ALASKA MEDICAID

Makena™ (hydroxyprogesterone caproate)

Injection: 250mg/mL

INDICATION:

"Makena is a progestin indicated to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth.
Limitation of use: Makena is not intended for use in women with multiple gestations or other risk factors for preterm birth."[1]

CRITERIA FOR APPROVAL:

1. The patient is female and pregnant with a singleton pregnancy; **AND**

2. The patient is between 16 and 36 weeks gestation; **AND**

3. The patient has a history of singleton spontaneous preterm birth.

CRITERIA CAUSING DENIAL:

1. The patient has not had a history of singleton spontaneous preterm birth; **OR**

2. The patient is pregnant with multiple gestations or other risk factors for preterm birth; **OR**

3. The patient is at less than 16 weeks or greater than 36 weeks gestation.

LENGTH OF AUTHORIZATION:

1. Prior authorization may be approved for up to four (4) months.

DISPENSING LIMIT:

1. The dispensing limit is one vial.

REFERENCES / FOOTNOTES:

[1] Makena™ package insert, available at: <http://www.makena.com/media/PDFs/Makena_PI.pdf> Accessed 3/10/2011.