

Makena® (hydroxyprogesterone caproate injection)

Prior Authorization Criteria

Makena® is FDA approved to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth. Makena® is not intended for use in women with multiple gestations or other risk factors for preterm birth.¹

Makena® (hydroxyprogesterone caproate injection) requires prior authorization and must be billed by the dispensing pharmacy. HFS does not allow Makena® to be billed by non-pharmacy providers.

Approval Criteria

1. Patient has a history of singleton spontaneous preterm birth and is currently pregnant with a singleton.
2. Patient is not beyond 20 weeks, 6 days of gestation. Patient should begin treatment between 16 weeks, 0 days and 20 weeks, 6 days of gestation.

Approval will be granted for treatment beginning between weeks 16 and 20 of gestation and continuing until week 37 of gestation or delivery, whichever occurs first.

Reference:

1. Makena® [package insert]. Waltham, MA: Lumara Health, Inc; December 2015.