

Ohio Medicaid - Progesterone Therapies

Progesterone Product	Buckeye						CareSource						Molina						
	Is Progesterone therapy covered?	If Administered in Physician's Office (Medical Benefit)	If Provided as Part of Home Health Visit (Medical Benefit)	If Dispensed by Pharmacy to Patient for Self-Administration (Pharmacy Benefit)	Is Prior Authorization required?	Special instructions for PA or billing	Is Progesterone therapy covered?	If Administered in Physician's Office (Medical Benefit)	If Provided as Part of Home Health Visit (Medical Benefit)	If Dispensed by Pharmacy to Patient for Self-Administration (Pharmacy Benefit)	Is Prior Authorization required?	Special instructions for PA or billing	Is Progesterone therapy covered?	If Administered in Physician's Office (Medical Benefit)	If Provided as Part of Home Health Visit (Medical Benefit)	If Dispensed by Pharmacy to Patient for Self-Administration (Pharmacy Benefit)	Is Prior Authorization required?	Special instructions for PA or billing	
Branded 17 P for Injection (Makena Vials)	Yes	No restrictions	No restrictions	Yes	No	Quantity limit of 4 vials per 28 days	Yes	Yes, Medical Benefit Buy and Bill	Use Optum-Alere or Option Care	NA - Medical Only	No	No PA	Yes	Yes	Yes	Yes ** Molina recognizes as a medical benefit as medication must be administered by a professional or layperson trained by a medical professional	No	Provider may "Buy and Bill" in which they would submit request to Molina pharmacy. Specialty pharmacy is Caremark	
Branded Makena INJ Subcutaneous Auto-Injector (2.5MG/1.1 ML)	Yes	No restrictions	No restrictions	Yes	No	Quantity limit of 4 auto-injectors per 28 days	Yes	Yes, Medical Benefit Buy and Bill	Use Optum-Alere or Option Care	NA - Medical Only	No	No PA	Yes	Yes	Yes	Yes	No	Provider may "Buy and Bill" in which they would submit request to Molina pharmacy. Specialty pharmacy is Caremark	
Branded 17 P for Injection (Makena® Auto-injector)	Yes	No restrictions	No restrictions	Yes	No	Quantity limit of 4 auto-injectors per 28 days	Yes	Yes, Medical Benefit Buy and Bill	Use Optum-Alere or Option Care	NA - Medical Only	No	No PA	Yes	Yes	Yes	Yes	No	Provider may "Buy and Bill" in which they would submit request to Molina pharmacy. Specialty pharmacy is Caremark	
Hydroxyprogesterone Caproate Injection, 250 mg/mL, 1mL, preservative free single dose vial (Makena® Vials Generic)	Yes	No restrictions	No restrictions	Yes	No	Quantity limit of 4 auto-injectors per 28 days	Yes	Yes, Medical Benefit Buy and Bill	Use Optum-Alere or Option Care	NA - Medical Only	No	No PA	Yes	Yes	Yes	Yes	No	Provider may "Buy and Bill" in which they would submit request to Molina pharmacy. Specialty pharmacy is Caremark	
17-hydroxyprogesterone caproate injection	Yes	No restrictions- Buckeye Configuration updates will be effective 12/12/18	No restrictions	Yes	No	None	Yes	Yes, Medical Benefit Buy and Bill	Use Optum-Alere or Option Care	NA - Medical Only	No	No PA	Yes	Yes	Yes	Yes	No	Provider may "Buy and Bill" in which they would submit request to Molina pharmacy. Specialty pharmacy is Caremark	
Generic 17 P for Injection	Yes	No restrictions	No restrictions	Yes	No	Quantity limit of 4 auto-injectors per 28 days	Yes	Yes, Medical Benefit Buy and Bill	Use Optum-Alere or Option Care	NA - Medical Only	No	No PA	Yes	Yes	Yes	Yes	No	Provider may "Buy and Bill" in which they would submit request to Molina pharmacy. Specialty pharmacy is Caremark	
