

# Candidates for 17 alpha-hydroxyprogesterone caproate (17P)

To support your efforts in preventing preterm delivery in high-risk pregnant women, BlueCross BlueShield of Western New York (BlueCross BlueShield) is launching a program to ensure providers are aware of members who may benefit from administration of 17P. You will receive an alert listing members on your panel identified through our high-risk screening survey as potential candidates for 17P.

## Prescriptions and administration

If you wish to prescribe 17P for your patient, we offer the following guidance on how you may obtain 17P for delivery and administration:

- For office administration of 17P, prior authorization (PA) is required.
  - Refer to *Clinical Utilization Management Guideline CG-Drug-19* for PA criteria at [www.bcbswny.com/stateplans](http://www.bcbswny.com/stateplans).
  - Complete the attached Makena (*Hydroxyprogesterone Caproate Injection*) *Outpatient* prior authorization form and fax it to **1-800-454-3730** or call **1-844-487-9292**.
  - Once PA is obtained, fax the prescription and a copy of the member's ID card to Accredo Specialty Pharmacy at **1-800-824-2642** or call in the prescription to **1-800-870-6419**.
- For home health administration, a separate PA is required.
  - Refer to *Clinical Utilization Management Guideline CG-MED-23* for PA at [www.bcbswny.com/stateplans](http://www.bcbswny.com/stateplans).
  - Prior to requesting home health administration of 17P, verify that 17P has been approved.

## About 17P

Preterm birth (delivery before 37 weeks and zero/seven days of gestation) is a leading cause of infant morbidity and mortality in the United States. For women who have had a spontaneous preterm delivery, the risk for preterm delivery in subsequent pregnancies is 1.5 to 2 times higher. For pregnant women with a singleton pregnancy and a history of spontaneous preterm delivery, 17P can reduce the risk of preterm birth by approximately 30%.

The U.S. Food and Drug Administration approved hydroxyprogesterone caproate injections to reduce the risk of preterm delivery in pregnant women with a history of prior preterm birth. As with any drug, there are risks that may outweigh these benefits.

If you have questions,  
please contact Provider Services  
toll free at **1-866-231-0847**.

[www.bcbswny.com/stateplans](http://www.bcbswny.com/stateplans)



**BlueCross BlueShield  
of Western New York**



# Makena (hydroxyprogesterone caproate injection) Outpatient

## CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-493-9206

### 1. Patient information

### 2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Patient phone #: _____	Physician fax #: _____
	Physician specialty: _____
	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

### 3. Medication

### 4. Strength

### 5. Directions

### 6. Qty per 30 days

### 7. ICD code

Makena (hydroxyprogesterone caproate injection)	_____	_____	Specify: _____	_____
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### 8. Diagnosis: \_\_\_\_\_

**9. Approval criteria:** (Check all boxes that apply. NOTE: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

- Yes  No Is the patient pregnant?
- Yes  No Is the pregnancy singleton (not twins or other multiple)?
- Yes  No Does the patient have preterm labor with the current pregnancy?
- Yes  No Does the patient have a history of preterm delivery before 37 weeks gestation due to either of the following (please indicate):
  - Spontaneous preterm labor  Premature rupture of membranes
- Yes  No Will injections be used weekly between 16 and 36 weeks gestation?
- Yes  No Does the patient currently have a cervical cerclage?
- Yes  No Does the patient have a uterine anomaly?

### 10. Physician signature

_____	_____
Prescriber or authorized signature	Date

*Prior authorization of benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient. Note: Payment is subject to member eligibility. Authorization does not guarantee payment.*

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.