

# Provider Update

## Important Update Regarding Injectable 17P and Makena®

**Summary of change:** Effective August 25, 2014, all forms of both injectable 17P and Makena® require a prior authorization. The Department of Community Health has been ordered by the U.S. Court for the Northern District of Georgia (District Court) via permanent injunction to ensure that its care management organizations refrain from implementing a prior authorization policy that favored compounded hydroxyprogesterone caproate (CHC) over Makena.

### **Amerigroup Community Care answers your questions about this new prior authorization requirement:**

- Q. When will all forms of both injectable 17-alpha hydroxyprogesterone caproate (17P) and Makena require prior authorization?  
A. Prior authorization is required as of August 25, 2014.
- Q. What is the reason for this change in authorization?  
A. A court order received from the District Court regarding authorization procedures for both Makena and intramuscular injection of 17P.
- Q. Why is Amerigroup required to make this change in authorization?  
A. To remain in alignment with the state's policy about authorization procedures regarding these medications. Amerigroup is required to make the change in order to comply with the court order.
- Q. What will this mean to providers?  
A. Providers are now required to obtain prior authorization for reimbursement of all forms of injectable 17P, including Makena and the compounded version of the drug.
- Q. Is prior authorization required for progesterone vaginal suppositories?  
A. No. Prior authorization is not required for progesterone vaginal suppositories.
- Q. Does Amerigroup consider weekly injections of 17P medically necessary?  
A. Amerigroup considers weekly injections of 17P, between 16 and 36 weeks of gestation, medically necessary for pregnant women with a singleton pregnancy and a prior history of a preterm delivery before 37 weeks' gestation due to spontaneous preterm labor or premature rupture of membranes and the absence of preterm labor within the current pregnancy.

GAPEC-0679-14  
Issued August 2014  
by Amerigroup Community Care



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- Q. Where can providers go for more information about this clinical guideline?
- A. Please refer to the clinical guideline CG-DRUG-19 for specific authorization criteria and supporting references by visiting [providers.amerigroup.com/QuickTools/Pages/MedicalPolicies.aspx](http://providers.amerigroup.com/QuickTools/Pages/MedicalPolicies.aspx).
- Q. What billing codes do providers use to meet this requirement?
- A. This requirement covers billing codes:
- J-1725 injection, hydroxyprogesterone caproate (Makena)
  - J- 3490 unclassified drugs (Injectable compounded 17P)

If you have additional questions or need more information, contact Provider Services at 1-800-454-3730.



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