

MAKENA PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: Up to 21 weeks

NOTE: *If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov*

PA CRITERIA:

- ❖ Approvable if administered in member's home by home health or in a long-term care facility

AND

- ❖ Member must be between the ages of 16-43 years with a history of at least one pre-term birth and be unable to obtain or not able to use compounded hydroxyprogesterone

AND

- ❖ The member must have a confirmed pregnancy with one fetus with a gestational age between 16 weeks, 0 days and 20 weeks, 6 days

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.