



FAX

To: OB/GYN Providers **From:** Molina Healthcare, UM Department

Pg: 4 pages including cover sheet

Date: June 2010

Re: Molina Healthcare 17P Information Reference



June 2010

Dear OB Provider:

In an effort to assist our obstetrical (OB) providers, Molina Healthcare of Michigan (Molina Healthcare) has developed a 17-alpha Hydroxyprogesterone (17P) Information Reference for you to use when prescribing 17P for qualifying Molina Healthcare Medicaid members.

The 17P Reference includes:

- Contact information for Molina Healthcare High Risk OB Case Managers.
- Phone numbers for Molina Healthcare departments.
- Medical Necessity Criteria for qualifying for the use of 17P.
- Step-by-step instructions on how to submit an authorization request for 17P. The Molina Healthcare Pharmacy Prior Authorization Form is included with this fax. You may copy and use this form for prior authorization requests for 17P. Follow the fax instructions on the form to submit requests to the Pharmacy Services Department. For 17P suppositories or injections obtained directly from a pharmacy, verify the prior authorization request is approved and the medication is available for pick-up before sending the member to the pharmacy. Please remind Molina Healthcare members to contact our Member Services Department at 1-888-898-7969 if they have any problems filling their medications.

The reference also contains the following information that can be included on member discharge instructions:

- Transportation provider information. Free rides are available to all covered medical services and can even be provided for trips home from the hospital with advanced notice.
- Behavioral health provider contact information.
- Nurse Advice Line contact information.

Thank you for your high risk OB services. Together we can help reduce preterm birth and coordinate high risk OB care for our members. If you have any questions or need additional assistance arranging services, please contact Molina Healthcare's Utilization Management Department at 1-888-898-7969, option 1, then option 4.

Sincerely,

Utilization Management Department
Molina Healthcare



17P and High Risk OB Information for Molina Healthcare Providers

****17P (17-alpha hydroxyprogesterone) is a covered benefit for Michigan Medicaid members.****

Molina Healthcare 24/7 Utilization Management Phone: 1-888-898-7969, Option 1, Option 4 for UM / Fax: 1-800-594-7404

Criteria for 17P	How to Order 17P Injectable Medication
<ul style="list-style-type: none"> Member has a documented history of a previous preterm birth due to spontaneous preterm labor or premature rupture of membranes prior to 37 weeks gestation. Member has documentation supporting a current singleton pregnancy and progesterone therapy is initiated between 16 to 27 weeks gestation and continued to 36 weeks gestation or delivery, whichever comes first. Asymptomatic members w/ a short cervix @ 20-25 wks gestation (≤ 15mm per transvaginal ultrasound) with 17P given between 24 and 34 wks gestation. <p style="text-align: center;"><u>Recommended dosages</u></p> <ul style="list-style-type: none"> - 17p intramuscular injections 250mg weekly, or - Vaginal progesterone suppositories 100mg daily (suppositories available at most pharmacies) 	<ol style="list-style-type: none"> Complete a Molina Healthcare Drug Prior Authorization Form (included with this form) Fax the form to Molina Healthcare @ 1-888-373-3059 Request is reviewed for authorization Drug Prior Auth Form will be faxed back to requesting provider with authorization status Requesting provider calls approved prescriptions in to the pharmacy. (MD offices may use any pharmacy that can electronically bill Molina Healthcare's Pharmacy Dept. Please verify billing ability before ordering medication.) <p>** Diplomat Pharmacy @ ph.# 1-810-732-8720 is set up to bill Molina Healthcare's Pharmacy Department directly and they will mail the medication out to the member or MD office anywhere in the state via UPS within 24 hrs after receiving the request.**</p>
<p style="text-align: center;"><u>Contraindications</u></p> <p>Multiple gestation, known fetal anomaly, heparin treatment in current pregnancy, HTN requiring meds, seizure disorder, endometrial hyperplasia, uterine anomalies, first episode of preterm labor in current pregnancy except for short cervix, use as a tocolytic agent after tocolysis, supplemental treatment to cervical cerclage, preventative agent for asymptomatic women w/ (+) cervicalvaginal fetal fibronectin screen result.</p> <p>*Please call Molina Healthcare's UM Department with any questions. All requests for 17P that do not meet criteria will be reviewed by the Medical Director for coverage consideration. The criteria is a guideline and is subject to change.*</p>	<p style="text-align: center;"><u>Administration of 17P Injections</u></p> <ul style="list-style-type: none"> Home bound members on strict bed rest can have medications mailed directly to their home from Diplomat Pharmacy. Our High Risk OB Case Managers will assist with setting up Home Health nursing visits for medication administration, teaching and/or monitoring. Members not on bed rest should receive injections in their provider's office. Transportation can be provided to/from the office.
<p>Molina Healthcare High Risk OB Case Management</p>	<p style="text-align: center;"><u>Molina Healthcare Pharmacy</u> Phone: 1-888-669-4322, option 1, option 5 / Fax: 1-888-373-3059</p>
<p>Please refer all high risk members to Molina Healthcare's High Risk OB case managers @ 1-866-449-6828: Members with last name A-M: ext. 155730 Members with last name N-Z: ext. 155338 Or Complete and fax the Case Management Referral Form found at: www.molinahealthcare.com to 1-800-594-7404</p>	<p style="text-align: center;"><u>Transportation</u></p> <p>Free rides are provided to all covered medical appointments with 4 days advanced notice. To schedule a ride call 1-888-898-7969, Option 2, Option 3 *Non-Emergent ambulance transport requires prior authorization</p>
<p>Molina Healthcare Member Services: Phone: 1-888-898-7969 Molina Healthcare Nurse Advice Line: 1-888-275-8750 / Spanish: 1-866-648-3537</p>	<p style="text-align: center;"><u>Behavioral Health</u></p> <p>Molina Healthcare covers <i>outpatient</i> Behavioral Health Services. Contact CompCare @ 1-800-435-5348. Members may call directly. Inpatient psychiatric services and substance abuse services are covered through Community Mental Health. Contact CMH in your county for assistance.</p>



Drug Prior Authorization Form

Phone: (888) 669-4322

Fax: (888) 373-3059

Please make copies for future use.

Date of Request:		
**Pt. Name (Last):	** (First):	**Pt's DOB:
**Pt. ID (Medicaid or MiChild ID):	Name of Person Completing form:	
Provider's Name	Provider's Specialty:	
Phone #: (Area Code) (Number)	Fax #: (Area Code) (Number)	

(*Information is required for review of request. Please print clearly.*)

- Patient being discharged from Hospital
- Reauthorization Request

Requests for certain medications will require additional information be provided. To expedite the authorization process, please include the following information when requesting these types of medication:

- Caremark Specialty Injectables/Non-Formulary Medications: Progress notes
- Cholesterol lowering (ie. Crestor, Vytorin, Zetia, Lovaza): Lipid Panel drawn within the last 90 days
- Diabetes (ie. Actos, Januvia): A1c Report drawn within the last 90 days
- Proton Pump Inhibitor (BID dosing only): Endoscopy Report
- Pain Management: Medication Log, Progress Notes

- Drug Requested: (Name, strength, dose, sig, quantity) **MAX 1 DRUG PER FORM**

- Estimated length of need:

- Diagnosis/medical indications for RX:

- Previous medications prescribed and outcome:

Prior Authorization form and Formulary booklet may be found at www.MolinaHealthcare.com

Revised 03/09_ddg