



Medicare Part D – 2016

Prior Authorization Group Description

SEROSTIM

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Reauthorization: Based on positive response to therapy which is defined as 2% increase in body weight and/or body cell mass. Once body cell mass is normalized, therapy may be stopped and the patient may be monitored for wasting to reoccur.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

6 months.

Other Criteria:

Concomitant antiretroviral therapy