Drug Coverage Policy

Effective Date.....6/1/2025
Coverage Policy Number IP0171
Policy Title.....Trogarzo

Human Immunodeficiency Virus – Trogarzo

- Trogarzo® (ibalizumab-uiyk intravenous infusion – Theratechnologies)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Trogarzo is a long-acting humanized immunoglobulin G4 monoclonal antibody indicated in combination with other antiretroviral(s) for the treatment of human immunodeficiency virus-1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen.1 Patients should receive a single intravenous loading dose of 2,000 mg followed by a maintenance dose of 800 mg once every 2 weeks. The loading dose and maintenance doses of Trogarzo can be administered as a diluted intravenous (IV) infusion or undiluted IV push.

Disease Overview

Multiclass or three-class drug resistant HIV-1 infection is usually defined as the presence of phenotypic or genotypic resistance to at least one drug in each of the following three classes: the

nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors classes.[2] Trogarzo blocks HIV-1 from infecting CD4+ T-cells by binding to domain 2 of CD4.1 This interferes with post-attachment steps required for the entry of HIV-1 virus particles into host cells and prevents the viral transmission that occurs via cell-cell fusion. The binding specificity to domain 2 of CD4 allows Trogarzo to block viral entry into host cells without causing immunosuppression. There is no antagonism with other antiretrovirals. In the pivotal trial for Trogarzo, all patients had documented resistance to at least one antiretroviral from the nucleoside reverse transcriptase inhibitor, non-nucleoside reverse transcriptase inhibitor, and protease inhibitor classes.

Guidelines
According to the Department of Health and Human Services Guidelines (September 12, 2024) for the use of antiviral agents in adults and adolescents with HIV infection, treatment-experienced patients with ongoing detectable viremia who lack sufficient treatment options to construct a fully suppressive regimen may be candidates for Trogarzo, Rukobia™ (fostemsavir extended-release tablets), or Sunlenca® (lenacapavir subcutaneous [SC] injection).[4] The goal of therapy is viral resuppression, if possible; otherwise, to keep the viral load as low as possible and CD4 T-cell count as high as possible. The CD4 T-cell count is used to assess a patient's immunologic response to treatment. CD4 T-cell count is recommended to be monitored at entry into care, when switching or modifying antiretrovirals (ARVs), and then every 3, 6, or 12 months depending on CD4 T-cell count and the duration of viral suppression. The CD4 T-cell count response to ARV therapy varies widely, but a poor CD4 T-cell response in a patient with viral suppression is rarely an indication for modifying a treatment regimen. For people with multidrug-resistant HIV-2, Trogarzo and Sunlenca may be considered based on in vitro data. Optimal treatment strategies for individuals with HIV-2 are not defined.

The International Antiviral Society-USA (December 2024) recommend Rukobia, Sunlenca, and Trogarzo, ideally in combination, to allow for two fully active drugs in individuals with virologic failure with extensive multiclass resistance (including to integrase strand transfer inhibitors [INSTIs]) [evidence rating: AIa]. Continued treatment with nucleoside reverse transcriptase inhibitors is recommended, since they retain partial activity even in the presence of extensive resistance mutations (evidence rating: AIIa).[4]

Consensus recommendations endorsed by the American Academy of HIV Medicine and the American College of Clinical Pharmacy provide guidance on the use of Rukobia, Sunlenca, and Trogarzo (2024).[5]

These agents should be considered in adults who are heavily treatment-experienced with multidrug-resistant -HIV-1 that are unable to achieve or maintain viral suppression on their current ARV regimen. Trogarzo is recommended to be added to an optimized background regimen with at least one fully active agent. Rukobia and Sunlenca should be added to an optimized background regimen that includes at least one active drug or, if an active drug cannot be included the optimized background regimen should include partially active agents (preferably several).

Coverage Policy

Policy Statement
Prior Authorization is recommended for prescription benefit coverage of Trogarzo. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Trogarzo as well as the monitoring required for adverse events and long-

term efficacy, approval requires Trogarzo to be prescribed by a physician who has consulted with or who specializes in the condition.

