

| <u>Field Name</u> | <u>Field Description</u> |
|--|--|
| <u>Prior Authorization Group Description</u> | <u>Hydroxyprogesterone caproate (generic Delalutin)</u> |
| <u>Drugs</u> | <u>Hydroxyprogesterone caproate (generic Delalutin)</u> |
| <u>Covered Uses</u> | <u>Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.</u> |
| <u>Exclusion Criteria</u> | <u>Pregnancy</u> |
| <u>Required Medical Information</u> | <u>See “Other Criteria”</u> |
| <u>Age Restrictions</u> | <u>According to package insert</u> |
| <u>Prescriber Restrictions</u> | <u>Prescriber must be a gynecologist or in consultation with a gynecologist</u> |
| <u>Coverage Duration</u> | <u>If all the criteria are met, the initial request will be approved for up to 6 months. For continuation of therapy, the request will be approved for up to 6 months.</u> |
| <u>Other Criteria</u> | <p><u>**Drug is being requested through the member’s medical benefit**</u></p> <p><u>Initial Authorization:</u></p> <ul style="list-style-type: none"> • <u>Medication is prescribed at an FDA approved dose</u> • <u>If request is for preterm birth, do not approve</u> • <u>Request is for one of the following indications:</u> <ul style="list-style-type: none"> ○ <u>Amenorrhea or abnormal uterine bleeding due to hormonal imbalance</u> ○ <u>Production of secretory endometrium and desquamation</u> ○ <u>Test for endogenous estrogen production</u> ○ <u>Advanced uterine adenocarcinoma</u> <p><u>Re-Authorization:</u></p> <ul style="list-style-type: none"> • <u>Documentation or provider attestation of clinical benefit</u> • <u>Medication is prescribed at an FDA approved dose</u> <p><u>If all the above criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.</u></p> |
| <u>Revision/Review Date: 4/2024</u> | |