



A message for providers

New Baby, New Life™

When it comes to our pregnant members, we are committed to keeping both mom and baby healthy. That's why we encourage our moms-to-be to take part in our New Baby, New LifeSM program, a comprehensive case management and care coordination program that offers:

- Support on an individualized, one-on-one case management basis for women at the highest risk
- Care coordination for moms who may need a little extra support
- Educational materials and information on community resources
- Rewards for keeping up with prenatal and postpartum checkups and well-child visits after the baby is born

Here at BlueCross BlueShield of Western New York (BlueCross BlueShield), we partner with providers and moms to ensure all medical and resource needs are met, aiming for the best possible outcomes for both moms and babies.

How it works

Once we identify a pregnant member through notification from your office, state enrollment files, claims data, lab reports, etc., we enroll her in the program and perform a risk assessment to determine the level of case management support needed throughout the pregnancy. Some moms benefit from tips on eating the right foods, exercising or obtaining referrals to local agencies; others who have had prior preterm births or who have chronic health conditions, such as diabetes or high blood pressure, may need extra help.



**BlueCross BlueShield
of Western New York**

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Learning how to stay healthy

The program supports moms:

- **From the start.** We supply all our pregnant moms with information to promote the best outcomes by starting with the basics. We even offer rewards to moms who keep their prenatal and postpartum care visits; moms may receive up to 750 points (\$75 value) that they can redeem from the Healthy Rewards catalog. Please note that a member can receive no more than \$125 within one 12-month period.
- **Throughout pregnancy.** Members are enrolled into My Advocate™, a program that provides innovative health communications. My Advocate promotes regular doctor visits and general health education throughout the pregnancy and postpartum period with automated telephone outreach, text messaging or via the My Advocate smartphone application.
- We encourage our pregnant members to sign up for the Text4Baby™ program. Text4Baby is a service at no extra cost. Moms can receive text messages, in English or Spanish, with friendly reminders about health promotion activities and helpful tips about staying healthy and preparing for delivery. Members can visit text4baby.org to sign up or text "BABY" (for Spanish, BEBE) to 51411.
- **Postpartum.** The member receives information on self-care and care for the newborn after giving birth.

Prior preterm pregnancy program

Meeting our members' special needs

When we identify a member at risk for having a second premature infant, our case managers notify you and provide you with information on 17-alpha-hydroxyprogesterone caproate (17P) therapy. For more information on the benefits of 17P and how to obtain it, contact your Provider Relations representative.

Group support

We work directly with the Centering Healthcare Institute to promote and encourage providers to adopt the CenteringPregnancy® model of care. This model of care:

- Allows participants to experience their prenatal care visits in a group setting with other pregnant women of a similar gestational age
- Encourages women to educate, motivate and support each other as they experience similar changes to their bodies and their lifestyles in general

This model has resulted in positive outcomes, including increased birth weight.

We also partner with the Nurse-Family Partnership program, where available, to give extra care to our members having their first babies. A nurse visits the member throughout her pregnancy and until the baby is 2 years old, providing education, community assistance and support.

You and Your Baby in the NICU

The Neonatal Intensive Care Unit (NICU) can be a frightening place for parents, and we are here to help. You and Your Baby in the NICU is our program designed to help parents cope with the day-to-day stress, teach them about staying involved in the care of their babies, and help them prepare themselves and their homes for discharge.

Other resources

We are here to support you, our pregnant members and their little ones on the way. If you need assistance:

- Our case managers are here to help you. If a member in your care could benefit from case management, please call us at 1-866-231-0847.
- Members can call our 24/7 NurseLine at 1-866-231-0847.

We collaborate with community agencies and programs to connect members with local resources, including Women, Infants and Children, Social Services, public housing and child care agencies. Want more information about our obstetric case management program? Call your Provider Relations representative.

A division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association.



