Important information regarding
17-alpha-hydroxyprogesterone caproate (17P)/Makena

Prescription and administration
Should you wish to prescribe this medication for your patients after reviewing their obstetrical history and drug indications, please consider the following regarding delivery and administration:

- For office administration and/or home health administration of either injectable compounded 17P (J3490) or Makena® (J1725), prior authorization (PA) is required. Please contact Provider Services at 1-800-454-3730 to initiate a precertification request or fax the request using the Universal 17-P/Makena Authorization Form to 1-888-302-1028.
- For your convenience the form is accessible at https://providers.amerigroup.com/GA under Forms.

About 17P/Makena
For women who have had a prior preterm delivery, studies have shown weekly administration of 17P/Makena (beginning in the second trimester) reduces the chance of preterm delivery in subsequent pregnancies by as much as 33 percent. The rates of several complications of prematurity (e.g., necrotizing enterocolitis, intraventricular hemorrhage and the need for supplemental oxygen) were also decreased among the infants of women treated with 17P/Makena. As with any drug, certain risks may outweigh these benefits.

What if I need assistance?
If you have questions about this communication, wish to discontinue receiving these provider alerts or have received this fax in error, please contact Provider Services at 1-800-454-3730. You can also contact an Amerigroup Community Care OB/GYN case manager at 1-800-600-4441.
**Universal 17-P/Makena Authorization Form**

Fax the completed form or call Amerigroup Community Care with the requested information.
Phone: 1-800-454-3730 Fax: 1-888-302-1028

<table>
<thead>
<tr>
<th>Date of request for authorization</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/member name</td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td>Phone</td>
</tr>
<tr>
<td>Medicaid ID number</td>
<td>Amerigroup ID number</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City, State ZIP code</td>
<td></td>
</tr>
</tbody>
</table>

**Pregnancy information and history:**

- [ ] G [ ] T [ ] P [ ] A [ ] L
  - Note: A — abortion (spontaneous or medically induced) [ ] EDC

<table>
<thead>
<tr>
<th>Experiencing preterm labor:</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy type:</td>
<td>☐ Singleton pregnancy</td>
<td>☐ Multiple pregnancy</td>
</tr>
<tr>
<td>Patient currently has or plans to have cervical cerclage with this pregnancy</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Date when patient will be at 16 weeks gestation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major fetal or uterine anomaly</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Patient has a history of prior spontaneous singleton preterm birth at 16-36.6 weeks</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Delivery was due to preterm labor or PPROM even if it resulted in a C-section</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Delivery was due to medical indication such as pre-eclampsia, abruption, etc.</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Current or history of thrombosis or thromboembolic disorders</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Known or suspected breast cancer, other hormone-sensitive cancer or history of these conditions</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Undiagnosed, abnormal vaginal bleeding unrelated to pregnancy</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Cholestatic jaundice of pregnancy</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Liver tumors, benign or malignant, or active liver disease</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Uncontrolled hypertension</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Medication allergies (if none, enter N/A):</td>
<td></td>
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</tr>
</tbody>
</table>

| Other pertinent clinical information (if none, enter N/A): | |
| Does the patient meet FDA-approved indication? (Current pregnancy is singleton, and patient has a history of singleton spontaneous preterm birth less than 37 weeks of gestation.) | ☐ Yes | ☐ No |
| Current gestational age in week(s) and days | __ Week(s) ___ Days |
| Date gestational age recorded | |
| Is the patient currently receiving Makena? | ☐ Yes | ☐ No |
| Is the patient currently receiving compounded HPC (17-P)? | ☐ Yes | ☐ No |
Complete and sign Rx:

Prescriber’s name (Last, First)

Address

City, State ZIP code

Practice name

Phone

Fax

NPI

Office tax ID

Medicaid provider ID

Office contact(s)

Direct phone

After-hours phone

Email

ICD-10 code:

☐ O09.212 — Supervision of pregnancy with history of preterm labor, second trimester
☐ O09.213 — Supervision of pregnancy with history of preterm labor, third trimester
☐ O09.219 — Supervision of pregnancy with history of preterm labor, unspecified trimester

☐ Yes

☐ No

Preferred method of communication:

☐ Phone

☐ Fax

☐ Email

Rx:

☐ Hydroxyprogesterone caproate injection 250 mg/mL (J1725) (Makena)
☐ Compounded 17-P
☐ Dispense 4 x 1 mL single-dose, preservative-free vials (64011-247-02) X _______ refills
☐ Sig: Inject 1 mL IM each week
☐ 18-g needles and 3 mL syringe ________ # 21-g 1½
☐ Needle __________ #

Please ship to:

☐ Prescriber

☐ Patient

Preferred injection setting:

☐ Health care provider office
☐ Home health care agency (HHCA) if approved by insurance — prescriber must contact HHCA of choice

Write in HHCA name: ____________________________________________

Desired start date: ____________________  Desired end date: ____________________

I certify that this therapy is medically necessary and that this information is accurate to the best of my knowledge.

________________________________________________________________________

Prescriber’s signature     Date

☐ Dispense as written/do not substitute.
Change to Makena prior authorization request fax

Summary of change: Effective immediately, prior authorization (PA) requests for Makena are processed via a new fax number. This bulletin outlines the new process.

What action do I need to take?
1. Submit a PA request by phone to 1-800-454-3730 or via fax to 1-888-302-1028 using our Universal 17P/Makena PA Form.
2. The updated Universal 17P/Makena PA Form is accessible at https://providers.amerigroup.com/GA under the Forms link.
3. Once the PA is approved, Accredo Specialty Pharmacy will process the prescription order and ship to the appropriate address indicated on the form.
4. If home health is being requested, the prescriber must contact the home health agency of their choice.

What is the impact?
Prescribers need to use the updated Universal 17P/Makena PA Form and the updated fax number, 1-888-302-1028, in order to ensure prompt consideration and processing of Makena for our members.

Any PA request submitted incorrectly may result in delayed processing of your request.

What if I need assistance?
If you have questions about this communication, received it in error or need assistance with any other item, please contact your Provider Relations representative or Provider Services at 1-800-454-3730.