

Hydroxyprogesterone Caproate
Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Hydroxyprogesterone caproate is indicated for the following:

- Management of amenorrhea (primary and secondary) and abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology (eg, submucous fibroids, uterine cancer) in nonpregnant patients.
- For the production of secretory endometrium and desquamation in nonpregnant patients.
- As a test for endogenous estrogen production in nonpregnant patients.
- Treatment of advanced (stage III or IV) uterine adenocarcinoma in nonpregnant patients.

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has ONE of the following diagnoses:
 - a. Diagnosis of advanced adenocarcinoma of the uterine corpus (stage III or IV)
 - b. Diagnosis of amenorrhea (primary or secondary)
 - c. Member requires a test for endogenous estrogen production
 - d. Indication of production of secretory endometrium and desquamation

Continuation of Therapy

Reauthorization may be granted for members who achieve or maintain positive clinical response as evidenced by low disease activity or improvement in signs and symptoms.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Hydroxyprogesterone caproate [prescribing information]. Morgantown, WV: Mylan Institutional LLC; November 2021.

Review History

11/15/23 – Created Reviewed at Nov P&T. Effective 1/1/2024

