

# 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

## 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>.

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## Patient information

Patient name:

Date of birth (mm/dd/yyyy):

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## 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.

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**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:** X

**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:** X

**Title:**

**Delivery address:**

**Office contact:**

**Office hours:**

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## This form is not a prescription.

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