

## Instructions for requesting Makena

This guide is intended to assist providers in the process of requesting Makena® (hydroxyprogesterone caproate injection).

### Prescriptions and administration steps

After reviewing the member's obstetrical history and drug indications, follow these steps to request Makena.

#### 1. Prior authorization (PA)

- Makena requires PA. Fax the *Pharmacy Prior Authorization Form* to 1-844-509-9865 or call Provider Services at 1-800-454-3730.

#### 2. Documentation

- Include important clinical documentation with the *Pharmacy Prior Authorization Form*.
  - Does the member have a prior history of a preterm delivery (*not due to a medical indication*) before 37 weeks' gestation due to spontaneous preterm labor or premature rupture of membranes (even if it resulted in a C-section)?
  - Does the member have any of the following risk factors for preterm delivery: cervical cerclage, multiple gestations, uterine anomaly, positive test for fetal fibronectin or preterm labor within the current pregnancy?
- Medical necessity criteria can be found in *Clinical Utilization Management Guideline CG-Drug-19* on the [provider website](#).

#### 3. Prescription

- Once PA is approved, fax the prescription with the approval number to Accredo Specialty Pharmacy at 1-800-824-2642 or call 1-844-433-4876. Be prepared to supply the member's name, insurance information (from the member's insurance ID card), date of birth, address and phone number.
- Prior to dispensing the medication, Accredo will reach out to your patient to verify member information. Make your patient aware of this outreach in advance.

#### 4. Home health (if applicable)

- If home health services are required, a separate PA for this service is required. Contact Provider Services for home health authorization requests.
- Refer to the criteria listed in *Clinical Utilization Management Guideline CG-MED-23* located on the provider website