



FLORIDA MEDICAID

Prior Authorization

Growth Hormone for HIV Wasting in Adults

Serostim®



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.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

Official medical documentation must be provided to support the information indicated below, in addition to a copy of the original prescription and a six-month weight chronical indicating the most recent weights.

- 1. Diagnosis: ... 2. Is recipient currently on HAART Regimen ... 3. Weight 6 months prior/date ... 4. Current BMI/date ... 5. Has the recipient received a nutritional assessment ... 6. If the recipient has inadequate caloric intake ... 7. Has it been confirmed that there are no active neoplasia? ... 8. Is the recipient hypogonadal? ... 9. Has the recipient failed a minimum of a 4 week trial of an anabolic steroid ... 10. Is the Serostim dosing within the recommended guidelines ... 11. Previous Treatment Results if a request for retreatment?

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), and the most recent copies of related labs.

The provider must retain copies of all documentation for five years.

Call or Fax Information to: Florida Community Care Prior Authorization
Phone number for non-specialty Prior Authorization: 877-433-7643
Phone number for specialty Prior Authorization: 866-814-5506
Fax number for non-specialty Prior Authorization: 866-255-7569
Fax number for non-specialty Prior Authorization: 866-249-6155

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

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 megestrol 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.