

## 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

## 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