Wellmark Advantage Health Plan

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Effective Date: 1/1/2022

Trogarzo™ (ibalizumab-ulyk)

FDA approval: 3/6/2018
HCPCS: J1746
Benefit: Medical

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved age.
   b. Must be prescribed or in consultation with an infectious disease specialist or a physician who specialized in the treatment of HIV
   c. Used in combination with other anti-retroviral therapy for the treatment of human immunodeficiency virus type 1 (HIV-1)
   d. Patient is heavily treatment-experienced with multidrug resistant HIV-1 infection based on the following:
      i. Documented resistance (lab results may be requested) to at least one antiretroviral medication from each of the three following classes: nucleoside reverse transcriptase inhibitor (NRTI), non-nucleoside reverse transcriptase inhibitor (NNRTI) and protease inhibitor (PI)
      ii. Patients must have been treated for at least 6 months with antiretroviral therapies with recent treatment failure (within 8 weeks)
   e. Failing their current antiretroviral regimen
      i. Patient has a RNA viral load greater than 200 copies/mL
   f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in WMAHP utilization management medical drug list.

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing.
   b. Authorization Period: One year at a time.
   c. Renewal Criteria: Clinical documentation must be provided to confirm that goals of therapy have been met (example: decrease in viral load from baseline) AND patient continues to take an optimized background regimen (OBR) of anti-retroviral therapy throughout Trogarzo therapy.

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Therapeutic considerations:

A. **FDA approved indication /Diagnosis**

**Please refer to most recent prescribing information.*

B. **Background Information**

a. Trogarzo is indicated for use in combination with other ARTs 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. It is a humanized IgG4 monoclonal antibody that blocks the entry of HIV-1 through binding to CD4.

b. The indication, along with specific criteria on defining treatment resistance and failure, reflects the patient population that was included in the clinical trial that lead to its approval. Therefore, use outside of this specific patient population is not recommended as the safety and efficacy has not been established.

c. The evidence of efficacy for Trogarzo is based on one small, open-label, phase 3 trial in 40 patients. The primary outcome evaluated was the proportion of patients obtaining at least a 0.5 log10 reduction in HIV-1 RNA viral load compared to baseline. There was a statistically significant greater proportion of patients achieving at least a 0.5 log10 viral load reduction after seven days of treatment than at baseline (83% vs. 3%, respectively). A decrease of at least 0.5 log10 HIV-1 RNA viral load is considered clinically significant in MDR HIV-1 as this delays clinical progression.

d. More than 25 approved antiretroviral drugs in 7 classes are available to design combination antiretroviral treatment (ART) regimens. The 7 classes include: nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs), non-nucleoside reverse transcriptase inhibitors (NNRTIs), protease inhibitors (PIs), fusion inhibitors (FIs), chemokine receptor type 5 (CCR5) antagonists, integrase strand-transfer inhibitors (INSTIs) and Trogarzo™ (ibalizumab-uiyk injection), a CD4 directed monoclonal antibody indicated for patients with multi-drug resistant HIV-1. Treatment always consist of drugs from multiple categories. Viral failure can occur for many reasons including development of drug resistance, suboptimal adherence and drug intolerance/toxicity prompting a new antiretroviral regimen to be designed.

e. The U.S. Department of Health and Human Services guidelines states :
   i. Virologic failure is a viral load that is persistently greater than or equal to 200 copies/mL because this level of viremia often leads to drug resistance
   ii. A new regimen should include at least two and preferably three fully active agents. A fully active agent is one that is expected to have uncompromised activity based on the patient's ART history and current and past drug-resistant test results.
   iii. Designing a new regimen for patients who are experiencing treatment failure should always be guided by ART history and results from current and past resistance testing.
   iv. Patients with MDR HIV-1 who lack sufficient treatment options to construct a fully suppressive regimen may be candidates for Trogarzo. The guidelines have not been updated to include Rukobia, an oral option recently approved for a similar indication as Trogarzo. There is no confirmed evidence that one drug has better safety and efficacy over another.

C. **Efficacy**

**Please refer to most recent prescribing information.*

D. **Medication Safety Considerations**

**Please refer to most recent prescribing information.*

E. **Dosing and administration**

**Please refer to most recent prescribing information.*

F. **How supplied**

**Please refer to most recent prescribing information.*

References:

1. Emu B, Fessel J, Schrader S, et al. Phase 3 Study of Ibalizumab for Multidrug-Resistant HIV-1. N Engl J Med. 2018;379(7):645-654.
2. Trogarzo [package insert]. Forest City, CA. Gilead Sciences Inc.; 2018.
3. Norris D, Morales J, Godofsky E, Garcia F, Hardwicke R, Lewis ST. TNX-355, in combination with optimized background regimen (OBR), achieves statistically significant viral load reduction and CD4 cell count increase when compared with OBR alone in phase 2 study at 48 weeks. Presented at the XVI International AIDS Conference, Toronto, August 13–18, 2006. Abstract.
4. Khanlou H, Gathe J, Schrader S, Towner WJ, Weinheimer SP, Lewis ST. Safety, efficacy, and pharmacokinetics of ibalizumab in treatment-experienced HIV-1 infected patients: a phase 2b study. Presented at the 51st Interscience Conference on Antimicrobial Agents and Chemotherapy, Chicago, September 17–20, 2011. Abstract.
5. Emu B, Fessel WJ, Schrader S, et al. Forty-eight-Week Safety and Efficacy On-Treatment Analysis of Ibalizumab in Patients with Multi-Drug Resistant HIV-1. Open Forum Infectious Diseases. 2017;4(suppl_1). doi:10.1093/ofid/ofx162.093
6. Saag MS, Benson CA, Gandhi RT, et al. Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2018 Recommendations of the International Antiviral Society-USA Panel. JAMA. 2018;320(4):379-396.
7. What to Start Adult and Adolescent ARV. National Institutes of Health. https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/11/what-to-start. Published December 18, 2019. Accessed July 2, 2020.
8. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at http://www.aidsinfo.nih.gov/ContentFiles/ AdultandAdolescentGL.pdf. Accessed July 8, 2020.

Policy History		
#	Date	Change Description
1.0	Effective Date: 1/1/2022	Effective date of policy.

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*