

Makena Prior Authorization Form

Fax to: 1-844-490-4871

Phone: 1-800-454-3730

Please note: Makena can be filled at our preferred **Accredo Specialty Pharmacy** (NPI 1346208949). Once the authorization has been approved, please fax both the approval letter and Makena order form to Accredo at 1-888-824-2642 .

Questions? Contact the Accredo Specialty Pharmacy Makena Team at 1-866-880-2283 and select option 2 .

Section I — Member and prescriber information

Member name (last, first, middle initial):

Member identification number:

Member date of birth:

Prescriber name:

Prescriber NPI:

Prescriber address:

Prescriber phone:

Section II — medication requested

Drug Makena (hydroxyprogesterone caproate injection)

Strength 250mg/mL IM injection

275mg/1.1mL subcutaneous auto-injector

ICD code

Section III — clinical information

1. Is the patient pregnant? Yes No

2. Is this a single pregnancy (not twins or other multiple)? Yes No

3. Does the patient have preterm labor with the current pregnancy? Yes No

4. Does the patient have a history of preterm delivery before 37 weeks' gestation due to either of the following:

- Spontaneous preterm labor
- Premature rupture of membranes

Yes No

5. Will injections be used weekly between weeks 16 and 36 of gestation? Yes No

6. Does the patient have other risk factors for preterm delivery in the current pregnancy including, but not limited to the following:

- Multiple gestation pregnancy
- Cervical cerclage
- A uterine anomaly
- Positive tests for cervicovaginal fetal fibronectin
- Preterm labor

Yes No

Section IV — additional information

7. Indicate any additional information in the space provided below. Additional diagnostic and clinical information explaining the need for the product requested may be included here.

Section IV — authorized signature

I certify the information provided is accurate and complete to the best of my knowledge, and I understand any falsification, omission or concealment of material may be subject to civil or criminal liability.

Prescriber signature:

Date signed: