## **Universal 17-P Authorization Form**

\*Fax the COMPLETED form OR call the plan with the requested information.

☐ <b>Absolute Total Care</b> P: 803-933-3689 F: 866-918-4451	P: 866-902-1689	n ☐ First Choice by Select Health P: 888-559-1010 x51042 F: 866-533-5493	
	□ <b>Advicare</b> P: 888- 781-4371 F: 888- 781-4316		
Date of Request for Authorization Patient/Member Name DC			DOB
		Last	
Phone_	Address (Street, Apt.#)         City/State/Z           Phone         Medicaid Number         MCO I		MCO ID Number
☐Pregnancy Information and History			
GTPAL(Note: A= abortion (spontaneous and medically induced) EDC Last menstrual period EDD Current Gestational age weeks			
Bed Rest □Yes □No Experiencing Preterm Labor □Yes□ No			
(Home administration available if on bed rest)			
☐Singleton Pregnancy ☐Multiple Pregnancy			
At least 16 weeks gestation □Yes □No**  Major Fetal or Uterine Anomaly □Yes □No			
Patient has a history of prior spontaneous singleton preterm birth between 20-36.6 weeks ☐Yes ☐No			
Delivery was due to preterm labor or PPROM even if it resulted in C-section ☐Yes ☐No			
Delivery was not due to medical indication, e.g. preeclampsia, abruption, etc. □Yes □No			
Medication Allergies			
Other Pertinent Clinical Information:			
□Pharmacy Information			
☐Ship to patient's home address			
□Ship to provider's address End Date of Service			
Shipping Preference: □Regular Mail □Ground □Overnight Ordering Physician's Signature:Makena or 17-P Compound			
☐Provider Informa	ition		
Ordering Provider Name(Please Print)			
Ordering Provider NPI Tax ID Address City/State/Zip			
Phone Fax Fax			
Provider Type: □OB/GYN □Family Medicine □MFM/Perinatology □Other			
Practice Name: Practice NPI: Fax:			
Contact i cison Filone Filone Fax.			Fax:
FOR MCO USE ONLY:			
☐Approved ☐Denied A			

Please note that our review applies only to the authorization of medical necessity and benefit coverage. This authorization is not a guarantee of payment unless the member is eligible at the time the services are rendered.

<sup>\*\*</sup> Prescription may be written prior to 16 weeks, but the vial shipment may be withheld by the pharmacy until the 15th week