



17 Alpha-Hydroxyprogesterone Caproate Pharmacy Referral for Amerigroup* Members

- Use this form ONLY for office-administered compounded 17P. For home administration, use the Alere Home Healthcare referral form.
For a commercially available form of 17P (Makena™), prior authorization is required. Please call 1-800-454-3730 to initiate a request.

*In New Mexico, Amerigroup Community Care of New Mexico, Inc.

Please complete and fax to 1-877-546-5780, or you can mail the form to:

The Apothecary Shops Specialty Pharmacy
23620 N. 20th Drive, Suite 12
Phoenix, AZ 85085
Phone: 1-877-LINKSRX (546-5779)



Today's Date Patient Contact Telephone Number (Required)
Patient Name Date of Birth
Home Address City State ZIP Code
Medicaid ID Amerigroup ID Amerigroup Group ID
Primary Diagnosis ICD-9 Code
Current EGA Weeks EDC Indications for 17P Administration

Prescription Information

Prescription:

17 alpha-hydroxyprogesterone caproate in cottonseed oil or sesame oil (if none selected, default is cottonseed oil) 250 mg per ml, 5mL vial for intramuscular injection

Sig: Inject 1 ml into muscle once weekly as instructed for weeks
Typically started between weeks 16 and 20 and continued until week 37 for women with singleton pregnancy and a history of prior preterm delivery.

Deliver medication to physician office as listed below.
All orders will be delivered by two-day FedEx. Allow three days for receipt of medication. No precertification is required for compounded 17P.

Date of first administration appointment

Prescriber Information

Doctor's Name Phone Number
Office Name Address
NPI DEA Number State Medical License Number
Date of Rx Number of Prescriptions

Substitution Permissible

Dispense as Written

Prescriber Signature (We cannot accept signature stamps)

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Faxed forms are valid only when sent directly from a prescriber's office. Prescriptions faxed by patients cannot be accepted.