

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201430 JULY 1, 2014



IHCP policies for 17P injections and Makena® revised

The Indiana Health Coverage Programs (IHCP) currently covers compounded 17-alpha hydroxyprogesterone (17P) and Makena injections for the prevention of preterm delivery. The details of IHCP's current policy are outlined in [Chapter 9: IHCP Pharmacy Services Benefit](#) of the *IHCP Provider Manual*.

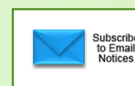
An ongoing review of these products has led to the following changes in coverage and reimbursement policy effective for dates of service on or after August 1, 2014:

- The reimbursement rate for compounded 17P injections will increase to \$80 for a four-week supply.
- The prior authorization (PA) criteria for Makena will require prescriber confirmation that the member is pregnant with a history of preterm delivery and receiving the product to prevent preterm delivery.

Please direct PA requests or questions about the Preferred Drug List (PDL), the Over-the-Counter (OTC) Drug Formulary, or this bulletin to the Catamaran Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.



COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.