

Mifeprex (mifepristone)

Member and Medication Information	
* indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/ Strength:	
<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.	
*Directions for use:	
Provider Information	
* indicates required field	
*Requesting Provider Name:	*Requesting Prescriber NPI:
Address:	
*Contact Person:	*Office Phone:
*Office Fax:	*Office Email:
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at 855-828-4992 , to prevent processing delays.	

Criteria for Approval: (All of the following criteria must be met)

1. Is the pregnancy less than or equal to 70 days gestation on the date that treatment begins? Yes No
 Date of last menstrual period: _____ Anticipated date of treatment initiation: _____
2. Does the provider attest that the pregnant patient is not using an IUD? Yes No
3. Does the provider attest that the pregnancy is not outside the uterus (suspected or confirmed)? Yes No
4. Is the patient taking any drugs that may thin the blood? Yes No
5. Does the provider attest that the pregnant patient is not on long-term corticosteroid therapy? Yes No
6. Does the provider attest that the pregnant patient does not have hemorrhagic disorders, inherited porphyria, or adrenal insufficiency? Yes No
7. Will the pregnant patient take misoprostol as part of treatment? Yes No
8. Has the pregnant patient received counseling on what to do if adverse reactions occur? Yes No
9. Is a follow-up scheduled to confirm complete termination of pregnancy? Yes No
 Date of appointment: _____
10. Is the provider certified in the Mifeprex REMS Program Yes No
11. Has the pregnant patient signed the Mifeprex REMS Patient Agreement Form and received the Medication Guide? Yes No
12. Has the pregnant patient and attending physician completed and signed the *Abortion Acknowledgement and Certification* and submitted it with this form? Yes No
 Form can be found at <https://medicaid.utah.gov/Documents/pdfs/Forms/Abortionacknowledge7-12.pdf>
13. Does at least one of the following apply? Yes No
 - The abortion is necessary to save the pregnant patient's life
 - The pregnancy is the result of rape or incest that has been reported to law enforcement agencies, unless the patient was unable to report the crime for physical reasons or fear of retaliation

UTAH MEDICAID PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Initial Authorization: One fill only

Reauthorization: None

Note:

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

PROVIDER CERTIFICATION

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

Prescriber's Signature

Date