WNY COLLABORATIVE PRENATAL CARE RISK SCREENING and REFERRAL FORM

Member Last Name _____ Member First Name _____ Member ID #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: ____/____/____ Work/Cell phone: ____/____/____ DOB: ____/____/____
MM DD YYYY

PNC Provider Information

Last Name: _____ First Name: _____

Address: _____ Provider ID #: _____

Tax ID #: _____ Phone: ____/____/____ Provider FAX: ____/____/____

Pregnancy information:

Initial Visit Date ____/____/____ Gestational Age (weeks) _____ ☐ by LMP OR ☐ by Ultra sound
MM DD YYYY

Entry into PNC Gravida: ____ Para: ____ LMP ____/____/____ EDC ____/____/____
MM DD YYYY

Height _____ Weight _____ Pre-pregnancy BMI _____

Demographic information: Choose ALL that apply.

Race/ethnicity: ☐ Caucasian ☐ Black or African American ☐ Asian ☐ American Indian ☐ Other
Primary Language: ☐ English ☐ Spanish ☐ Other (specify) _____ Hispanic: ____ Yes / ____ No

Pregnancy Risk Factors: Check all risk factors that apply.

Prior Current	Prior Current	Prior Current	Prior Current
<input type="checkbox"/> <input type="checkbox"/> Abdominal surgery	<input type="checkbox"/> <input type="checkbox"/> Pre-term labor	<input type="checkbox"/> <input type="checkbox"/> Fetal abnormality	<input type="checkbox"/> <input type="checkbox"/> <16 yr or > 35
<input type="checkbox"/> <input type="checkbox"/> C-Section	<input type="checkbox"/> <input type="checkbox"/> Preterm birth <37 wks	<input type="checkbox"/> <input type="checkbox"/> Multiple gestation	<input type="checkbox"/> <input type="checkbox"/> Depression
<input type="checkbox"/> <input type="checkbox"/> Cervical incompetence	<input type="checkbox"/> <input type="checkbox"/> LBW <2500gms 5½lbs	<input type="checkbox"/> <input type="checkbox"/> HTN/Preeclampsia	<input type="checkbox"/> <input type="checkbox"/> Alcohol use
<input type="checkbox"/> <input type="checkbox"/> Placenta Abruptio	<input type="checkbox"/> <input type="checkbox"/> Bt wt >4500gms/10lbs	<input type="checkbox"/> <input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> <input type="checkbox"/> Drug use
<input type="checkbox"/> <input type="checkbox"/> Placenta Previa	<input type="checkbox"/> <input type="checkbox"/> Stillborn/fetal death	<input type="checkbox"/> <input type="checkbox"/> STDs _____	<input type="checkbox"/> <input type="checkbox"/> Tobacco use

Medical Risk Factor: Check all risk factors that apply.

Yes On Meds	Yes On Meds	Yes On Meds	Yes On Meds
<input type="checkbox"/> <input type="checkbox"/> Anemia	<input type="checkbox"/> <input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> <input type="checkbox"/> Hypertension	<input type="checkbox"/> <input type="checkbox"/> Eating disorder
<input type="checkbox"/> <input type="checkbox"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> DVT/Pulmonary Embolism	<input type="checkbox"/> <input type="checkbox"/> Kidney disease	<input type="checkbox"/> <input type="checkbox"/> Underweight
<input type="checkbox"/> <input type="checkbox"/> Auto-Immune disorder	<input type="checkbox"/> <input type="checkbox"/> Dental problem	<input type="checkbox"/> <input type="checkbox"/> Thyroid disorder	<input type="checkbox"/> <input type="checkbox"/> Overweight/Obese
<input type="checkbox"/> <input type="checkbox"/> Cardiac history	<input type="checkbox"/> <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> <input type="checkbox"/> Seizures	<input type="checkbox"/> <input type="checkbox"/> Lead Exposure

Psycho-Social Risk Factors: Check all risk factors that apply.

