

## Hydroxyprogesterone caproate

**Goal(s):**

- To ensure appropriate drug use and limit to patient populations in which hydroxyprogesterone caproate injection has been shown to be effective and safe.

**Length of Authorization:**

20 weeks to 6 months (criteria-specific)

**Requires PA:**

- Hydroxyprogesterone caproate injection

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis funded by OHP?	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; not funded by the OHP
3. Is the drug formulation to be used for an FDA-approved indication?  Message: Generic formulations of hydroxyprogesterone caproate are not approved for prevention of preterm birth	<b>Yes:</b> Go to #4	<b>No:</b> Pass to RPh. Deny; medical appropriateness
4. Is the request for generic hydroxyprogesterone caproate?	<b>Yes:</b> Go to #5	<b>No:</b> Go to #6
5. Will the prescriber consider a change to a preferred product?  Message: Preferred products do not generally require a PA. Preferred products are evidence-based and reviewed for comparative effectiveness and safety by the P&T Committee.	<b>Yes:</b> Inform prescriber of preferred alternatives in class.	<b>No:</b> Approve for 6 months
6. Is the patient between 16 weeks and 36 weeks 6 days gestation with a singleton pregnancy?	<b>Yes:</b> Go to #7	<b>No:</b> Pass to RPh. Deny; medical appropriateness
7. Has the patient had a prior history of preterm delivery before 37 weeks gestation (spontaneous preterm singleton birth)?	<b>Yes:</b> Go to #8	<b>No:</b> Pass to RPh. Deny; medical appropriateness

## Approval Criteria

8. Is treatment being initiated at 16 weeks, 0 days and to 20 weeks, 6 days of gestation?

**Yes:** Approve through week 37 of gestation or delivery, whichever occurs first (no more than 20 doses).

**No:** Pass to RPh. Deny; medical appropriateness

*P&T/DUR Review:* 1/17 (SS); 5/13  
*Implementation:* 4/1/17, 1/1/14