



Hydroxyprogesterone Caproate (Makena®) for the Prevention of Preterm Labor

Last Review Date: January 19, 2017

Number: MG.MM.ME.33bC

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Preterm Birth — a live birth completed in < 37 weeks gestation. Further definition includes the following:

- Late preterm: 34-36 weeks.
- Moderately preterm: 32-36 weeks.
- Very preterm: < 32 weeks.

Hydroxyprogesterone caproate — a progestogen structurally related to progesterone that is intramuscularly injected into the gluteus muscle (may also be given in the anterior thigh) that is used as preventive treatment for reducing the risk of recurrent preterm birth.

Guideline

Women between 16 and 36 weeks, 6 days of gestation (see Dosing and Administration below) are eligible for coverage of hydroxyprogesterone caproate when both of the following criteria are met

- History of spontaneous preterm birth (< 37 weeks gestation; defined by either spontaneous labor or premature rupture of membrane)
- Singleton pregnancy

Note: Consideration of hydroxyprogesterone caproate administration in the home-setting by either a home health agency or prenatal services vendor will be given to women who are confined to the home on prescribed bed rest or on a case by case basis.

Dosing and Administration

The weekly dosage of hydroxyprogesterone caproate is a 250mg (1 ml) intramuscular injection (ideally given at the same time each week on alternating sides with the suggested time-range between injections at 5 to 9 days).

Treatment should be initiated between 16 weeks, 0 days and 20 weeks, 6 days gestation and may continue until 36 weeks, 6 days or until the woman gives birth, whichever comes first.

Note: If an eligible woman presents to prenatal care late, hydroxyprogesterone caproate may be initiated as late as 26 weeks, 6 days.

Limitations/Exclusions

Hydroxyprogesterone caproate is not considered a medically appropriate intervention when any of the following are applicable:

- Current or history of thrombosis or thromboembolic disorders
- Known or suspected breast cancer, other hormone-sensitive cancer, or history of these conditions
- Undiagnosed abnormal vaginal bleeding unrelated to pregnancy
- Cholestatic jaundice of pregnancy
- Liver tumors, benign or malignant, or active liver disease
- Uncontrolled hypertension

Applicable Procedure Codes

96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
99506	Home visit for intramuscular injections
J1725	Injection, hydroxyprogesterone caproate, 1 mg
Q9986	Injection, hydroxyprogesterone caproate (Makena), 10 mg (Eff. 07/01/2017)
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusions)

Applicable ICD-10 Diagnosis Codes

O60.00	Preterm labor without delivery, unspecified trimester
O60.02	Preterm labor without delivery, second trimester
O60.03	Preterm labor without delivery, third trimester
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
Z87.51	Personal history of pre-term labor

References

Specialty-matched clinical peer review.

Ther-Rx Corporation. Makena™ Package Insert. August 2013; revised February 2015; revised April 2016.

http://www.makena.com/pdf/makena_pi.pdf. Accessed May 15, 2015.