<input type="checkbox"/> Unmarried/NO partner	<input type="checkbox"/> Unemployed (patient)	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Unplanned pregnancy	Yes On Meds
<input type="checkbox"/> No family support	<input type="checkbox"/> Husband/partner unemployed	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Children in foster care	<input type="checkbox"/> <input type="checkbox"/> Psychiatric diagnosis
<input type="checkbox"/> Unstable housing	<input type="checkbox"/> Education<12 yrs	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Language barrier	
<input type="checkbox"/> Homeless	<input type="checkbox"/> Transportation problem	<input type="checkbox"/> Risk of self harm		
<input type="checkbox"/> No phone	<input type="checkbox"/> Mental disability	<input type="checkbox"/> Domestic violence		

Referrals Made: Check actions taken by the provider &/or those refused by the patient

Yes Refused	Yes Refused	Yes Refused	Yes Refused
<input type="checkbox"/> <input type="checkbox"/> Community Case Manager	<input type="checkbox"/> <input type="checkbox"/> High Risk OB	<input type="checkbox"/> <input type="checkbox"/> Asthma Educator	<input type="checkbox"/> <input type="checkbox"/> WIC
<input type="checkbox"/> <input type="checkbox"/> Health Plan Case Manager	<input type="checkbox"/> <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> <input type="checkbox"/> Diabetes Educator	<input type="checkbox"/> <input type="checkbox"/> Nutrition Counseling
<input type="checkbox"/> <input type="checkbox"/> Behavioral/ Mental Health	<input type="checkbox"/> <input type="checkbox"/> Tobacco Cessation Program	<input type="checkbox"/> <input type="checkbox"/> Home Visit Provider	<input type="checkbox"/> <input type="checkbox"/> Other
<input type="checkbox"/> <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> <input type="checkbox"/> Dental Care	<input type="checkbox"/> <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps)	

1) Does your patient want assistance with linkage or referral to services? ☐ YES _____

2) Do you want assistance with linkage or referral of your patient to services? ☐ YES _____

Name: _____ Date: _____ Practitioner Signature or office stamp:

Provider completing form

Current Pregnancy Risk: ☐ High ☐ At-Risk ☐ Low

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.
 - 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.
 - 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



**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.)

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

10. Physician signature

_____	_____
Prescriber or authorized signature	Date
<p><i>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.</i></p>	
<p>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.</p>	

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	NA	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Makena (hydroxyprogesterone caproate injection)

CG-DRUG-19

Override(s)	Approval Duration
Prior Authorization Quantity limit	6 months

Medications	Quantity Limit
Makena (hydroxyprogesterone caproate injection)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Makena (hydroxyprogesterone caproate injection) may be approved if the if the following criteria are met:

- I. Weekly injections of 17 alpha-hydroxyprogesterone caproate between 16 and 36 weeks of gestation **may be approved** in pregnant women who meet the following criteria:
 - A. A singleton pregnancy; **AND**
 - B. Absence of preterm labor within the current pregnancy; **AND**
 - C. A prior history of a preterm delivery before 37 weeks gestation due to either of the following:
 1. Spontaneous preterm labor; **OR**
 2. Premature rupture of membranes.

Requests for Makena (hydroxyprogesterone caproate injection) may **not** be approved for the following:

- I. Progesterone therapy as a technique to prevent preterm labor **may not be approved** in pregnant women who do not meet the above criteria, or those with other risk factors for preterm delivery in the current pregnancy, including, but not limited, to: multiple gestation pregnancy, cervical cerclage, a uterine anomaly, positive tests for cervicovaginal fetal fibronectin, or preterm labor.

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	NA	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

- II. Injections of 17 alpha-hydroxyprogesterone caproate in a home setting by or through a licensed home health agency **may not be approved**, except when criteria for home health services are met. (See CG-MED-23 - Home Health.)

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Louisiana		This policy does not apply. 6.13.1.2 Provision of injectable or vaginal progesterone for every eligible pregnant woman with a history of pre-term labor or a short cervix found in the current pregnancy. The MCO shall not require prior authorization of progesterone.

Key References:

1. Additional press release information about the FDA new approval of Makena. February 4, 2011. Available at: <http://www.prnewswire.com/news-releases/fda-approves-makena-the-first-and-only-treatment-to-reduce-the-risk-of-preterm-birth-in-women-with-a-singleton-pregnancy-who-have-a-history-of-singleton-spontaneous-preterm-birth-115271964.html>. Accessed on September 15, 2015.
2. United States Food and Drug Administration (FDA). Additional information about approval of Makena. February 4, 2011. Available at: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm242234.htm>. Accessed on September 24, 2015

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.