aetna®

Makena® (hydroxyprogesterone caproate) Injectable Medication Precertification Request

(All fields must be completed and legible for Precertification Review.)

Aetna Precertification Notification
503 Sunport Lane, Orlando, FL 32809
Phone: 1-866-503-0857
FAX: 1-888-267-3277

For Medicare Advantage Part B:
FAX: 1-844-268-7263

Please indicate: ☐ Start of treatment: Start date ____/____/____
☐ Continuation of therapy: Date of last treatment ____/____/____

Precertification Requested By: _____ Phone: _____ Fax: _____

A. PATIENT INFORMATION

First Name:	Last Name:		
Address:	City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:	
DOB:	Allergies:	Email:	

Current Weight: _____ lbs or _____ kgs Height: _____ inches or _____ cms

B. INSURANCE INFORMATION

Aetna Member ID #: _____
Group #: _____
Insured: _____

Does patient have other coverage? ☐ Yes ☐ No
If yes, provide ID#: _____ Carrier Name: _____
Insured: _____

Medicare: ☐ Yes ☐ No If yes, provide ID #: _____ **Medicaid**: ☐ Yes ☐ No If yes, provide ID #: _____

C. PRESCRIBER INFORMATION

First Name:		Last Name: *(Check One)*: ☐ M.D. ☐ D.O. ☐ N.P. ☐ P.A.			
Address:		City:		State:	ZIP:
Phone:	Fax:	St Lic #:	NPI #:	DEA #:	UPIN:
Provider Email:		Office Contact Name:			Phone:

Specialty *(Check one)*: ☐ **OB/GYN** ☐ **Reproductive Endocrinologist** ☐ **Medical Endocrinologist** ☐ **Other**: _____

D. DISPENSING PROVIDER/ADMINISTRATION INFORMATION

Place of Administration:
☐ Self-administered ☐ Physician's Office
☐ Outpatient Infusion Center Phone: _____
Center Name: _____
☐ Home Infusion Center Phone: _____
Agency Name: _____
☐ Administration code(s) (CPT): _____
Address: _____

Dispensing Provider/Pharmacy: *Patient Selected choice*
☐ Physician's Office ☐ Retail Pharmacy
☐ Specialty Pharmacy ☐ Mail Order
☐ Other: _____
Name: _____
Address: _____
Phone: _____ Fax: _____
TIN: _____ PIN: _____

E. PRODUCT INFORMATION

Request is for Makena: Dose: _____ **Frequency:** _____

F. DIAGNOSIS INFORMATION – Please indicate primary ICD Code and specify any other where applicable.

Primary ICD Code: _____ Secondary ICD Code: _____ Other ICD Code: _____

G. CLINICAL INFORMATION – Required clinical information must be completed in its entirety for all precertification requests.

For All Requests:
CURRENT PREGNANCY: Current Gestational Age: _____ weeks _____ days Date Recorded: ____/____/____
OB HISTORY: Gravida: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ Other: _____
Term: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ Other: _____
Preterm: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ Other: _____

☐ **Yes** ☐ **No** Is the patient currently pregnant with a singleton pregnancy?
☐ **Yes** ☐ **No** Has the patient had a previous spontaneous singleton preterm birth?
→ Please provide the gestational age of prior preterm birth: _____ weeks
☐ **Yes** ☐ **No** Is there a known fetal anomaly?
☐ **Yes** ☐ **No** Is Makena being prescribed as a tocolytic agent for a woman with contractions (preterm labor)?
☐ **Yes** ☐ **No** Does the patient currently have or have a history of thrombosis or thromboembolic disorders?
☐ **Yes** ☐ **No** Does the patient have abnormal vaginal bleeding unrelated to pregnancy?
☐ **Yes** ☐ **No** Has the patient been diagnosed with cholestatic jaundice of pregnancy?

Please select all that apply:
☐ Known or suspected breast cancer ☐ Other hormone sensitive cancer ☐ History of breast cancer
☐ History of hormone sensitive cancer ☐ Benign liver tumor ☐ Malignant liver tumor
☐ Active liver disease ☐ None of the above

Please provide the patient's blood pressure and date taken: _____ Date: _____
At what gestational age will Makena be started? _____ weeks _____ days

*****Lower cost compounded and generic forms of 17-hydroxyprogesterone may be an option and do not require prior authorization.***

H. ACKNOWLEDGEMENT

Request Completed By ***(Signature Required)***: _____ **Date:** ____/____/____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The plan may request additional information or clarification, if needed, to evaluate requests.