UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Human Immunodeficiency Virus – Trogarzo Utilization Management Medical Policy
- Trogarzo® (ibalizumab-uiyk intravenous infusion – Theratechnologies)

REVIEW DATE: 03/05/2025

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).

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Trogarzo. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). 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, initial approval requires Trogarzo to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Trogarzo is recommended in those who meet the following:

FDA-Approved Indication

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1. **Human Immunodeficiency Virus (HIV)-1 Infection.** 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 one or more 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 (enfuvirtide 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; OR

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.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Trogarzo is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Human Immunodeficiency Virus (HIV)-1 Infection.** Examples of antiretroviral therapies tried were moved to notes.	03/29/2023
Selected Revision	**Human Immunodeficiency Virus (HIV)-1 Infection.** Dosing was updated to include loading dose by intravenous push.	12/20/2023
Annual Revision	**Conditions Not Recommended for Approval. Human Immunodeficiency Virus (HIV-2):** This condition not recommended for approval was removed.	03/27/2024
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/mm^3 and improvement or stabilization in CD4 T-cell count as examples of a treatment response.	07/17/2024
Annual Revision	No criteria changes.	03/05/2025