



**SAN FRANCISCO
HEALTH PLAN™**

Here for you

201 Third Street, 7th Floor • San Francisco, CA 94103
(415) 547-7800 • FAX (415) 547-7821 • www.sfhp.org

Dear Provider and Clinic Staff,

We are writing to let you know that SFHP will not cover Makena® and will instead assist patients in filling hydroxyprogesterone caproate at a compounding pharmacy with free delivery.

As you know, a decrease in pre-term delivery has been seen with the use of hydroxyprogesterone caproate in certain women with a history of pre-term birth. On February 3, 2011, the U.S. Food and Drug Administration (FDA) approved the drug Makena® (hydroxyprogesterone caproate). For many years, a compounded version of the active ingredient hydroxyprogesterone caproate has been available through retail compound pharmacies. As a method of reducing treatment costs, the FDA is allowing compounding pharmacies to continue supplying this alternative version. The difference in cost averages to \$ 2,575 per month, or an average of \$ 12,900 per pregnancy.

Please direct all requests for hydroxyprogesterone caproate to the SFHP Pharmacy Department using the pharmacy prior authorization form attached to this memo. Generally, coverage determination will be made within 1 business day. A pharmacy coordinator from San Francisco Health Plan will contact your clinic via fax with the coverage decision.

SFHP has a contract with Leiter's Pharmacy located in San Jose, which has a convenient delivery option available. Both the cost of the drug and the delivery fee will be billed directly to SFHP. The order form for hydroxyprogesterone caproate is attached to this memo for your convenience.

For additional drug information, please contact the pharmacy at:

Leiter's Pharmacy
1700 Park Avenue Suite 30
San Jose, CA 95126
Phone: 800-292-6773

Thank you,
Pharmacy Department
San Francisco Health Plan



San Francisco Health Plan

Phone: 800-626-0072

Fax: 866-511-2202

Prescriber Information

Name: _____ Specialty: _____

DEA/NPI: _____ Phone: _____ Fax: _____

Pharmacy Information

Name: _____ Phone: _____ Fax: _____

Patient Information

Name: _____ Date of Birth: _____ Member ID: _____

Medication Information:

Name and Strength of Drug: _____ Quantity & Dosing: _____

Diagnosis: _____ Duration of Therapy: _____

Medication Request New Renewal ---Renewal Original Rx Date: _____

Prior Authorization Criteria: General (Non-Preferred)

You must answer ALL questions		
1. Has the patient tried/failed an adequate trial of a preferred drug? (Document drug, dates of trials, and description of failures below) _____ _____ _____	Y	N
2. Has the patient experienced an adverse event, or been intolerant to, a preferred drug? (Document drug, dates of trials, and description of failures below) _____ _____ _____	Y	N
3. Is the patient currently taking the requested medication? (If yes, please describe how the medication was supplied) _____ _____ _____	Y	N

Please note any other information pertinent to this request:

Information given on this form is accurate as of this date.

Prescriber or Authorized Signature

Date _____

I understand that Informed Rx's use or disclosure of individually identifiable health information, whether furnished by me or obtained by another source such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).

Hydroxyprogesterone 250mg/ml

Order form

Please Fax to Leiter's Pharmacy 408-288-8252

Be sure to get a fax confirmation or call to verify

Name of Facility: _____

Shipping Address: _____

Phone Number: _____

Contact Name: _____

Billing Information: _____

Credit Card Number: _____ or P.O# _____
Exp ___/___/___

Hydroxyprogesterone 250mg/ml _____ 10ml vial(s) \$65.00 each

Shipping: Overnight \$25.00 Priority mail \$7.00 (2-5 working days)

Doctors Name _____

Date Ordered/Faxed ___/___/___

Faxed by: _____

 **Leiter's**
Compounding Pharmacy
1700 Park Ave Suite 30 San Jose, Ca 95126
PHONE: 800-292-6773 FAX: 408-288-8252
cleiter@leiterrx.com

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