

Alaska Medicaid

**Egrifta™ (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™.”<sup>1</sup>

**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:**

<sup>1</sup> Egrifta™ package insert is available at:

<[http://www.egrifta.com/Pdfs/Prescribing\\_Information.pdf](http://www.egrifta.com/Pdfs/Prescribing_Information.pdf) > Accessed 10/25/11