



**Nevada Office of HIV/AIDS
AIDS Drug Assistance Program (ADAP)
Egrifta Tesamorelin Patient Treatment Request**

Nevada ADAP Egrifta™ Guidelines and Submission Form

Patients on Nevada ADAP who are potential candidates for therapy with Egrifta™, Tesamorelin should meet the following criteria:

1. History of continuous suppressive HIV treatment for a period of greater than 1 year.
2. Be on current HIV suppressive regimen for at least 8 weeks and have an undetectable viral concentration in serum (most recent viral load). If the subject's most recent viral load is detectable, please submit a second viral concentration measurement. Tesamorelin should not be used in a patient who is unable to maintain viral suppression.
3. Waist hip ratio^a for men ≥ 0.94 for women waist hip ratio ≥ 0.88 .
4. Patient's 10-year risk for heart disease or stroke is calculated to be low risk (<10%) using AHA/ACC CVD risk calculator^b
5. No stavudine or didanosine in current regimen.
6. No history of diabetes requiring medications to control blood glucose.
7. No history of malignancy or active neoplasm.

The practitioner will submit the request to nvadap@health.nv.gov

The form will be reviewed by predetermined ADAP committee member(s) and approval or denial will be communicated to the practitioner within 7 working days.

If your subject is denied approval, reasons for denial will be supplied and the practitioner may appeal the decision. The appeal should be in writing and the reviewer may contact you to discuss patient specific issues outlined by the process.

a- Waist hip ratio-

To calculate the waist hip ratio measure the abdomen at or just above the belly button (waist measure). Measure your hip at the widest part (hip). Ratio is waist measure divided by hip measure (in either inches or centimeters). A calculator can be found at

<https://www.thecalculatorsite.com/health/whr-calculator.php>

b- AHA/ACC CVD risk calculator is available at [https:// www.cvriskcalculator.com](https://www.cvriskcalculator.com)

For Official Use Only: To be completed by NV ADAP Reviewer(s)

Approved: Yes No

Reviewed by:

Date:

Suggestions or comments of reviewers:



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Date:

Patient Name:
Patient ID Number:
Patient Age:
Patient Sex at Birth:
Requesting Provider Name:
Provider Contact Number:
Provider Fax Number:
Provider Email:

PATIENT'S HIV REGIMEN:

Patient's current HIV regimen:

Approximate start date of current regimen:

Patient has been on fully suppressive HIV therapy for:

- >6 months
- >12 months
- >18 months
- >24 months

Most recent serum viral concentration:

Date of measurement:

Previous serum concentration and date IF above was detectable:

Patient Waist hip ratio (should be > 0.94 for men or > 0.88 for women):

Patient AHA/ACC cardiovascular 10 year risk:

Yes No

Does patient has a history of diabetes requiring medication for control?

Yes No

Does patient have a history of malignancy or active neoplasm?

Yes No

Other information to assist reviewers (not required):