SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

South Carolina Medicaid Program

Prior Authorization Request Form

Human Growth Hormone – Pediatric 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** (Note: Must be a Nephrologist or Pediatric Endocrinologist)

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 or Norditropin.

Dosage Schedule: _____

Diagnosis: _____ **ICD 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 (Confirmed in beneficiaries greater than 9 years of age): ☐ 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** _____

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: 02/17/2025

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

Prime THERAPEUTICS™