

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 IngenioRx Specialty Pharmacy at 1-833-263-2871 or call 1-833-262-1726. 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, IngenioRx Specialty Pharmacy 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 PA requests.
- Refer to the criteria listed in *Clinical Utilization Management Guideline CG-MED-23* located on the [provider website](#).