

## SOUTH CAROLINA MEDICAID PROGRAM

### GROWTH HORMONE PRIOR AUTHORIZATION REQUEST – PEDIATRIC TREATMENT

<b>PRESCRIBER:</b>  <b>NAME:</b> _____ (FIRST)                  (LAST)  <b>Prescriber Specialty:</b> _____ <small>(Note: Requesting prescriber must be a nephrologist or pediatric endocrinologist)</small>  <b>PHONE #</b> (____) _____  <b>FAX #</b> (____) _____	<b>BENEFICIARY:</b>  <b>NAME:</b> _____ (FIRST)                  (LAST)  <b>MEDICAID #:</b> _____  <b>DATE OF BIRTH:</b> ___/___/___ <b>SEX:</b> <input type="checkbox"/> M <input type="checkbox"/> F  <b>REQUEST DATE:</b> ___/___/___  <b>PRESCRIBER'S OFFICE STAFF MEMBER COMPLETING FORM:</b> _____
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**PHARMACY:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

DRUG NAME	STRENGTH	DURATION

**If request is for a non-preferred agent, please include clinical criteria for this particular agent over one of the following: Genotropin®, Norditropin®, Saizen®**

**Dosage Schedule:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-9 CODE:** \_\_\_\_\_

**Birth Weight:** \_\_\_\_\_ **Gestational Age at Birth:** \_\_\_\_\_

**Last Recorded Height:** \_\_\_\_\_ **Date of Measurement:** \_\_\_\_\_

**Last Recorded Weight:** \_\_\_\_\_ **Date of Measurement:** \_\_\_\_\_

**Biological Mother's Height:** \_\_\_\_\_ **Biological Father's Height:** \_\_\_\_\_

**Therapy:**  Initiation  Continuation

**Bone Age Studies Results:** \_\_\_\_\_

**Epiphyses:**  Open  Closed

**Has Patient been evaluated by**  Endocrinologist  Pediatric Nephrologist

**Current Growth Velocity:** \_\_\_\_\_

**PLEASE ATTACH COPIES OF GROWTH CHARTS TO THIS REQUEST.**

**Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

<b>SUBMIT REQUESTS TO:</b>	<b>FIRST HEALTH SERVICES</b>	<b>FAX: (888) 603-7696</b>
<b>All Fax requests will be processed in one business day To check on the status you may call TELEPHONE: (866) 247-1181</b>		
<b>WEB REQUESTS: PA's may be requested on-line see the following website for details: <a href="http://southcarolina.fhsc.com/">http://southcarolina.fhsc.com/</a></b>		