VENTURA COUNTY
HEALTH CARE PLAN

Prior Authorization DRUG Guidelines

Makena (hydroxyprogesterone caproate)

Effective Date: 12/16/11
Date Developed: 12/16/11 by Albert Reeves MD
Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19
(Archived 1/22/19)

Makena (hydroxyprogesterone caproate) is a Progestin (Infertility Drug).

Pre-Authorization Criteria:

VCHCP will authorize Makena (Hydroxyprogesterone Caproate) for FDA indicated treatment to reduce the risk of preterm birth in women with singleton pregnancies who have a history of spontaneous preterm birth (delivery <37 weeks gestation) with previous singleton pregnancies.

VCHCP requires that Makena be prescribed by an Infertility Specialist.

Dosing: Adult

To reduce the risk of preterm birth: Pregnant females ≥16 years: I.M.: 250 mg once weekly (every 7 days). Treatment may begin between 16 weeks 0 days and 20 weeks 6 days of gestation. Continue weekly administration until 37 weeks gestation or until delivery, whichever comes first.

Dosage Forms: U.S.

Excipient information presented when available (limited, particularly for generics); consult specific product labeling.

Injection, solution:

Makena™: 250 mg/mL (5 mL) [contains benzyl alcohol, benzyl benzoate, castor oil]

Administration

For I.M. administration into the upper outer quadrant of the gluteus maximus. Withdraw dose using an 18 gauge needle; inject dose using a 21 gauge 1 $^{1}/_{2}$ inch needle. Administer by slow injection (≥1 minute). Solution is viscous and oily; do not use if solution is cloudy or contains solid particles. Apply pressure to injection site to decrease bruising and swelling.

WARNINGS / PRECAUTIONS

Concerns related to adverse effects:

Thromboembolism: Discontinue if arterial thrombosis, DVT, or thromboembolic events occur. Use is contraindicated with current or history of thrombosis or thromboembolic disorders.

Disease-related concerns:

. Carbohydrate intolerance: May have adverse effects on glucose tolerance; use caution in women with diabetes.

• Depression: Use with caution in patients with depression; discontinue if depression occurs.

• Diseases exacerbated by fluid retention: Use with caution in patients with diseases which may be exacerbated by fluid retention, including asthma, epilepsy, migraine, diabetes, pre-eclampsia, cardiac or renal dysfunction.

• Hepatic impairment: Specific studies have not been conducted; elimination may be decreased. Use is contraindicated with hepatic impairment.

• Hypertension: Monitor women who develop hypertension during therapy; consider risk versus benefit of continuation. Use is contraindicated with uncontrolled hypertension.

• Jaundice: Monitor women who develop jaundice during therapy; consider risk vs benefit of continuation. Use is contraindicated in women with cholestatic jaundice of pregnancy.

DRUG Interactions

(For additional information: Launch Lexi-Interact™ Drug Interactions Program)

Aminoglutethimide: May increase the metabolism of Progestins. Management: Progestin-containing contraceptives are not recommended; consider the use of alternative, nonhormonal contraceptives. *Risk D: Consider therapy modification*

Conivaptan: May increase the serum concentration of CYP3A4 Substrates. *Risk X: Avoid combination*

CYP2A6 Substrates: CYP2A6 Inducers (Strong) may increase the metabolism of CYP2A6 Substrates. *Risk C: Monitor therapy*

CYP3A4 Inducers (Strong): May increase the metabolism of CYP3A4 Substrates. *Risk C: Monitor therapy*

CYP3A4 Inhibitors (Moderate): May decrease the metabolism of CYP3A4 Substrates. *Risk C: Monitor therapy*

CYP3A4 Inhibitors (Strong): May decrease the metabolism of CYP3A4 Substrates. *Risk D: Consider therapy modification*

Dasatinib: May increase the serum concentration of CYP3A4 Substrates. *Risk C: Monitor therapy*

Deferasirox: May decrease the serum concentration of CYP3A4 Substrates. *Risk C: Monitor therapy*

Herbs (CYP3A4 Inducers): May increase the metabolism of CYP3A4 Substrates. *Risk C: Monitor therapy*

Herbs (Progestogenic Properties) (eg, Bloodroot, Yucca): May enhance the adverse/toxic effect of Progestins. *Risk C: Monitor therapy*

Tocilizumab: May decrease the serum concentration of CYP3A4 Substrates. *Risk C: Monitor therapy*

REFERENCES

1. Hemauer SJ, Yan R, Patrikeeva SL, et al, "Transplacental Transfer and Metabolism of 17-alpha-Hydroxyprogesterone Caproate," *Am J Obstet Gynecol*, 2008, 199(2):169.e1-5. [PubMed 18674659]
2. Meis PJ, Klebanoff M, Thom E, et al, "Prevention of Recurrent Preterm Delivery by 17 alpha-Hydroxyprogesterone Caproate," *N Engl J Med*, 2003, 348(24):2379-85. [PubMed 12802023]
3. ACOG Committee Opinion Number 419 October 2008 (replaces no. 291, November 2003). "Use of Progesterone to Reduce Preterm Birth," *Obstet Gynecol*, 2008, 112(4):963-5. [PubMed 18827143]

Revision History:

Date Reviewed/No Updates: 1/16/13 by A. Reeves MD
Date Approved by P&T Committee: 1/31/12; 1/29/13
Date Reviewed/No Updates: 1/28/14 by C. Sanders MD
Date Approved by P&T Committee: 1/28/14
Date Reviewed/No Updates: 1/13/15 by C. Sanders, MD
Date Approved by P&T Committee: 1/27/15
Date Reviewed/No Updates: 1/26/16 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/26/16
Date Reviewed/No Updates: 1/24/17 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/24/17
Date Reviewed/No Updates: 1/23/18 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/23/18
Date Reviewed/Archived: 1/22/19 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/22/19

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
1/24/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review

1/23/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
1/22/19	No	Catherine Sanders, MD; Robert Sterling, MD	Archived – check ESI