

**State of Oklahoma  
Oklahoma Health Care Authority  
Prior Authorization Form: Makena® (17-hydroxyprogesterone caproate)**

Member Name:	SoonerCare ID #:	Date of Birth:
Pharmacy NPI:	Pharmacy Phone:	Pharmacy Fax:
Pharmacy Name:	Pharmacist Name:	
Prescriber NPI #:	Prescriber Name:	
Specialty:	Prescriber Phone:	Prescriber Fax:

**Medication Requested:**

Drug Name: \_\_\_\_\_ Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_ Refills: \_\_\_\_\_  
 NDC #: \_\_\_\_\_ Start Date: \_\_\_\_\_ Fill Quantity: \_\_\_\_\_ Day Supply: \_\_\_\_\_

**Criteria**

1. Documented history of previous singleton spontaneous preterm delivery (SPTD) prior to 37 weeks gestation; and
2. Current singleton pregnancy; and
3. Gestational age between 16 weeks, 0 days and 20 weeks, 6 days gestation.
4. Authorizations will be for once a week administration by a healthcare professional through 36 weeks, 6 days gestation.

**Clinical Information**

1. Date and gestational age of previous singleton spontaneous preterm delivery (SPTD):  
\_\_\_\_\_
2. Current singleton pregnancy: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Ultrasound: \_\_\_\_\_
3. Gestational age of current pregnancy: \_\_\_\_\_ Date: \_\_\_\_\_
4. Estimated delivery date: \_\_\_\_\_

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.

Prescriber/Pharmacist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(By signature, the physician confirms the criteria information above is accurate and verifiable in patient records.)

<http://www.okhca.org>

<p><b>Please Provide the Information Requested and Return to:</b>          UNIVERSITY OF OKLAHOMA COLLEGE OF PHARMACY          PHARMACY MANAGEMENT CONSULTANTS          PRODUCT BASED PRIOR AUTHORIZATION UNIT</p> <p>Fax OKC Metro: 405-271-4014 Toll Free: 1-800-224-4014          Phone OKC Metro: 405-522-6205 Opt 4 Toll Free 1-800-522-0114 Opt 4</p>	<p align="center"><b>CONFIDENTIALITY NOTICE</b></p> <p><i>This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.</i></p>
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