Delaware Medicaid and Medical Assistance
Request for Prior Authorization
Makena® (17-hydroxyprogesterone caproate)

Submit request via: Fax – 1-302-454-0224 or Website – WWW.DMAP.STATE.DE.US

The purpose of this record is for payment purposes. The patient's medical record must substantiate the information provided on this form and compare for consistency. Medicaid reserves the right to request chart records to confirm the information provided below.

Client name _____ DOB: _____

Medicaid ID number: _____ Diagnosis: _____

Practitioner name: _____ Provider NPI: _____

Office phone number: _____ Office fax number: _____

Pharmacy Name: _____ Pharmacy NPI: _____

Covered Conditions:

- To reduce the risk of preterm birth in women with a **singleton** pregnancy that have a history of singleton spontaneous preterm birth prior to 37 weeks gestation.
- Client must be 16 years or older

Dosing:

- Treatment may begin between 16 weeks 0 days and 20 weeks 6 days gestation with 250 mg I.M. weekly (every 7 days)
- Continue until 37 weeks gestation or until delivery
- For administration in an office setting only
- Dispensing to the performing provider only

1. Current estimated gestational age:		
2. Estimated delivery date:		
3. Previous singleton spontaneous preterm delivery (SPTD): Date_____ Gestational age weeks:_____days_____		
4. Does the client have high blood pressure or other signs of preeclampsia?	☐ Yes	☐ No
5. Does the client have a history of liver disease	☐ Yes	☐ No
6. Has the client been monitored for gestational diabetes?	☐ Yes	☐ No
7. Is client currently on an antidepressant medication?	☐ Yes	☐ No
If yes, how will they be monitored?		
8. Have the risk versus the benefits of the medication been explained to the client?	☐ Yes	☐ No
9. Additional Comments:		

Physician Signature (required): _____ Date: _____

This signature certifies that the information provided here is accurate and substantiated by the patient's medical records. The physician also certifies to tell DMMA of all relapses, breaks in treatment, inappropriate UDS, or patient discharges.

Revised 04/11/13

Submit