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SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

South Carolina Medicaid Program

Prior Authorization Request Form

Hepatitis B

Request Date: ___ / ___ / _____

Form must be complete, correct, and legible or the PA process can be delayed.

I. BENEFICIARY INFORMATION

First Name | Last Name

Medicaid ID# | Date of Birth (MM/DD/YYYY) | Sex ☐ Male ☐ Female

II. PRESCRIBER'S INFORMATION

Prescriber's First Name | Prescriber's Last Name

National Provider ID # (NPI) | Prescriber's Specialty

Prescriber's Phone Number | Prescriber's Fax Number

Prescriber's Office Staff Member Completing This Form

Pharmacy | Phone

III. DRUG INFORMATION

Drug Name: _____ Dose: _____ Strength: _____ Duration: _____

Diagnosis: _____ ICD Code: _____

1. Has the patient had an HIV screen? ☐ Yes ☐ No
   1a. If YES, please document results: _____
2. Has the patient had a liver biopsy? ☐ Yes ☐ No
   2a. If YES, please document results: _____
3. Does the patient have compromised renal function? ☐ Yes ☐ No
   3a. If YES, please provide creatinine clearance rate: _____

** Please attach a copy of lab results noted above with this form for our records **

4. Does the patient have autoimmune hepatitis? ☐ Yes ☐ No
5. Is the patient (or patient's partner) pregnant? ☐ Yes ☐ No
6. Is there a history of kidney, lung, or heart transplant? ☐ Yes ☐ No
7. Does the patient have uncontrolled depression? ☐ Yes ☐ No
8. Does the patient have severe HTN, heart failure, or CAD? ☐ Yes ☐ No

South Carolina Medicaid has instituted a program to more closely monitor Hepatitis B patients in an attempt to improve medication compliance. To assist in the program, please provide the patient's phone number(s).

Phone Number #1: _____ Phone #2: _____

PRESCRIBER'S SIGNATURE: _____ DATE _____

Fax completed forms to Magellan Rx Management.
All fax requests will be processed in one business day.
To check the status of your request, please call or visit our website.
Revised: September 2015

Fax: 888-603-7696
Phone: 866-247-1181
Website: http://southcarolina.fhsc.com/

Magellan Rx MANAGEMENT℠