

**FORWARDHEALTH  
ATTESTATION TO ADMINISTER MAKENA INJECTIONS**

**Instructions:** Type or print clearly. Before completing this form, read the Attestation to Administer Makena Injections Completion Instructions, F-00508A. Providers may refer to the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage) for the completion instructions.

Providers are required to have an approved decision notice for Attestation to Administer Makena Injections before submitting professional claims. Providers may call Provider Services at (800) 947-9627 with questions.

Makena must be injected by a medical professional. Members may not self-administer the Makena injection.

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**SECTION I — MEMBER INFORMATION**

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1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number

3. Date of Birth — Member

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**SECTION II — PRESCRIBER INFORMATION**

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4. Name — Prescriber

5. National Provider Identifier (NPI) — Prescriber

6. Address — Prescriber (Street, City, State, ZIP+4 Code)

7. Telephone Number — Prescriber

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**SECTION III — CLINICAL INFORMATION**

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8. Diagnosis Code and Description

9. Has the member experienced difficulty with prior use of 17P compound injection or a medical reason that prevents the member from receiving treatment with 17P compound injection?

Yes       No

Explain in the space provided the difficulty with the prior use of the 17P compound injection or the medical reason that prevents the member from receiving treatment with 17P compound injection.

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*Continued*



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**SECTION IV — PRESCRIBER ATTESTATION DOCUMENTATION**

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10. Prescriber Attestation Documentation

By my signature below, I hereby attest that:

- The member has experienced difficulty with prior use of the 17P compound injection or a medical reason that prevents the member from receiving treatment with 17P compound injection.
- The pregnancy is a singleton pregnancy.
- The member has had a previous pre-term delivery (i.e., spontaneous birth before 37 weeks gestation).
- Makena injection treatment is being initiated between week 16 to week 20 of gestation and will continue through 37 weeks gestation or delivery, whichever is first.
- The member has a diagnosis of V23.41 (Pregnancy with history of preterm labor).

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11. **SIGNATURE** — Prescriber

12. Date Signed

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