

Billing Instructions for Makena

Medical Indications and Criteria Include:

1. Age \geq 16 years
 2. Current singleton pregnancy
 3. History of singleton preterm birth before 37 weeks gestation
 4. Initiate treatment after 16 weeks
 5. Request is for Makena 250 mg (1 ml) IM once every 7 days
 6. None of the following contraindications are present:
 - a. Current diagnosis or history of thrombosis or thromboembolic disorders
 - b. Known or suspected breast cancer, other hormone sensitive cancer, other history of these conditions
 - c. Undiagnosed abnormal vaginal bleeding unrelated to pregnancy
 - d. Cholestatic jaundice of pregnancy
 - e. Liver tumors, benign or malignant, or active liver disease
 - f. Uncontrolled hypertension
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How to Bill for Makena

<u>Physician's Office</u>	<u>Hospital/Infusion Center</u>	<u>Specialty Pharmacy</u>
<ul style="list-style-type: none"> • Procedure code J1725 + NDC • Must use – TH modifier • Only covered for pregnancy with history of labor pre-term as primary diagnosis • Must submit invoice 	<ul style="list-style-type: none"> • Procedure code J1725 + NDC • Must use – TH modifier • Only covered for pregnancy with history of labor pre-term as primary diagnosis • Must bill number of units administered (max 250) 	<ul style="list-style-type: none"> • Complete Makena Rx Referral • Fax form to Specialty Pharmacy (AcariaHealth-Fax: 877-541-1503) • MD Office receives patient specific dose

*Makena may only be billed once every 7 days up to a total of 21 doses to reach week 37 of gestation or delivery (whichever occurs first).
