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SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

South Carolina Medicaid Program

Prior Authorization Request Form

Human Growth Hormone – Adult Treatment

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:* _____ 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 Code: _____

Initiation of Therapy: ☐ Yes ☐ No Continuation of Therapy: ☐ Yes ☐ No

Provocation Stimulation Test and Findings _____

1. Is patient receiving full supplementation of deficient pituitary hormones? ☐ Yes ☐ No
   1a. If YES, please list: _____
2. Does the patient have reduced bone mineral density (BMD) using the WHO criteria? ☐ Yes ☐ No
   2a. If YES, please provide T-Score: _____
3. Does the patient have a high-risk lipid profile? ☐ Yes ☐ No
   3a. If YES, please provide total cholesterol or LDL level: _____
4. Does the patient have at least 2 pituitary hormone deficiencies other than Growth Hormone? ☐ Yes ☐ No
   4a. If YES, please list: _____
5. For renewal, is the patient showing improvement? ☐ Yes ☐ No
   5a. Increase in BMD per DEXA scan? ☐ Yes ☐ No
   5b. Reduction in lipid panel? ☐ Yes ☐ No
   Document percent reduction: _____

PRESCRIBER'S SIGNATURE: _____ DATE: _____

Fax completed forms to Prime Therapeutics Management LLC.
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/

Prime THERAPEUTICS™