

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	NA	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## 17-Hydroxyprogesterone Caproate Injection (non-Makena)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
17-Hydroxyprogesterone Caproate Injection

### APPROVAL CRITERIA

Requests for 17-hydroxyprogesterone caproate injection may be approved when the following criteria are met:

- I. Individual is a non-pregnant woman; **AND**
- II. Individual is using for one of the following:
  - A. The treatment of advanced adenocarcinoma of the uterine corpus (Stage III or IV); **OR**
  - B. Management of amenorrhea (primary and secondary) and abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology (such as, submucous fibroids or uterine cancer); **OR**
  - C. As a test for endogenous estrogen production and for the production of secretory endometrium and desquamation;

### **OR**

- III. Weekly injections between 16 and 36 weeks of gestation for the prevention of preterm delivery in high-risk pregnant individuals who meet the following criteria (off-label, CG-DRUG-19):
  - A. A singleton pregnancy; **AND**
  - B. Absence of preterm labor within the current pregnancy; **AND**
  - C. A prior history of a preterm delivery before 37 weeks gestation due to either of the following:
    - i. Spontaneous preterm labor; **OR**
    - ii. Premature rupture of membranes.

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New Program Date 08/01/2017

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	NA	X	X	X	X	NA	NA	X

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Louisiana		<p><b>This policy does not apply.</b></p> <p>6.13.1.2 Provision of injectable or vaginal progesterone for every eligible pregnant woman with a history of pre-term labor or a short cervix found in the current pregnancy. The MCO shall not require prior authorization of progesterone</p>

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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