

Texas Vendor Drug Program

Makena Authorization Request (Fee for Service Medicaid)**About**

Makena® (hydroxyprogesterone caproate injection) is approved in women to reduce the risk of preterm birth in women with a history of spontaneous singleton preterm birth. Makena is a once a week treatment administered by a health care provider.

Approval Criteria

- Diagnosis of singleton pregnancy in a woman with a history of spontaneous singleton preterm birth
- Dosage of 250 mg intramuscularly or 275 mg subcutaneously once weekly
- Age 16 or older
- Starting treatment between 16 weeks, 0 days, and 20 weeks, 6 days of gestation. Continue until 36 weeks, 6 days of gestation or delivery, whichever occurs first.
- Maximum of 21 doses.
- Preferred Products
 - Request for products other than a preferred product may require additional justification. Please refer to the VDP Preferred Drug List at: txvendordrug.com/formulary/prior-authorization/preferred-drugs.

Denial Criteria

- Length of treatment greater than 21 weeks and 0 days
- Contraindications:
 - Current or history of thrombosis or thromboembolic disorders
 - known or suspected breast cancer, other hormone-sensitive cancer, or history of these conditions
 - Undiagnosed abnormal vaginal bleeding unrelated to pregnancy
 - Cholestatic jaundice of pregnancy
 - Liver tumors, benign or malignant, or active liver disease
 - Uncontrolled hypertension
 - Allergic reaction to any ingredients in Makena
 - Ingredients: hydroxyprogesterone, castor oil, benzyl benzoate and benzyl alcohol
- Unapproved Indications:
 - Amenorrhea
 - Endometrial carcinoma
 - Multifetal gestation
 - Short cervix without a history of a preterm birth
 - Testing for endogenous estrogen production

Approval prior to 16 weeks gestation

Makena requests may be submitted for approval just prior to 16 weeks, 0 days gestation to allow time for the prior authorization approval process and shipping from the pharmacy.

Submission

- By fax: 844-474-3341

Questions

Direct questions about this form to the Pharmacy Department at 833-731-2162.

provider.wellpoint.com/tx/

Medicaid services provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.

Section 1 – Patient Information

First Name:	Last Name:	MI:	Date of Birth	Medicaid ID:
Please indicate if patient is enrolled in: Fee-for-Service Managed Care				

Section 2 – Patient Condition

Current singleton pregnancy with a history of singleton spontaneous preterm birth less than 37 weeks of gestation? Yes No

Please select the applicable ICD-10 Code

O09.212 Supervision of pregnancy with a history of preterm labor, second trimester

O09.213 Supervision of pregnancy with a history of preterm labor, third trimester

O09.219 Supervision of pregnancy with history of preterm labor, unspecified trimester

Current Gestation: Weeks _____ Days _____ Date Recorded: _____

Is the patient currently receiving Makena or Hydroxyprogesterone Caproate? Yes No Start date: _____

Section 3 – Prescription Information

Please specify product selection: Makena 275 MG/1.1 ML Auto Injector Hydroxyprogesterone Caproate 250 MG/ML Vial

Quantity:	Days' Supply:
Directions:	
Expected Therapy Durations in Weeks:	

Section 4 – Pharmacy Information

Pharmacy Name:	Area Code and Phone No.
Address (Street, City, State and ZIP Code):	

Section 5 – Prescriber Information

Prescriber Name (Last, First):	Prescriber NPI:
Practice Name:	Texas License No.:
Address (Street, City, State and ZIP Code):	
Office Area Code and Phone No.:	Office Area Code and Fax No.:
Preparer Name (if other than prescriber):	Agency Name:

Area Code and Phone No.:	Area Code and Fax No.:
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Section 6 – Signature

By signing below, I, the prescriber, certify that the information provided above is verifiable and accurate to the best of my

Prescriber Signature

Date