

#### 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.

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5	5.	Has to psycl															calo	ic int	ake	(anor	exia)	, to r	ule o	ut m	alabs	orpti	on, a	nd	
6	3.	If the	reci	pient	has	inade	quat	e cal	oric	intak	e an	d and	orexia	a has	ther	e be	en a t	rial o	f an	appe	tite s	timu	lant?		] Ye	s [	] No		
		If the recipient has inadequate caloric intake and anorexia has there been a trial of an appetite stimulant?																											
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7	7.	Has i	t bee	en co	nfirm	ed th	at th	ere a	are n	o act	ive n	eopl	asia?	•		Yes		Ю											
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Fax this form to 1-866-940-7328

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

Pharmacy PA Call Center: 1-800-310-6826

02.01.2025

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## United Healthcare Community Plan

# FLORIDA MEDICAID PROTOCOL 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.

### 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.