

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Makena**

A. Prescriptions That Require Prior Authorization

All prescriptions for Makena must be prior authorized.

B. Emergency Supplies

The Department will not cover emergency supplies of Makena pending approval of a request for prior authorization.

C. Review of Documentation for Prior Authorization

In evaluating a request for prior authorization of a prescription for Makena, the determination of whether the requested prescription will be approved will take into account whether the prescribing provider was unable to locate a pharmacy that compounds hydroxyprogesterone caproate.

D. Review Process

Prior authorization personnel will review the request for prior authorization. Prior to approval, the prior authorization personnel will assist in attempting to locate a pharmacy willing to compound hydroxyprogesterone caproate. If both the prescribing provider and the Department are unable to locate a pharmacy that compounds hydroxyprogesterone caproate, the reviewer will prior authorize the prescription.