PriorityHealth

Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)**
☒ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Hydroxyprogesterone caproate (non-Makena J1729)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product and Billing Information

☐ New Request ☐ Continuation Request

Drug product:

☐ Hydroxyprogesterone caproate 250 mg/mL (J1729)

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Current gestational age: _____ weeks, _____ days

Place of administration:

☐ Physician's office

☐ Outpatient infusion

Facility: _____ NPI: _____ Fax: _____

☐ Home infusion

Facility: _____ NPI: _____ Fax: _____

Billing:

☐ Physician to buy and bill

☐ Facility to buy and bill

☐ Specialty Pharmacy

Pharmacy: _____ NPI: _____ Fax: _____

ICD code(s): _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be used for a FDA-approved diagnosis or to reduce the risk of preterm birth
2. If using to reduce risk of preterm birth all of the following must be met:
   a. Must be a singleton pregnancy
   b. Woman must have a history of a prior spontaneous preterm birth of singleton pregnancy
   c. The first weekly injection of hydroxyprogesterone caproate must be started on or after 16 weeks gestation, but before 27 weeks gestation
   d. Hydroxyprogesterone caproate must be stopped at 36 weeks, 6 days gestation or delivery, whichever comes first

All fields must be complete and legible for review. Your office will receive a response via fax.

Updated 05/2019
Last reviewed 05/2019

Additional information

Priority Health supports the prescriber's discretion to use either hydroxyprogesterone caproate (non-Makena J1729) or compounded preservative-free 17-P based on the facts and circumstances of the individual patient. The compounded formulation will continue to be a covered alternative and does not require prior approval.

NOTE: Hydroxyprogesterone caproate (Makena J1726) is not covered.

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Advanced adenocarcinoma of the uterine corpus (Stage III or IV)
- ☐ Management of amenorrhea (primary and secondary)
- ☐ Abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology
- ☐ Test for endogenous estrogen production
- ☐ Production of secretory endometrium and desquamation
- ☐ Reduce risk of preterm birth
- ☐ Other – the patient's condition is: _____

B. Is the patient pregnant?

☐ Yes ☐ No

If hydroxyprogesterone is being requested to reduce risk of preterm birth, answer the following:

A. Will hydroxyprogesterone caproate be used for a singleton pregnancy?

☐ Yes ☐ No – explain why hydroxyprogesterone caproate is required: _____

_____

B. Does the patient have a history of a spontaneous preterm birth of singleton pregnancy?

☐ Yes ☐ No – explain why hydroxyprogesterone caproate is required: _____

_____

C. At what gestational age will (or was) the first hydroxyprogesterone caproate injection be given?

_____ weeks, _____ days

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Updated 05/2019
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