Compounded 17 P for Injection	Yes	No restrictions	No restrictions	Yes	No	No PA	No longer available	No longer available	No longer available	No longer available	No longer available	No longer available	No longer available	No longer available	No longer available	No longer available	No longer available	No longer available	No longer available
Branded or Generic Progesterone Oral Capsules for Vaginal Use	Yes	N/A	N/A	Restriction: must use generic and Ql. of 30 per month. Quantity limit being increased to 60 per month.	No	No PA	Yes	Yes, Medical Benefit Buy and Bill	Yes, Medical Benefit	Yes	No	No PA	Yes	Yes	Yes	Yes ** Molina recognized as a medical benefit as medication must be administered by a professional or layperson trained by a medical professional	No	No PA	
First Progesterone®	Yes	N/A	N/A	Age limit: at least 14 years of age	No	No PA	Yes	Yes, Medical Benefit Buy and Bill	Yes, Medical Benefit	Yes	No	No PA	Yes	NA	NA	NA	No	No PA	
Compounded Progesterone Vaginal Suppositories	Yes	N/A	N/A	Yes	No	No PA	Yes	Yes, Medical Benefit Buy and Bill	Yes, Medical Benefit	Yes	No	No PA	Yes	NA	NA	NA	No	No PA	
Branded Vaginal Gel	Yes	N/A	N/A	Age limit: at least 14 years of age	No	No	Yes	Yes, Medical Benefit Buy and Bill	Yes, Medical Benefit	Yes	No	No PA	Yes	NA	NA	NA	No	No PA	
	Buckeye						CareSource						Molina						
Gestational Age Range for Progesterone Treatment Initiation	From 16 0/7 to 28 0/7 weeks gestation for previous spontaneous pre-term birth. After 28 weeks, initiation is considered on a case-by-case basis. From 16 0/7 to 24 0/7 week gestation for shortened cervix. After 24 weeks, initiation is considered on a case-by-case basis.						From 16 0/7 to 24 6/7 weeks gestation (17-P).						From 16 0/7 to 24 6/7 weeks gestation (17-P). Continue to 35 6/7 weeks.						
Contact Information	Buckeye						CareSource						Molina						
Medical (Utilization) Management	866-246-4359 (ask for Start Smart team)						1-800-488-0134 - Select Provider, then #4 or by fax 1-888-399-0271						1-800-357-0146 ext. 752106						
Care Management	866-246-4359 (ask for Start Smart team); ext 24238 or 24605						1-866-867-0421						1-800-357-0146 ext 752117						
Provider Relations	866-296-8731 (ask for Start Smart team)						1-800-488-0134 - Select Provider, #9						1-800-357-0146 ext. 212335						
Pharmacy Department	Please call pharmacy with any questions regarding progesterone suppositories: 866-246-4356 ext. 24827						1-800-488-0134 - Select #2						1-800-357-0146 ext. 752125						
Specialty Pharmacy	Acacia Phone: 855-531-1815		Acacia Fax: 855-217-6826				1-800-488-0134 or fax 1-888-399-0271						CVS CareMark Phone: 800-237-2767		CVS CareMark Fax: 800-423-2445				
Home Health Care	Option Care: 888-304-1800		Option Care Fax: 877-865-9133				OptionCare Phone: 855-75-9647		OptionCare Fax: 855-647-2884										
Home Health Care	Optum Phone: 800-999-2415		Optum Fax: 800-867-2872				Optum/Alere Phone: 800-999-2415		Optum/Alere Fax: 800-867-2872				Optum Phone: 800-999-2415		Optum Fax: 800-867-2872				
<p>The Ohio Medicaid Quality Collaborative (OQC) compiled this list based upon information provided by each organization. This information will continue to be updated and the most current version can be found at www.sppc.net.</p> <p>PA is not required for the drug itself, if billed through Medical (i.e., Optum/ Alere bills through the Medical benefit).</p> <p>Last Updated: August 2018</p>																			

