

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

Date of request for authorization			
Patient/member name			
DOB		Phone	
Medicaid ID number		Amerigroup ID number	
Address			
City, State ZIP code			

Pregnancy information and history:

<input type="checkbox"/> G <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> L Note: A — abortion (spontaneous or medically induced) <input type="checkbox"/> EDC		
Experiencing preterm labor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnancy type:	<input type="checkbox"/> Singleton pregnancy	<input type="checkbox"/> Multiple pregnancy
Patient currently has or plans to have cervical cerclage with this pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date when patient will be at 16 weeks gestation:		
Major fetal or uterine anomaly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patient has a history of prior spontaneous singleton preterm birth at 16-36.6 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delivery was due to preterm labor or PPRM even if it resulted in a C-section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delivery was due to medical indication such as pre-eclampsia, abruption, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current or history of thrombosis or thromboembolic disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Known or suspected breast cancer, other hormone-sensitive cancer or history of these conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Undiagnosed, abnormal vaginal bleeding unrelated to pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cholestatic jaundice of pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liver tumors, benign or malignant, or active liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uncontrolled hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication allergies (if none, enter N/A):		
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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current gestational age in week(s) and days	__ Week(s)	__ Days
Date gestational age recorded		
Is the patient currently receiving Makena?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient currently receiving compounded HPC (17-P)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete and sign Rx:

Prescriber's name (Last, First)

Address

City, State ZIP code

Practice name	Phone	Fax
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NPI	Office tax ID
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Medicaid provider ID

Office contact(s)	Direct phone
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After-hours phone	Email
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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.