



Makena (hydroxyprogesterone caproate injection) HMSA - Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Patient's Phone Number: _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Additional Demographic Information:

Patient Weight: _____ kg
Patient Height: _____ ft _____ inches

Criteria Questions:

- Indicate where the drug is being dispensed:**
 Office Outpatient Hospital Ambulatory Surgical Inpatient Hospital
 Off Campus Outpatient Hospital Urgent Care Emergency Room Birthing Center
 Military Facility Skilled Nursing Facility Nursing Facility Hospice
 Inpatient Psychiatric Psychiatric Residential Treatment End Stage Renal Facility
 Psychiatric Facility Pharmacy Other
- Indicate where the drug is being administered:**
 Ambulatory surgical Home Inpatient Hospital
 Office Outpatient Hospital Pharmacy
- What is the ICD-10 code? _____
- Is Makena prescribed to reduce the risk of preterm birth? Yes No
- Is this a singleton pregnancy (patient is currently pregnant with only one baby)? Yes No
- Has the patient had a previous spontaneous preterm birth, defined as delivery at less than 37 weeks gestation following preterm labor, preterm rupture of membranes or cervical insufficiency? Yes No

Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Makena (hydroxyprogesterone caproate injection) HMSA – 11/2022.

CVS Caremark Specialty Programs • 2969 Mapunapuna Place • Honolulu, HI 96819

Phone: 1-808-254-4414 • Fax: 1-866-237-5512 • www.caremark.com

7. Was the previous preterm birth also a singleton pregnancy (patient was only pregnant with one baby)?
 Yes No
8. Indicate any contraindication(s) to the use of Makena the patient has:
 Current or history of thrombosis or thromboembolic disorders
 Known or suspected breast cancer, other hormone-sensitive cancer, or a history of these conditions
 Undiagnosed abnormal vaginal bleeding unrelated to pregnancy
 Cholestatic jaundice of pregnancy
 Liver tumors, benign or malignant, or active liver disease
 Uncontrolled hypertension
 Patient does not have any contraindications to the use of Makena
9. Will Makena be initiated between 16 weeks, 0 days and 24 weeks, 6 days gestation? Yes No
10. Document the current gestational age:
 a. Gestational age: _____ weeks, _____ days

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Makena (hydroxyprogesterone caproate injection) HMSA – 11/2022.

CVS Caremark Specialty Programs • 2969 Mapunapuna Place • Honolulu, HI 96819

Phone: 1-808-254-4414 • Fax: 1-866-237-5512 • www.caremark.com