



IMPORTANT UPDATE:
Reorder Office-Based Medications Online 24/7
 It's the easiest, most secure way to reorder.
 Please begin using our online submission process at
<https://specialty.optumrx.com/provider>

MAKENA (HYDROXYPROGESTERONE) REORDER FORM

Please complete for all patient refills and return with any pertinent patient information.

Fax: **866-926-0463** Phone: **877-409-9347**

For internal use only.

Image Indexing: Ref Cat = High Risk Pregnancy / Referral Source = Office Based Deliveries / Clinic = Blank or High Touch Medical Billing if WV patient

PATIENT INFORMATION	
Name:	Date of birth (mm/dd/yyyy):
REFILL INFORMATION	
Gestational age at time of last injection _____ weeks	
Drug name: _____	
Add Supplies: _____	
Date of next requested delivery (LIMITED to Tuesday–Friday only): _____	
If urgent turn around is necessary, please call the pharmacy directly.	

NOTE: If there has been a change of insurance, please include copies of both sides of cards.

I received an injection of Makena/hydroxyprogesterone on the date shown above. Please ship my next Makena/hydroxyprogesterone shipment to the shipping address indicated below on the date indicated below. I authorize Optum® Specialty Pharmacy to bill my insurance company for the shipment and that I am financially responsible for any copay/coinsurance and amounts not covered by my insurance that is associated with these shipments. I understand that either myself or an authorized representative will need to contact Optum Specialty Pharmacy as circumstances change and I no longer need this next Makena/hydroxyprogesterone shipment or the shipment date changes for any reason.

Patient signature: _____

NOTE: If it is determined that this delivery request is not needed, please contact us immediately to avoid an unnecessary cost for the patient.

I administered the last injection Makena/hydroxyprogesterone on the following date: _____

Physician/Office staff signature/OBHH staff signature: _____ **Title:** _____

Delivery address: _____

Office contact: _____

Office hours: _____

THIS FORM IS NOT A PRESCRIPTION.

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