



MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to 1-833-546-1507

OR Mail request to: Pharmacy Services Prior Authorization Dept.

5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-866-399-0928 to request a 72-hour supply of medication.

Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

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 chronicl indicating the most recent weights.

- 1. Diagnosis: ... Initiation of therapy ... Retreatment ...
2. Is recipient currently on HAART Regimen ...
3. Weight 6 months prior/date ... Weight 3 months prior/date ...
4. Current BMI/date ... Current weight/date ... height ...
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 for weight?
11. Previous Treatment Results if a request for retreatment?

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.

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.



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Growth Hormone for HIV Wasting in Adults Serostim[®]

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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.