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SOUTH CAROLINA Healthy Connections MEDICAID

Prior Authorization Request Form: Medications

Form must be complete, correct, and legible or the PA process can be delayed.
Use one form per member, please.

I. PROVIDER INFORMATION

Prescriber Name	**NPI #**
Prescriber Specialty	**Phone**
Prescriber address	
Office Contact Name	**Fax**
Pharmacy Name	**Pharmacy Phone**

II. MEMBER INFORMATION

Member Name	**Today's Date**
Member Plan ID #	**Date of Birth**
Drug Allergies	
Plan Name and Fax #	

Use the drop down to select the appropriate health plan.

III. DRUG INFORMATION (one drug per request form)

Drug Name	**Drug Strength**	**Dosage Form**	**Dosage Interval**	**Quantity per Day**
Diagnosis Relevant to this Request				**ICD Code**
Expected Length of Therapy				**Number of Refills**

IV. DRUG HISTORY FOR THIS DIAGNOSIS

A. Is the prescription for a drug to be administered in the office or for the member to take home? ☐ **Office** ☐ **Home**

B. Is the member currently treated on this drug? ☐ **Yes; How long?:** (go to item C) ☐ **No** (skip items C and D; go to item E)

C. Is this request for continuation of a previous approval? ☐ **Yes** (go to item D) ☐ **No** (skip item D; go to item E)

D. Has strength, dosage, or quantity required per day increased or decreased? ☐ **Yes** (go to item D) ☐ **No** (skip item E; indicate rationale in Section V)

E. Please indicate previous treatments and outcomes with other medications below.

Drug name	Strength	Directions	Dates of Therapy	Reason for Failure/Discontinuation

V. RATIONALE FOR REQUEST AND PERTINENT CLINICAL INFORMATION (Attach additional sheets if more space is needed.)

Appropriate clinical information to support the request on the basis of medical necessity must be submitted.

Prescriber/Authorized Representative Signature **Date**

PLAN FAX NUMBERS

Absolute Total Care	**1-833-982-4001**	**Healthy Blue by Blue Choice of SC**	**1-844-512-9005**
First Choice by Select Health	**1-866-610-2775**	**Humana Healthy Horizons of SC**	**1-877-486-2621**
FFS Medicaid	**1-888-603-7696**	**Molina Healthcare of SC**	**1-855-571-3011**