



FLORIDA MEDICAID PRIOR AUTHORIZATION
Growth Hormone for HIV Wasting in Adults
Serostim®

Initial approval period is for a total of 90 days; 30 days for retreatment.
Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID# [grid]

Date of Birth (MM/DD/YYYY) [grid]

Recipient's Full Name [grid]

Prescriber's Full Name [grid]

Prescriber's NPI [grid]

Prescriber Phone Number [grid]

Prescriber Fax Number [grid]

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 chronicl indicating the most recent weights.

- 1. Diagnosis: [ ] Initiation of therapy [ ] Retreatment (if retreatment, complete #10 also)
2. Is recipient currently on HAART Regimen (if so, list):
1) [ ] 2) [ ] 3) [ ] 4) [ ]
3. Weight 6 months prior/date: [ ] lb(s)/[ ]; Weight 3 months prior/date: [ ] lb(s)/date
4. Current BMI/date: [ ]/[ ] Current weight/date: [ ] lb(s)/[ ] height: [ ](ft and in)
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. If the recipient has inadequate caloric intake and anorexia has there been a trial of an appetite stimulant? [ ] Yes [ ] No
If yes, indicate dosage and date:
Drug/directions [ ]; Dates: [ ] to [ ]
7. Has it been confirmed that there are no active neoplasia? [ ] Yes [ ] No
8. Is the recipient hypogonadal? [ ] Yes [ ] No
If yes, is or has testosterone replacement therapy being administered? [ ] Yes [ ] No
9. Has the recipient failed a minimum of a 4 week trial of an anabolic steroid (e.g., oxandrolone)? [ ] Yes [ ] No
Document dosage and dates of anabolic steroid use: Drug/directions [ ];
Dates: [ ] to [ ]
If no trial of anabolic steroids, provide rationale: [ ]
10. Is the Serostim dosing within the recommended guidelines for weight? [ ] Yes [ ] No
11. Previous Treatment Results if a request for retreatment?
Start date: [ ] Body Weight: [ ] lb(s) BMI: [ ]
End date: [ ] Body Weight: [ ] lb(s) BMI: [ ]

Prescriber's Signature: [ ] Date: [ ]

REQUIRED FOR REVIEW: All copies of medical records (e.g., 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.

Fax this form to 1-866-940-7328

Pharmacy PA Call Center:

1-855-258-1593

02.15.2024

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**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 chronological 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.