Market Applicability/Effective Date															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	N/A	N/A	Х	N/A	Х	Χ	Х	Χ	Х	Х	N/A	N/A	Χ

\*FHK- Florida Healthy Kids

## **Intravaginal Progesterone**

CG-DRUG-19

Override(s)	Approval Duration						
Prior Authorization	1 100						
Quantity Limit	1 year						

<sup>\*</sup>Louisiana Medicaid – See State Specific Mandates

Medications	Quantity Limit						
Crinone							
Progesterone Suppositories	May be subject to quantity limit						
Progesterone Powder							

## APPROVAL CRITERIA

Requests for vaginal progesterone may be approved for individuals who meet the following criteria:

- Individual with a singleton pregnancy with a prior history of a preterm delivery before 37 weeks gestation OR short cervix (measuring by ultrasound to be less than 20 mm); AND
- II. Therapy is initiated between 16 and 24 weeks of gestation and continued until 36 weeks 6 days.

Requests for vaginal progesterone may **not** be approved when:

Progesterone therapy is used as a technique to prevent preterm labor in other pregnant women who do not meet the above criteria, or those with risk factors for preterm delivery in the current pregnancy, including, but not limited to: multiple gestations pregnancy, cervical cerclage, a uterine anomaly, positive tests for cervicovaginal fetal fibronectin, or preterm labor.

State Specific Mandates								
State name	Date effective	Mandate details (including specific bill if applicable)						
Louisiana		Provision of injectable or vaginal progesterone for every eligible pregnant woman with a history of pre-term labor or a short cervix found in the current pregnancy. The MCO shall not require prior authorization of progesterone for the prevention of premature birth unless written approval from the Medicaid Medical Director is obtained. The MCO will provide progesterone access to eligible members in a timely fashion.						

PAGE 1 of 2 01/15/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0021-18

Market Applicability/Effective Date															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	N/A	N/A	Х	N/A	Х	Χ	Х	Χ	Х	Х	N/A	N/A	Χ

\*FHK- Florida Healthy Kids

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