

Prior authorization update for 17 Alpha-hydroxyprogesterone caproate/Makena[®]

Effective December 10, 2018, prior authorization will not be required for the following medications:

- Hydroxyprogesterone 1.25 G/5 ML
- Hydroxyprogesterone capsule powder
- Hydroxyprogesterone 250 MG/1 ML (1 ML and 5 ML VIAL)
- Makena 250 MG/1 ML (1 ML and 5 ML VIAL)
- Makena 275 MG/1.1 ML autoinjection

This change applies to Amerigroup District of Columbia, Inc. members enrolled in the District of Columbia Healthy Families Program, Alliance and the Immigrant Children's Program.

Our *Preferred Drug List* is located on the provider website at <https://providers.amerigroup.com/DC> > Pharmacy. Additional information about resources and programs for pregnant mothers is also accessible on the provider website.

If you have additional questions or concerns, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730. Amerigroup appreciates your partnership in supporting healthy outcomes for mothers and babies.