**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Health Care Access and Accountability DHS 107.10(2), Wis. Admin. Code

F-00286 (04/14)

**FORWARDHEALTH**

**ATTESTATION TO ADMINISTER ALPHA HYDROXYPROGESTERONE CAPROATE (17P)   
COMPOUND INJECTIONS AND MAKENA INJECTIONS**

**Instructions:** Type or print clearly. Before completing this form, read the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections and Makena Injections Completion Instructions, F-00286A. Providers may refer to the Forms page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage* for the completion instructions.

Providers are required to keep a completed and signed Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections and Makena Injections form in the member’s medical record. Do not submit a copy to ForwardHealth, unless requested. Providers may call Provider Services at (800) 947‑9627 with questions.

The 17P compound or Makena must be injected by a medical professional. Members may not self-administer the 17P injection or Makena injection.

*Note:* Pharmacy providers may not submit claims for 17P compound injections or Makena injections.

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| **SECTION I — MEMBER INFORMATION** | | |
| 1. Name — Member (Last, First, Middle Initial) | | |
| 2. Member Identification Number | 3. Date of Birth — Member | |
| **SECTION II — PRESCRIBER INFORMATION** | | |
| 4. Name —Prescriber | | 5. National Provider Identifier — Prescriber |
| 6. Address —Prescriber (Street, City, State, ZIP+4 Code) | | |
| 7. Telephone Number — Prescriber | | |
| **SECTION III — CLINICAL INFORMATION** | | |
| 8. Diagnosis Code and Description | | |
| **SECTION IV – PRESCRIBER ATTESTATION DOCUMENTATION** | | |
| 9. Prescriber Attestation Documentation  By my signature below, I hereby attest that the following clinical criteria are met:  Current singleton pregnancy and a history of prior spontaneous pre-term birth in a member with normal cervical length in the current pregnancy. A spontaneous preterm birth is defined as a spontaneous (i.e., not indicated) birth occurring after 20 weeks gestation and before 37 weeks gestation. | | |
| 10. **SIGNATURE** — Prescriber | | 11. Date Signed |