

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**MAKENA or compounded
HYDROXYPROGESTERONE CAPROATE (17-p)**

Patient name: _____ Medicaid ID #: _____
Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____
Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____
Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____
Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES TO 855-828-4992

CRITERIA:

- Prescribed for the prevention of preterm labor for patients with prior history of preterm delivery.
- Must be prescribed by OBGYN.
- Therapy initiated between weeks 16-23 of gestation.
- The patient must not be in active labor at the time of administration.
- If the compounded product is requested the pharmacy provider must be certified by Utah Medicaid as compliant with USP Chapter 797 standards for sterile preparation of the injection. Please contact Utah Medicaid for a current list of certified pharmacies.

AUTHORIZATION:

For duration of the pregnancy

RE-AUTHORIZATION:

Same as initial

10/03/2016

<https://medicaid.utah.gov/pharmacy/>