

somatropin subcutaneous injection (SEROSTIM)

Diagnosis Considered for Coverage:

- AIDS wasting or cachexia

Coverage Criteria:

For diagnosis listed above:

Initial Authorization

- Patient weighs less than 90% Ideal Body Weight, OR has lost $\geq 10\%$ of Usual Body Weight, OR has a baseline BIA or total body DEXA showing body cell mass (BCM) below 40% in males and 35% in females, **and**
- Patient has tried aggressive nutritional therapy, **and**
- Dose does not exceed FDA weight-based label maximum.

Coverage Duration: 12 weeks

Reauthorization after initial 12 weeks

- Provider attestation that patient body weight or body cell mass (BCM) has increased compared to baseline, **and**
- Dose does not exceed FDA weight-based label maximum.

Coverage Duration: 12 months

Subsequent reauthorization for continuation of therapy

- Patient has maintained an increase in either body weight or body cell mass (BCM) compared to baseline, **and**
- Dose does not exceed FDA weight-based label maximum.

Coverage Duration: 12 months

Coverage Duration: see specific criteria

Effective Date: 11/29/2023