SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

South Carolina Medicaid Program

General Prior Authorization Request Form

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

Request Date: ___ / ___ / _____

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

Prior Authorization requested for the following: *(Please check appropriate PA type)*

☐ **Orlistat**
(Please include information regarding height, weight, diet plans, nutritional counseling, etc., with all orlistat requests)

☐ **Quantity Limits**

☐ **PDE5 Inhibitor for Pulmonary Arterial Hypertension**

☐ **Other:** ____________________

NOTE:

"Brand Medically Necessary" PA requests require a *South Carolina MedWatch form.*

"Growth Hormone" PA requests require a *Growth Hormone request form.*

Drug Name: ____________ **Dose:** ________ **Strength:** ________ **Duration:** ________

Diagnosis: ____________________ **ICD Code:** ____________

Diagnostic Procedures and Findings *(please list dates)*: ____________________

Medical Justification for Product Use: ____________________

PRESCRIBER'S SIGNATURE: ____________________ **DATE:** ____________

MAGELLAN RX MANAGEMENT USE ONLY:

☐ Approved ☐ Denied

Date: ____________ **Comments:** ____________________

MAP RPh/Tech: ____________

NDC: ____________

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.

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

Magellan Rx MANAGEMENT℠

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