



TO: Family Practice and Obstetrician/Gynecology Physicians and Physician Groups, Certified Nurse Midwives, Certified Nurse Midwife Groups, Family Planning Clinics, Medical FQHCs, Medical Clinics, Home Health Agencies, Pharmacy and Outpatient Hospital Departments

RE: Compounded 17-alpha hydroxyprogesterone (17P)

This bulletin provides important information to obstetric providers regarding coverage and ordering of 17-alpha hydroxyprogesterone (17P). The Department of Social Services (DSS) recognizes the importance of 17P in the prevention of preterm delivery in certain patients. As the delivery of Medicaid family coverage groups transition from Managed Care to an Administrative Service Organization model, the Department has reached out to the pharmacy community to ensure 17P remains available to our clients as a covered pharmacy benefit. Both the practitioner and pharmacy are encouraged to verify client eligibility prior to ordering or compounding 17P.

The Department sent a letter to all active Specialty Pharmacies enrolled in the Connecticut Medical Assistance Program asking that any pharmacy interested in providing 17P to our clients contact us. To date, only one pharmacy, The Apothecary Shops Specialty Pharmacy, responded positively. We will notify providers as other specialty pharmacies are added to the list. Please note that any pharmacy that currently compounds 17P will continue to be able to do so.

Physicians may order compounded 17P from The Apothecary Shops Specialty Pharmacy (phone: 1-877-546-5779) using the attached form. Ordering may begin in December 2011 for dates of service in 2012. The form is available on our Web site at www.ctdssmap.com by going to "Information" then "Publications," scrolling down to the section titled "Forms," and then the sub-section "Authorization/Certification Forms." Under the ASO model, compounded 17P will not require prior authorization. The Apothecary Shops will mail compounded 17P directly to the practitioner and bill the Department directly through the pharmacy Point of Sale (POS) system; the practitioner will not be reimbursed for the administration of the medication. Specific mention of The Apothecary Shops pharmacy and provision of this form is solely for the convenience of prescribers who may be unaware of a compounding pharmacy that will provide 17P. DSS will reimburse any pharmacy that submits a claim for 17P.

Makena®, the new brand-name 17 hydroxyprogesterone caproate introduced earlier this year, is also available as a pharmacy benefit. Due to the extremely high cost of Makena® (approximately \$800 per dose as compared with approximately \$20 per dose for the compounded product), the Department encourages providers to use the compounded form of 17P unless there are compelling and decisive clinical factors necessitating use of Makena®.



Connecticut Medical Assistance Program

17-Alpha Hydroxyprogesterone Caproate Pharmacy Referral Form

Please complete and fax to:

1-877-546-5780



The Apothecary Shops Specialty Pharmacy
Phone: 1-877-LINKSRX(546-5779)

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Today's Date ___/___/___ Patient Contact Telephone Number (Required) _____
Patient Name _____ Date of Birth ___/___/___
Home Address _____ City _____ State _____ ZIP Code _____
Medicaid ID _____
Primary Diagnosis _____ ICD-9 Code _____
Current EGA _____ Weeks EDC ___/___/___ Indications for 17P Administration _____



Prescription Information

Prescription:

17-alpha hydroxyprogesterone caproate in cottonseed oil or sesame oil (if none selected, default is cottonseed oil) 250 mg per ml, 4mL vial for intramuscular injection

Sig: Inject 1 ml into muscle once weekly as instructed for _____ weeks

Typically started between weeks 16 and 20 and continued until week 37 for women with singleton pregnancy and a history of prior preterm delivery.

Deliver medication to physician office as listed below

All orders will be delivered by two-day FedEx. Allow three days for receipt of medication. No precertification is required for compounded 17P.

Date of first administration appointment ___/___/___

Prescriber Information

Doctor's Name _____ Phone Number _____

Office Name (optional) _____ Address _____

NPI _____ DEA Number _____ State Medical License Number _____

Date of Rx ___/___/___ Number of Prescriptions _____

Substitution Permissible

Dispense as Written

Prescriber Signature (We cannot accept signature stamps)

Prescriber Signature (We cannot accept signature stamps)

****Forms will only be accepted if faxed directly from a prescriber's office. We cannot accept prescriptions faxed by patients****

MDPEC-0161-11

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