



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas Makena (hydroxyprogesterone caproate) (Medicaid)

This fax machine is located in a secure location as required by HIPAA Regulations. Complete / Review information, sign, and date. Fax signed forms to Molina Pharmacy Prior Authorization Department at **1-888-487-9251**. Please contact Molina Pharmacy Prior Authorization Department at **1-855-322-4080** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Makena (Medicaid).

| Drug Name (select from list of drugs shown / provide drug information) | |
|------------------------------------------------------------------------|----------------------------------|
| MAKENA 1250 MG/5 ML VIAL | MAKENA 250 MG/ML VIAL |
| MAKENA 275 MG/1.1 ML AUTO-INJ | HYDROXYPROGESTERONE 1250 MG/5 ML |
| HYDROXYPROGESTERONE 250 MG/ML VIAL | OTHER: _____ |

| Patient Information | |
|---------------------|--|
| Patient Name: | |
| Patient ID: | |
| Patient DOB: | |

| Prescribing Physician | |
|-----------------------|--|
| Physician Name: | |
| Physician Phone: | |
| Physician Fax: | |
| Physician Address: | |
| City, State, Zip: | |

| | |
|--------------------------------|-----------|
| Diagnosis: | ICD Code: |
| Directions for administration: | |

*****Please include all relevant clinical notes, lab work, medication history and any other applicable documentation.**

Please circle the appropriate answer for each question.

1. Is the requested drug required per court order? (court order required) Y N
If the answer to this question is yes, approved for 180 days.
If the answer to this question is no, go to question 2.
2. Is the patient greater than or equal to 16 years of age? Y N
If the answer to this question is yes, go to question 3.
If the answer to this question is no, denied.
3. Does the patient have a diagnosis of singleton pregnancy? Y N
If the answer to this question is yes, go to question 4.
If the answer to this question is no, denied.
4. Does the patient have a history of spontaneous singleton preterm birth? Y N

(Note: ICD-10 codes for spontaneous singleton preterm birth can be found in Table 3)

If the answer to this question is yes, go to question 5.

If the answer to this question is no, denied.

5. Is the patient between 16w0d and 26w6d gestation? Y N
If the answer to this question is yes, go to question 6.
If the answer to this question is no, denied.
6. Does the patient have a history of any of the following: thromboembolic disorders, known or suspected breast cancer, abnormal vaginal bleeding unrelated to pregnancy, cholestatic jaundice of pregnancy, liver tumors or active liver disease and/or uncontrolled hypertension? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 7.
7. Is the patient using less than or equal to 250mg intramuscularly (IM) weekly or 275mg subcutaneously subcutaneously (SQ) weekly? Y N
If the answer to this question is yes, go to question 8.
If the answer to this question is no, denied.
8. Is the request for a non-preferred agent? Y N
If the answer to this question is yes, go to question 9.
If the answer to this question is no, approved for 180 days.
9. Has the patient failed a 10-day treatment trial with at least 1 preferred agent(s) within the past 180 days? Y N
If the answer to this question is yes, approved for 180 days.
If the answer to this question is no, go to question 10.
10. Is there a documented allergy or contraindication to preferred agents in this class? Y N
If the answer to this question is yes, approved 180 days.
If the answer to this question is no, go to question 11.
11. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions? Y N
If the answer to this question is yes, approved 180 days.
If the answer to this question is no, denied.

Table 3:

| Diagnosis of spontaneous singleton preterm birth | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| ICD-10 Code | Description |
| O09212 | Supervision of pregnancy with history of pre-term labor second trimester |
| O09213 | Supervision of pregnancy with history of pre-term labor third trimester |
| O09219 | Supervision of pregnancy with history of pre-term labor unspecified trimester |

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (or Authorized) Signature

Date