

Methods¹ (continued)

Selection Criteria and Study Design (continued)

HIV Population

Total Patients with HIV diagnosis between July 1, 2012 – Sept 30, 2018	N=196,297
INCLUSION: ≥2 outpatient claims (>30 days apart) or ≥1 inpatient claim for HIV	N=153,903
INCLUSION: Patients ≥18 years of age on the index date	N=152,256
EXCLUSION: Patients with any malignancies	N=146,966
INCLUSION: Patient continuously enrolled ≥6 months pre- and post-index	N=42,587

HIV-associated Wasting Cohort

Cohort: HIV-associated Wasting* <i>Patients in the HIV-associated Wasting cohort met at least one of A, B, C, or D criteria.</i>	HIV+ Study Population N=42,587 n (%)
A. ≥1 inpatient claim or ≥2 outpatient claim (with same diagnosis code on different service date or combination of any diagnosis below on different dates) with a diagnosis for weight loss	6,873 (16.1)
Nutritional marasmus, Other protein-calorie malnutrition, Anorexia nervosa, Abnormal loss of weight and underweight (unintentional weight loss), Feeding difficulties and mismanagement, Failure to thrive, Cachexia, Effects of hunger, Adult neglect (nutritional), Body Mass Index (BMI) <19, adult	
B. A claim for appetite stimulant or non-testosterone anabolic agent	1,644 (3.9)
Appetite stimulants (dronabinol, megestrol) and Anabolic agents (oxandrolone, nandrolone, oxymetholone, dehydroepiandrosterone [DHEA], 7-oxo-DHEA, androstenedione)	
C. Evidence of enteral or parenteral nutrition	776 (1.8)
Enteral infusion of nutritional substances, Enteral nutrition home therapy, Enteral feeding supplies, Enteral nutrition formula/additives, Enteral nutrition infusion pump, Total parenteral nutrition home therapy, Parenteral nutrition solution/additives, Parenteral nutrition supplies, Parenteral nutrition infusion pump, amino acid injections/solutions (Aminosyn, FreAmine, ProcalAmine, TRAVASOL)	
D. At least two of the following:	122 (0.3)
Presence of only one medical claim for weight loss or wasting in the primary or secondary position; Anorexia (≥1 inpatient claim or ≥ 2 outpatient claims at least 30 days apart); A claim for testosterone (and derivatives), growth hormone, thalidomide, or high-calorie nutritional supplements	
Total HIV-associated Wasting Cohort	7,804 (18.3)

*Patients might have met more than one criterion
Criteria requiring ≥2 outpatient diagnosis claims were required to be on separate service dates