

## Mifeprex (mifepristone)

Member and Medication Information (required)		
Member ID:	Member Name:	
DOB:	Weight:	
Medication Name/ Strength:	Dose:	
Directions for use:		
Provider Information (required)		
Name:	NPI:	Specialty:
Contact Person:	Office Phone:	Office Fax:
<b>FAX FORM AND RELEVANT DOCUMENTATION INCLUDING: LABORATORY RESULTS, CHART NOTES and/or UPDATED LETTER OF MEDICAL NECESSITY TO 855-828-4992</b>		

### Criteria for Approval

All of the following criteria must be met:

- Pregnancy is less than or equal to 70 days gestation on date that treatment begins.  
Date of last menstrual period: \_\_\_\_\_  
Anticipated date of treatment initiation: \_\_\_\_\_  
Chart Note Page #: \_\_\_\_\_
- Pregnant woman is not using an IUD.
- Pregnancy is not outside the uterus (suspected or confirmed).
- Pregnant woman is not taking any drugs that may thin the blood.
- Pregnant woman is not on long-term corticosteroid therapy.
- Pregnant woman does not have any of the following: hemorrhagic disorders, inherited porphyria, adrenal insufficiency.
- Pregnant woman will take misoprostol as part of treatment.
- Pregnant woman has been counseled on what to do if adverse reactions occur.
- Follow-up is scheduled to confirm complete termination of pregnancy. Date of scheduled appointment: \_\_\_\_\_
- Provider is certified in the Mifeprex REMS Program.
- Pregnant woman has signed the Mifeprex REMS Patient Agreement Form and received the Medication Guide.
- Pregnant woman and attending physician have completed and signed the *Abortion Acknowledgement and Certification*.  
Form can be downloaded at <https://medicaid.utah.gov/Documents/pdfs/Forms/abortionacknowledge7-12.pdf>

AND At least one of the following criteria must be met:

- The abortion is necessary to save the pregnant woman's life. Chart Note Page #: \_\_\_\_\_
- The pregnancy is the result of rape or incest reported to law enforcement agencies, unless the woman was unable to report the crime for physical reasons or fear of retaliation. Chart Note Page #: \_\_\_\_\_

### NOTE:

- ❖ Any authorization for mifepristone is subject to internal committee, legal, and management review.

**Authorization:** One fill only

### PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Date