GHP Family Pharmacy Customer Service
100 N. Academy Ave.
Danville, PA 17822
Tel. • 855•552•6028 PA Relay 711 GeisingerHealthPlan.com

Geisinger

MAKENA and HYDROXYPROGESTERONE CAPROATE PRIOR AUTHORIZATION FORM *(form effective 01/05/2021)*

Prior authorization guidelines for Progestational Agents and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan's website at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

☐ New request ☐ Renewal request	Total # pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Phone number of office contact:		NPI:	State license#:
LTC facility contact/phone:		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:		Strength:	Dosage form (auto-injector, vial, etc.)
Dose/Directions:		Quantity	Refills:
Diagnosis *(submit documentation)*:	☐ pregnancy with history of pre-term labor	☐ other: _____	
Dx code *(required)*:	Start date of therapy: _____ / _____ / 20_____		
	Current gestational age: weeks: _____ days: _____		

Is the beneficiary currently pregnant with a single fetus?	☐ Yes ☐ No *Submit documentation*
Does the beneficiary have a documented history of a prior spontaneous preterm singleton birth (defined as prior to 37 weeks' gestation)?	☐ Yes ☐ No *Submit documentation*
Does the beneficiary have any of the following contraindications to the use of Makena? *Check all that apply.* ☐ current or history of thrombosis or thromboembolic disorders ☐ history of or current known or suspected breast cancer or other hormone-sensitive cancer ☐ undiagnosed abnormal vaginal bleeding unrelated to pregnancy ☐ cholestatic jaundice of pregnancy ☐ benign or malignant liver tumors or active liver disease ☐ uncontrolled hypertension	☐ Yes ☐ No *Submit documentation*
For a non-preferred hydroxyprogesterone caproate product: Does the beneficiary have a history of trial and failure of or contraindication or intolerance to the preferred hydroxyprogesterone caproate products in this class approved or medically accepted for treatment of the beneficiary's condition? Refer to *https://papdl.com/preferred-drug-list* for a list of preferred and non-preferred drugs in this class.	☐ Yes ☐ No *Submit documentation*

Please submit to PromptPA https://ghp.promptpa.com OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date: