



<b>ISSUE DATE</b> May 11, 2012	<b>EFFECTIVE DATE</b> May 14, 2012	<b>NUMBER</b> *See below
<b>SUBJECT</b>  Prior Authorization of Makena – Pharmacy Services		<b>BY</b>   Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to issue updated handbook pages that include instructions on how to request prior authorization of prescriptions for Makena, including the type of medical information needed to evaluate requests for medical necessity.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service (FFS) delivery system, including pharmacy services to residents of long term care facilities.

**BACKGROUND:**

On June 21, 2011, the Department of Public Welfare (Department) published MA Bulletin Number 01-11-11, Subject: Prior Authorization of Makena – Pharmacy Services, effective July 11, 2011, announcing the requirement for prior authorization of Makena and issuing handbook pages that included instruction on how to request prior authorization of Makena.

**DISCUSSION:**

The Department is updating the guidelines to determine medical necessity of Makena to be consistent with the prescribing information listed in the package insert. This MA Bulletin obsoletes MA Bulletin Number 01-11-11.

The Department will continue to make payment for compounded hydroxyprogesterone caproate.

*01-12-29	08-12-29	14-12-26	30-12-27	33-12-29
02-12-26	09-12-30	24-12-27	31-12-30	
03-12-26	11-12-26	27-12-27	32-12-26	

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at  <a href="http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm">http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</a></p>
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**PROCEDURE:**

The procedures for prescribers to request prior authorization of Makena are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Makena) in reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

**ATTACHMENTS:**

[Prior Authorization of Pharmaceutical Services Handbook - Updated pages](#)

SECTION II  
Makena