 cm for females at start of therapy
- D. Member is currently receiving anti-retroviral therapy
- E. Baseline evaluation within the past 3 months of the following:
 - 1. Hemoglobin A_{1c} (HbA_{1c})
 - 2. Insulin-like growth factor 1 (IGF-1)
- F. Attestation HbA_{1c} will be monitored every 3 to 4 months
- G. Member does not have active malignancy

Approval Duration

Initial Approval: 6 months

Renewal: 6 months

Criteria for renewal: Documentation of a positive clinical response:

- Hemoglobin A_{1c} (HbA_{1c}) within normal range (for the lab)
- Insulin-like growth factor 1 (IGF-1) within normal range (for the lab)
- Decrease in waist circumference

Medically Necessary — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.



- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Member, the Member's family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

References:

1. Egrifita® [package insert]. Theratechnologies, Inc., Montreal, Quebec, Canada; July, 2018.
https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/022505s011lbl.pdf. Accessed March 8, 2021.
2. Clinical Pharmacology. <http://www.clinicalpharmacology-ip.com/Default.aspx>. Accessed March 8, 2021.
3. Treatment of HIV-associated lipodystrophy. UpToDate. <https://www.uptodate.com>. Accessed March 8, 2021.
4. Stanley T, Falutz J, Marsolais C, et al. Reduction in visceral adiposity is associated with an improved metabolic profile in HIV-infected patients receiving tesamorelin. Clin Infect Dis. 2012 Jun;54(11):1642-51. Accessed March 8, 2021.
Clinical Review Report: Tesamorelin (Egrifita) [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2016 Aug.
<https://www.ncbi.nlm.nih.gov/books/NBK539131/> Accessed March 8, 2021.