

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.

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
