

DATE: _____ NEEDS BY DATE: _____ SHIP TO: PATIENT OFFICE OTHER _____

PATIENT INFO	
Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female

PRESCRIBER INFO		
Prescriber Name		
DEA#	NPI#	License#
Address		
City, State, Zip		
Phone	Fax	
Contact Person		

INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis:

- HIV with wasting or cachexia (concomitant antiviral therapy is necessary)
- Other _____

MEDICAL ASSESSMENT:

Lean body mass (by BIA) _____ kg Fat mass (by DXA) _____ kg

- Has patient been treated previously for this condition? Yes No Medication(s): _____
- Will patient stop taking the above medication(s) before starting the new medication? Yes No; if yes, what is the wash out period? _____
- Is patient currently on antiviral therapy? Yes No Medication(s): _____
- Other medications patient is currently taking including OTC medications with dosage and direction (or fax medication profile): _____

PRESCRIPTION INFORMATION

Serostim*

- 4mg/vial (with Sterile Water for Injection, USP**)
- 5mg/vial (with Sterile Water for Injection, USP**)
- 6mg/vial (with Sterile Water for Injection, USP**)
- 8.8 mg/vial (prefilled one click auto-injector pen)
- 6 mg/0.5 ml cartridge

Approximate daily dose based on patient's weight:

- | | | | |
|--|------------------------|---------------------|----------------|
| <input type="checkbox"/> Greater than 55 kg (greater than 121 lbs) : | 6 mg SQ daily | Qty: 28 days supply | Refills: _____ |
| <input type="checkbox"/> 45-55 kg (99-121 lbs): | 5 mg SQ daily | Qty: 28 days supply | Refills: _____ |
| <input type="checkbox"/> 35-45 kg (75-99 lbs): | 4 mg SQ daily | Qty: 28 days supply | Refills: _____ |
| <input type="checkbox"/> Less than 35 kg (less than 75 lbs): | 0.1 mg/kg_ mg SQ daily | Qty: 28 days supply | Refills: _____ |
| <input type="checkbox"/> Other _____ | | Qty: _____ | Refills: _____ |

(Note: Serostim "every other day" injection should be considered in patients at increased risk for adverse effect related to recombinant human GH)

*(**Note: Each vial of Serostim to be reconstituted with 0.5 to 1 ml of Sterile Water for Injection, USP as directed by physician)*

Other _____ Qty: _____ Refills: _____

*Note: There are no safety and efficacy data available from controlled studies on continuous treatment for more than 48 weeks or intermittent treatment

By signing this form, Cienega Pharmacy and its staff are authorized to serve as your prior authorization designated agent for medical and prescription insurance companies.

 Prescriber's Signature (no stamps) Date If Brand required check DAW

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