

Member Name: _____ Member ID#: _____ DOB: _____
Date of First Prenatal Visit: _____ Member Telephone #: _____

This section is to be completed by Office Staff Only

Fax this form to Molina Healthcare toll free at (866) 472-4578

Normal Pregnancy? Yes ☐ No ☐ High Risk Pregnancy? Yes ☐ No ☐

EDC Date: _____ CPT-4: _____ ICD-10: _____

Practitioner Ordered 17P? Yes ☐ No ☐

Preservative Free? Yes ☐ No ☐

(If yes, complete the order form below and include current clinic notes with this request)

Clinical Information (check all that apply and send the corresponding clinical documentation)

- | | |
|--|---|
| <input type="checkbox"/> Age 16 years or older | <input type="checkbox"/> Absence of contraindications or conditions for exclusion |
| <input type="checkbox"/> Current singleton pregnancy | <input type="checkbox"/> Current ultrasound |
| <input type="checkbox"/> History of a previous singleton spontaneous preterm birth before 37 weeks of gestation. | |

When you request 17P directly from us, we will order it and have it sent directly to your office from our compounding pharmacy, Vasco Rx. **If another source of 17P is utilized, please inform us.**

Vasco Phone #: (602) 971-6950, Option 5

Vasco Fax #: (602) 404-2504

Molina Healthcare Contact: (800) 377-9594 ext. 186336

17P Prescription Order

Allergy Information: _____

Number of Injections: # 17 Alpha-Hydroxprogesterone Caproate Inj 5 or 10ml vials 250mg/mL

**Compounded in sesame oil directions: _____

Practitioner Signature: _____ Contact Person: _____

Practitioner Telephone: (_____) _____ Fax: (_____) _____

Practitioner Address: _____

NPI (required): _____ Tax ID#: _____

Please Note: Molina Healthcare of New Mexico, Inc. enhances this program by *offering a \$500 incentive* to your office whenever you administer a complete course of 17-P for members deemed to be at risk for preterm delivery, as determined by a practitioner.

Incentive Completion Form

All Fields are REQUIRED for incentive processing

1st date of injection: _____ Last date of injection: _____

Weeks of gestation at 1st injection: _____ Weeks of gestation at last injection: _____

Please RE-FAX this form with the incentive section completed to (855) 275-3083

Eligibility for incentive: 1) Member has completed all injections ordered, 2) Member has completed at least 98% of injections ordered, 3) Member has completed required injections through pregnancy, or 4) fetal demise.

Incentive ineligibility: Non-compliant members.

17P Total Number of Injection SeriesAll Fields are **REQUIRED** for incentive processing

This section is to be completed by **Office Staff Only**
Please write injection dates in the lines below- m/d/year

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

Please RE-FAX this form with the incentive section completed to (855) 275-3083