Hydroxyprogesterone Caproate Plan of Treatment – Statement of Medical Necessity	Referral Date:	
UBACARE Intelligent Health	Phone: Fax:	**Hydroxyprogesterone Caproate**

Patient Information

Patient Name:				**Date of Birth:**
Address:				
Phone:		**Alt. Phone:**		**Language:**
Caregiver:		**Relationship:**		**Phone:**
Emergency Contact:		**Relationship:**		**Phone:**
Primary Insurance:		**Secondary Insurance:**		
Subscriber:		**Subscriber:**		
Policy No.:	**Group No.:**	**Policy No.:**	**Group No.:**	
Insurance Phone:		**Insurance Phone:**		

Statement of Medical Necessity (please provide all information)

Allergies:		**Pre-Pregnancy Weight:**	☐ lbs. ☐ kg
		Date:	
G/P:	**EDC:**	**Current Weight:**	☐ lbs. ☐ kg
Height:	☐ inches ☐ cm	**Date:**	

Did patient receive other medical therapies within the last six months? ☐ Yes – date: ☐ No

Current medications: Please attach the patient's current medication profile.

Orders (please check all that apply)

Does the patient meet FDA-approved indication (current pregnancy is singleton and patient has a history of singleton spontaneous pre-term birth less than 37 weeks of gestation)? ☐ Yes ☐ No

Current gestational age:	weeks		days	**Date recorded:**

Hydroxyprogesterone Caproate (HPC) Prescription

☐ **Makena® 250 mg/mL IM weekly x __________ doses**

☐ Select this box if the patient should only receive preservative-free formulations.

A generically equivalent drug product may be dispensed unless the practitioner hand selects the Dispenses As Written box below:

☐ Dispense As Written

Include with each dose: 18-g needle & 3 mL syringe and 21-g 1 ½" needle

☐ **Makena® Auto-Injector 275 mg/1.1 mL SQ weekly x __________ doses**

Nursing Orders

Is this the first dose? ☐ Yes ☐ No – date of 1st dose: Next dose due:

☐ Do not start service prior to 16 weeks gestation. Start ASAP once benefits and eligibility have been completed, acceptance of financial responsibility (as applicable), and patient availability to start service.

☐ Skilled nursing visit to administer hydroxyprogesterone caproate via ☐ IM ☐ IM Z-Track ☐ SQ auto-injector.

☐ Injections to be given every 5 to 9 days (goal of every 7 days) until ☐ 36 6/7 weeks OR ☐ 35 6/7 weeks.

☐ Educate patient regarding all aspects of therapy, signs and symptoms of pre-term labor, importance of compliance with weekly injections.

☐ Instruct patient that she may use OTC diphenhydramine hydrochloride 1% w/ zinc acetate 0.1% cream for itching of sites, apply small amount to cover affected area, not more than 4 times per day.

ICD-10 Code	☐ 009.212 Supervision of pregnancy with history of preterm labor, second trimester ☐ 009.213 Supervision of pregnancy with history of preterm labor, third trimester ☐ 009.291 Supervision of pregnancy – unspecified trimester ☐ Other:

TEACHING: Instruct patient/caregiver about all aspects of her therapy and the signs/symptoms of pre-term labor and complications.

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Prescriber Signature: **Date:**

Prescriber Information

Prescriber Name:		**Phone:**	**Office Contact:**
Address:		**Hospital/Clinic:**	**NPI:**
City, State:	**Zip:**	**License:**	**UPIN:**

Fax completed form and insurance cards (front and back) to:

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING**: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.

@2020 UBACARE. All Rights Reserved.