FLORIDA MEDICAID

Prior Authorization

Growth Hormone for HIV Wasting in Adults Serostim $^{\text{\tiny{\$}}}$



Initial approval period is for a total of ninety (90) days; 30 days for retreatment.

Note: Form must be completed in full. An incomplete form may be returned.

Recip	Recipient's Medicaid ID# Date of Birth (MM/DD/YYYY)																											
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4				date: _																								n)
5	5. Has the recipient received a nutritional assessment to assure adequate caloric intake (anorexia), to rule out malabsorption, and psychosocial factors that may influence food intake? Yes No																											
6	6. l	f the r	ecipie	nt has	inade	equat	e cal	oric i	ntake	e and	d and	rexia	a has	there	e bee	en a t	rial o	of an	appe	tite s	timul	ant?		Yes	s [] No		
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8	3. I	s the	recipie	nt hyp	ogon	adal?			Yes		No																	
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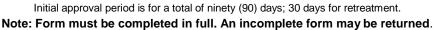
Fax Information to:



Fax: 855-825-2717 Phone: 1-800-617-5727

FLORIDA MEDICAID

PROTOCOL Serostim®





Serostim[®] Criteria:

- 1. The physician must first complete, sign, and date the Serostim PA form.
- 2. For initial therapy, or request for additional therapy, the physician must submit official medical records to support or answer all the questions addressed on the PA form, in addition to a six-month weight chronical indicating the most recent weights.
- 3. Recipient must 18 years of age or older.
- 4. Recipient must have a diagnosis of HIV associated wasting or cachexia.
- 5. Recipient must be on anti-retroviral therapy.
- 6. Recipient must have experienced at least a 7.5% unintentional weight loss within the last 6 months, 10% involuntary weight loss in last 12 months, or have a Body Mass Index (BMI) < 20 for initial approval.
- 7. Alternatively, recipient may have a Body Cell Mass (BCM) < 35% (male) or <23% (female) of total body weight and a Body Mass Index less than 27. Another qualifier would be a greater than or equal to 5% BCM loss over 6 months. (ATTACH A SERIES OF BIOELECTRIC IMPEDANCE ANALYSIS [BIA] **RESULTS IF APPLICABLE.)**
- 8. Treatment must also include nutritional assessment and counseling. Total parenteral nutrition is sometimes of benefit in patients with damaged gastrointestinal tracts. Appetite stimulants such as megesterol may promote weight gain; however, most gain with megestrol acetate is in fat rather than BCM.
- 9. Serostim is contraindicated in patient's with active neoplasia.
- 10. Testosterone replacement therapy (minimum of 4 weeks) in hypogonadal men may increase lean body mass and muscle strength.
- 11. Oxandrolone has been found to produce significant increases in weight gain and BCM.
- 12. Dosage must be adjusted according to recipient's weight.

Weight Range	Dose							
>55kg (121 lb)	6 mg SC daily							
45-55kg (99-121 lb)	5 mg SC daily							
35-45kg (75-99 lb)	4 mg SC daily							
<35 kg(<75 lb)	0.1 mg/kg SC daily							

- 13. Length of therapy is 12 weeks; however, if a positive response to therapy (a 2% or greater increase in body weight and/or BCM) occurs but wasting is still evident, treatment may be continued and response reevaluated on a month-by-month basis. THEREFORE, RETREATMENT WILL BE APPROVED FOR A MAXIMUM OF 30 DAYS AT A TIME.
- 14. Physician must submit a new PA form for additional therapy.