

## PHARMACY POLICY STATEMENT

### Indiana Medicaid

<b>DRUG NAME</b>	<b>Trogarzo (ibalizumab-uiyk)</b>
<b>BENEFIT TYPE</b>	Medical
<b>STATUS</b>	Prior Authorization Required

Trogarzo is a CD4-directed post-attachment HIV inhibitor initially approved by the FDA in 2018. It is approved, in combination with other antiretroviral(s), for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen. Trogarzo works by blocking HIV-1 from infecting CD4+ T cells by binding to domain 2 of CD4 and interfering with post-attachment steps required for the entry of HIV-1 virus particles into host cells and preventing the viral transmission that occurs via cell-cell fusion.

Trogarzo (ibalizumab-uiyk) will be considered for coverage when the following criteria are met:

#### Multidrug-Resistant HIV-1 Infection

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an infectious disease or HIV specialist; AND
3. Member must have documented resistance to at least one antiretroviral from the three drug classes or have failed at least 3 drug classes for HIV treatment due to intolerance or contraindication; AND
4. Member is failing current regimen as evidenced by HIV viral count > 200 copies/mL; AND
5. Member is NOT using Trogarzo as monotherapy. Provider must include documentation of entire anti-retroviral regimen.
6. **Dosage allowed/Quantity limit:** 2000mg IV for loading dose followed by 800mg IV infusion every 2 weeks for maintenance dose. Quantity Limit: Loading Dose – 10 vials per 30 days; Maintenance dose: 8 vials per 30 days.

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Trogarzo is not being used as monotherapy; AND
2. Chart notes have been provided that show the member has demonstrated improvement as evidenced by one of the following:
  - a) HIV viral load < 200 copies/mL; OR
  - b) Decrease in HIV RNA load from initial authorization.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers Trogarzo (ibalizumab-uiyk) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
<b>11/03/2020</b>	New policy for Trogarzo created.
<b>04/25/2022</b>	Transferred to new template. Updated references. Removed adherence attestation. Added infectious disease specialist
<b>02/21/2023</b>	Updated references. Removed adherence attestation from reauthorization criteria. Removed requirement of anti-retroviral agent availability.

References:

1. Department of Health and Human Services. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>. Accessed October 10, 2020.
2. Ewu B, Fessel J, Schrader S, et al. Phase 3 Study for Ibalizumab for Multidrug-Resistant HIV-1. N Engl J Med. 2018 Aug 16;379(7):645-654.
3. Trogarzo [package insert]. Montréal, Québec Canada; Theratechnologies. October 2022.

Effective date: 08/01/2023

Revised date: 02/21/2023