

Makena Prior Authorization Form

Fax: 1-844-487-9290		Date:
Phone: 1-877-375-6185		
Please note: This request will be fulfilled by Caremark Medical Specialty in Monroeville, PA (NPI: 1043382302). When approval is received, call Caremark Medical Specialty at 1-877-254-0015 or fax to 1-800-441-5809 to start the referral. It must be stated that this request is for a UniCare Health Plan of West Virginia, Inc. (UniCare) member.		
Section I — member and provider information		
1. Member name (last, first, middle initial):		
2. Member identification number:		3. Member DOB:
4. Prescriber name:		5. Prescriber NPI:
6. Prescriber address (street, city, state ZIP + 4 code):		
7. Prescriber telephone number:		
8. Billing provider name:		9. Billing provider NPI:
Section II — clinical information for all prior authorization requests		
10. Is this a single pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Does the mother have any of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"> • Prior cervical cerclage • A uterine anomaly • Positive tests for cervicovaginal fetal fibronectin • Experience of preterm labor within the current pregnancy 		
12. Does the mother have prior history of a preterm delivery before 37 weeks' gestation due to either of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"> • Spontaneous preterm labor • Premature rupture of membranes 		
13. Will Makena be administered weekly from weeks 16 to 36 of gestation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: If a member has transferred to UniCare after 16 weeks' estimated gestational age (EGA) or late prenatal care (greater than 16 weeks' EGA), this medication may still be used if clinical criteria is met.		
14. Current gestational age (How many weeks and days?): Date confirmed:		
15. Case-specific diagnosis/ICD-10:		
Section III — authorized signature		
16. Prescriber signature:		17. Date signed:
Section IV — additional information		
18. Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.		