Trogarzo is considered medically necessary when the following is met

Human Immunodeficiency Virus (HIV)-1. Approve for the duration outlined below if the patient meets ONE of the following (A or B):

- **A)** Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, and v):
  - **i.** Patient is ≥ 18 years of age; AND
  - **ii.** According to the prescriber, the patient is failing a current antiretroviral regimen for HIV; AND
  - **iii.** Patient has multiple antiretroviral drug resistance as demonstrated by resistance to at least one antiretroviral from at least THREE of the following antiviral classes (a, b, c, d, e, f):
    - **a)** Nucleoside reverse transcriptase inhibitor;
      Note: Examples of nucleoside reverse transcriptase inhibitors include but are not limited to abacavir, didanosine, emtricitabine, lamivudine, stavudine, tenofovir disoproxil fumarate, tenofovir alafenamide, zidovudine.
    - **b)** Non-nucleoside reverse transcriptase inhibitor;
      Note: Examples of non-nucleoside reverse transcriptase inhibitors include but are not limited to delavirdine, efavirenz, etravirine, nevirapine, nevirapine XR, rilpivirine.
    - **c)** Protease inhibitor;
      Note: Examples of protease inhibitors include but are not limited to atazanavir, darunavir, fosamprenavir, indinavir, nelfinavir, ritonavir, saquinavir, tipranavir.
    - **d)** Fusion inhibitor;
      Note: An example of a fusion inhibitor includes but is not limited to Fuzeon (enfuviritide subcutaneous injection).
    - **e)** Integrase strand transfer inhibitor;
      Note: Examples of integrase strand transfer inhibitors include but are not limited to raltegravir, dolutegravir, elvitegravir.
    - **f)** CCR5-antagonist; AND
      Note: An example of a CCR5-antagonist includes but is not limited to Selzentry (maraviroc tablets).
  - **iv.** The medication will be taken in combination with an optimized antiviral background regimen including one or more other antiretroviral agents; AND
  - **v.** The medication is prescribed by or in consultation with a physician who specializes in the treatment of HIV infection.
- **B)** Patient is Currently Receiving Trogarzo. Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - **i.** The medication will continue to be taken in combination with an optimized antiviral background regimen including one or more other antiretroviral agents; AND
  - **ii.** Patient has responded to a Trogarzo-containing regimen, as determined by the prescriber.
    Note: Examples of a response are HIV RNA < 50 cells/mm^3, HIV-1 RNA ≥ 0.5 $\log_{10}$ reduction from baseline in viral load, improvement, or stabilization of CD4 T-cell count.

Dosing. Approve the following dosing regimens (A and B):

- **A.** Loading dose of 2,000 mg as an intravenous infusion or intravenous push, given one time; AND

Note: Approve an additional 2,000 mg loading dose if an 800-mg maintenance dose is missed by ≥ 3 days of the scheduled dosing day, with maintenance dosing (800 mg intravenously every 2 weeks) resumed thereafter.

B. Maintenance dose of 800 mg, as an intravenous infusion or intravenous push, given every 2 weeks

Trogarzo for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

Coding Information

Note:
1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J1746	Injection, ibalizumab-uiyk, 10 mg

References

1. Trogarzo® injection [prescribing information]. Montreal, Quebec, Canada: Theratechnologies; December 2023.
2. Imaz, A, Falco V, Ribera E, et al. Antiretroviral salvage therapy for multiclass drug-resistant HIV-1-infected patients: from clinical trials to daily clinical practice. *AIDS*. 2011; 13:180-193.
3. 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. Last Updated: September 23, 2024. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new. Accessed on February 27, 2025.
4. Ghandi RT, Landovitz RJ, Sax PE, et al. Antiretroviral drugs for treatment and prevention of HIV infection in adults: 2024 recommendations of the International Antiretroviral Society-USA Panel. *JAMA*. 2025;333(7):609-628.
5. Cluck DB, Chastain DB, Murray M, et al. Consensus recommendations for the use of novel antiretrovirals in persons with HIV who are heavily treatment-experienced and/or have multidrug-resistant HIV-1: Endorsed by the American Academy of HIV Medicine, American College of Clinical Pharmacology. *Pharmacotherapy.* 2024; 44:360-382.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Review	**Human Immunodeficiency Virus (HIV)-1 Infection.** **Updated** 'Documentation of multidrug-resistant HIV-1 infection' TO 'Patient has multiple antiretroviral drug resistance as demonstrated by	8/1/2024

	resistance to at least one antiretroviral from at least THREE of the following antiviral classes' **Added** age, specialist requirement **Added** 'patient is currently receiving Trogarzo' criteria **Condition Not Covered.** **Removed** 'Human Immunodeficiency Virus (HIV)-2'	
Selected Revision	**Human Immunodeficiency Virus-1 Infection.** Patient is Currently Receiving Trogarzo: The criterion that the patient has responded to a Trogarzo-containing regimen (e.g., HIV-1 RNA ≥ 0.5 log10 reduction from baseline in viral load), as determined by the prescriber was modified by removing the example of a treatment response to a note, and to add HIV RNA < 50 cells/mm3 and improvement or stabilization in CD4 T-cell count as examples of a treatment response.	9/15/2024
Annual Revision	No criteria changes.	6/1/2025

The policy effective date is in force until updated or retired.