Ohio Medicaid - Progesterone Therapies

Progesterone Product	Paramount						United						Medicaid Fee for Service		
	Is Progesterone therapy covered?	If Administered in Physician's Office (Medical Benefits)	If Provided as Part of Home Health Visit (Medical Benefits)	If Dispensed by Pharmacy to Patient for Self-Administration (Pharmacy Benefits)	Is Prior Authorization required?	Special Instructions for PA or billing	Is Progesterone therapy covered?	If Administered in Physician's Office (Medical Benefits)	If Provided as Part of Home Health Visit (Medical Benefits)	If Dispensed by Pharmacy to Patient for Self-Administration (Pharmacy Benefits)	Is Prior Authorization required?	Special Instructions for PA or billing	Is Progesterone therapy covered?	Is Prior Authorization required?	Special Instructions for PA or billing
Branded 17 P for injection	Yes	Yes	Yes	Yes	No	Provider may call Pharmacy Department number below	Yes	Yes- Buy and bill or contact Briovale Specialty Pharmacy at dedicated number below.	Yes- contact Optum DB Homecare (formerly Alera).	No	No	Enter request via UHC portal, call or Fax UM for HHC if other than infusion services. Call CM for assistance with locating No Show or resistant members.	Yes	Yes	Medical claim is buy and bill - provider office must purchase the drug and bill for each injection. No Prior Auth if admin in office.
Branded Makena IU Subcutaneous Auto-Injector (175HQ/1.1 MA)	Yes	Yes	Yes	Yes	No	Provider may call Pharmacy Department number below	Yes	Yes- Buy and bill or contact Briovale Specialty Pharmacy at dedicated number below.	Yes- contact Optum DB Homecare (formerly Alera).	No	No	Enter request via UHC portal, call or Fax UM for HHC if other than infusion services. Call CM for assistance with locating No Show or resistant members.	Yes	No	Covered No PA, 11726 and 11729
Branded 17 P for injection (Makena® Auto-injector)	Yes	Yes	Yes	Yes	No	Provider may call Pharmacy Department number below	Yes	Yes- Buy and bill or contact Briovale Specialty Pharmacy at dedicated number below.	Yes- contact Optum DB Homecare (formerly Alera).	No	No	Enter request via UHC portal, call or Fax UM for HHC if other than infusion services. Call CM for assistance with locating No Show or resistant members.	Yes preferred	No	Covered No PA, 11726
Hydroxyprogesterone Caproate injection, 250 mg/ml, 1mL preservative free single dose vial (Makena® Vial Generic)	Yes	Yes	Yes	Yes	No	Provider may call Pharmacy Department number below	Yes	Yes- Buy and bill or contact Briovale Specialty Pharmacy at dedicated number below.	Yes- contact Optum DB Homecare (formerly Alera).	No	No	Enter request via UHC portal, call or Fax UM for HHC if other than infusion services. Call CM for assistance with locating No Show or resistant members.	Yes	No	Covered no PA, 11726 ODM has a contract with the Makena manufacturer to prefer (no prior authorization) the brand name. Therefore, the brand will continue to be preferred. However, Change Healthcare help desk will provide overrides due to manufacturer shortage. The provider would need to call the help desk for an override at 1-877-518-1545.
17-Hydroxyprogesterone Caproate Injection (Delalutin Generic)	Yes	Yes	Yes	Yes	No	Provider may call Pharmacy Department number below	Yes	Yes- Buy and bill or contact Briovale Specialty Pharmacy at dedicated number below.	Yes- contact Optum DB Homecare (formerly Alera).	No	No	Enter request via UHC portal, call or Fax UM for HHC if other than infusion services. Call CM for assistance with locating No Show or resistant members.	Yes	No	No
Generic 17 P for injection	Yes	Yes	Yes	Yes	No	Provider may call Pharmacy Department number below	Yes	Yes- Buy and bill or contact Briovale Specialty Pharmacy	Yes- contact Optum DB Homecare	No	No	infusion services. Call C	Yes	No	N/A
Compounded 17 P for injection	Yes	Yes	Yes	Yes	No	Provider may call Pharmacy Department number below	Yes	Yes - must be buy & bill	N/A	No	No	Pharmacy (800-310-6826) can assist with identifying compounding pharmacies that can bill as medical	Yes	No	N/A
Progesterone*	N/A			N/A	N/A	N/A	No				N/A	N/A	No	N/A	N/A
Branded or Generic Progesterone Oral Capsules for vaginal use	Yes	N/A	N/A	Yes	Yes	Provider may call Pharmacy Department number below	Yes	N/A	N/A	Yes	Yes - branded, No - generic	Call or fax to Pharmacy numbers below	Yes	No	Ester Brand Prometrium OB generic no preference
Compounded Progesterone Vaginal Suppositories	Yes	N/A	N/A	Yes	No	Provider may call Pharmacy Department number below	Yes	N/A	N/A	Yes	No		Yes	No	N/A
Branded Vaginal Gel	Yes	N/A	N/A	Yes	Yes	Provider may call Pharmacy Department number below	Yes	N/A	N/A	Yes	Yes	Coverage currently limited to short cervix. Call or fax to Pharmacy numbers below	Yes	No	N/A
Paramount						United						Medicaid Fee for Service			
Gestational Age Range for Progesterone Treatment Initiation	From 16 0/7 days and 24 6/7 days gestation (17 P or branded Progesterone). Continue to 36 6/7 weeks or until delivery, whichever occurs first. Vaginal progesterone at any gestational age.						From 16 0/7 weeks gestation to 26 6/7 weeks gestation. Continue to 36 6/7 weeks or until delivery, whichever occurs first.						Initiate no earlier than 16 weeks gestation and no later than 24 weeks; Approve through 36 weeks gestation. Note for HX of preterm birth - singleton pregnancy (no multiples)		
Paramount						United						Medicaid Fee for Service			
Contact Information															
Medical Utilization Management						Fax 866-839-6454/ phone 800-366-7304. http://www.uhc.com/communityplan.com/health-professionals/oh/provider-forms.html						Provider Relations 800-686-2516			
Care Management						Healthcare First Steps: 800-599-0989 Fax 877-612-8411; Kim Herb 614-410-7936						N/A			
Provider Relations						800-400-9007, or contact Care Management for assistance						800-686-1516			
Pharmacy Department						Pharmacy prior auth desk Fax 866-940-7126/ phone 800-310-6826						Kenex, 877-518-1545			
Specialty Pharmacy						Briovale 800-707-8138						Providers must use the pharmacy of their choice			
Home Health Care						Optum Homecare Phone: 800-999-2415 Fax: 800-867-2872						Not covered by Medicaid FFS			

*The Ohio Perinatal Quality Collaborative (OPQC) compiled this list based upon information provided by each organization. This information will continue to be updated and the most current version can be found at www.opqc.net.

**Compounded 17 p does require a PA to be loaded through pharmacy if the pharmacy is going to bill for the medication through Caremark.
PA is not required for the drug itself, if billed through Medicaid (e.g., Optum/ Alera bills through the Medicaid benefit).

Updated August 2018

