

MCO Universal 17P/Makena Authorization Form

*Fax the COMPLETED form OR call the plan with the requested information.

- Insurance options: Absolute Total Care, First Choice by Select Health, Healthy Blue by BlueChoice of SC, Molina, WellCare of South Carolina. Includes phone numbers for each.

Administrative fields: Date of Request for Authorization, Patient/Member Name (First, Middle, Last, DOB), Address (Street, Apt.#, City/State/Zip), Phone, Medicaid Number, MCO ID Number.

Pregnancy Information and History

Pregnancy details: G___ T___ P___ A___ L___ (Note: A= abortion), Last menstrual period, EDD, Current Gestational age, Bed Rest status, Experiencing Preterm Labor, Singleton/Multiple Pregnancy, Gestation weeks, Fetal/Uterine Anomaly, History of preterm birth, Delivery type (preterm labor, PPRROM, C-section, medical indication), Medication Allergies, Other Pertinent Clinical Information.

Pharmacy Information

Pharmacy shipping details: Ship to patient's/home/provider's address, End Date of Service, Shipping Preference (Regular Mail, Ground, Overnight), Ordering Physician's Signature.

Provider Information

Provider details: Ordering Provider Name (Please Print), Ordering Provider NPI, Tax ID, Address, City/State/Zip, Phone, Fax, Provider Type (OB/GYN, Family Medicine, MFM/Perinatology, Other).

Practice details: Practice Name, Practice NPI, Contact Person, Phone.

FOR MCO USE ONLY:

MCO review fields: Approved/Denied, Authorization #, Number of Injections, Date of Notification to Provider, Reviewer(s) name & title.

Please note that our review applies only to the authorization of medical necessity and benefit coverage. This authorization is not a guarantee of payment unless the member is eligible at the time the services are rendered.

**Prescription may be written prior to 16 weeks, but the vial shipment may be withheld by the pharmacy until the 15th week.