



Drug Name: Generic Makena (hydroxyprogesterone)

Date: 1-2019

Drug Name:	Generic Makena (hydroxyprogesterone)
Prescriber Restrictions:	Prescriber is an obstetrician or trained in obstetrics.
Age Restrictions:	Patient is 16 years of age or older.
Exclusion Criteria:	<ul style="list-style-type: none">• Multiple gestational pregnancy.
Required Medical Information:	<ul style="list-style-type: none">• Documentation that patient is currently pregnant with singleton.• Documentation that patient has history of singleton spontaneous preterm birth, defined as delivery at less than 37 weeks gestation following pre-term labor, preterm rupture of membranes, and/or cervical insufficiency.• Treatment is initiated between 16 weeks, 0 days and 24 weeks, 6 days gestation.
Coverage Duration:	If criteria are met, authorization will be provided for 21 weeks or through 36 weeks, 6 days of gestational age (up until week 37 gestation) at an FDA approved dose.

Investigational use: Makena is considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in one of the above listed resources. Neighborhood does not provide coverage for drugs when used for investigational purposes.