



**MAKENA (Hydroxyprogesterone caproate)  
PRIOR AUTHORIZATION FORM**

Please complete and *fax all requested information below including any progress notes, laboratory test results, or chart documentation as applicable* to Gateway Health<sup>SM</sup> Pharmacy Services.

FAX: (888) 245-2049

If needed, you may call to speak to a Pharmacy Services Representative.

PHONE: (800) 528-6738 Monday through Friday 8:30am to 4:30pm

**PROVIDER INFORMATION**

Requesting Physician:	NPI:
Physician Specialty:	Office Contact:
Office Address:	Office Phone:
	Office Fax:

**MEMBER INFORMATION**

Patient Name:	
Gateway ID:	DOB:

**DRUG INFORMATION**

Check desired formulation below:

Makena 1250mg/5mL Injection

Hydroxyprogesterone caproate 250mg/mL Injection (Pharmacy Compounded)

Other (specify): \_\_\_\_\_

Frequency: \_\_\_\_\_

Duration: \_\_\_\_\_

**MEDICAL HISTORY**

Is the current pregnancy singleton (i.e., one fetus)?  Yes  No

Current Gestational Age \_\_\_\_\_

Is Makena being prescribed for the prevention of preterm singleton birth?  Yes  No

Does the patient have a history of spontaneous preterm birth (delivery prior to 37 weeks gestation)?  Yes  No

Does the patient have any of the following risk factors for preterm birth? (check all that apply)

- Multiple gestations
- Interval of less than six months between pregnancies
- Conception through in vitro fertilization
- Problems with the uterus, cervix, or placenta
- Smoking cigarettes, drinking alcohol, or using illicit drugs

**Contraindications:** Does the patient have current or history of thrombosis or thromboembolic disorders, known or suspected breast cancer, undiagnosed abnormal vaginal bleeding unrelated to pregnancy, cholestatic jaundice or pregnancy, liver tumors, or uncontrolled hypertension?  
 Yes  No

Anticipated Start Date: \_\_\_\_\_

**SUPPORTING INFORMATION or CLINICAL RATIONALE**


Prescribing Physician Signature	Date
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