OPTIMA FAMILY CARE MEDALLION 4.0

PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: ***The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-844-723-2094. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.***

Drug Requested: **Makena™** (17-hydroxyprogesterone caproate -17-OHPC) **(J1726)** ***(Medical)***

DRUG INFORMATON: ***Complete information below. If incomplete, authorization process will be delayed.***

Drug Form/Strength/Quantity/Month: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

RECOMMENDED DOSING:

Administer IM at a dose of 250mg (1mL) once weekly. Begin treatment between 16 weeks 0 days and 20weeks 6 days of gestation. Continue administration once weekly until 37 (through 36 weeks 6 days) of gestation or delivery, whichever occurs first. **5mL multidose vial (250mg/mL) contains 1250mg hydroxyprogesterone caproate. 1 vial/month**

CLINICAL CRITERIA: ***All criteria below MUST be met to qualify. If incomplete, authorization process will be delayed.***

- ❑ Patient has a history of previous spontaneous birth at less than 37 weeks gestation and current pregnancy is a singleton pregnancy
- ❑ Calculate EDC/EDD: _____
- ❑ Current gestational age: _____ weeks: _____ days: _____

Medication being provided by (check applicable box below):

❑ **Physician's office** **OR** ❑ **Specialty Pharmacy: PropriumRx**

*****Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

REVISED/UPDATED: 7/1/2018