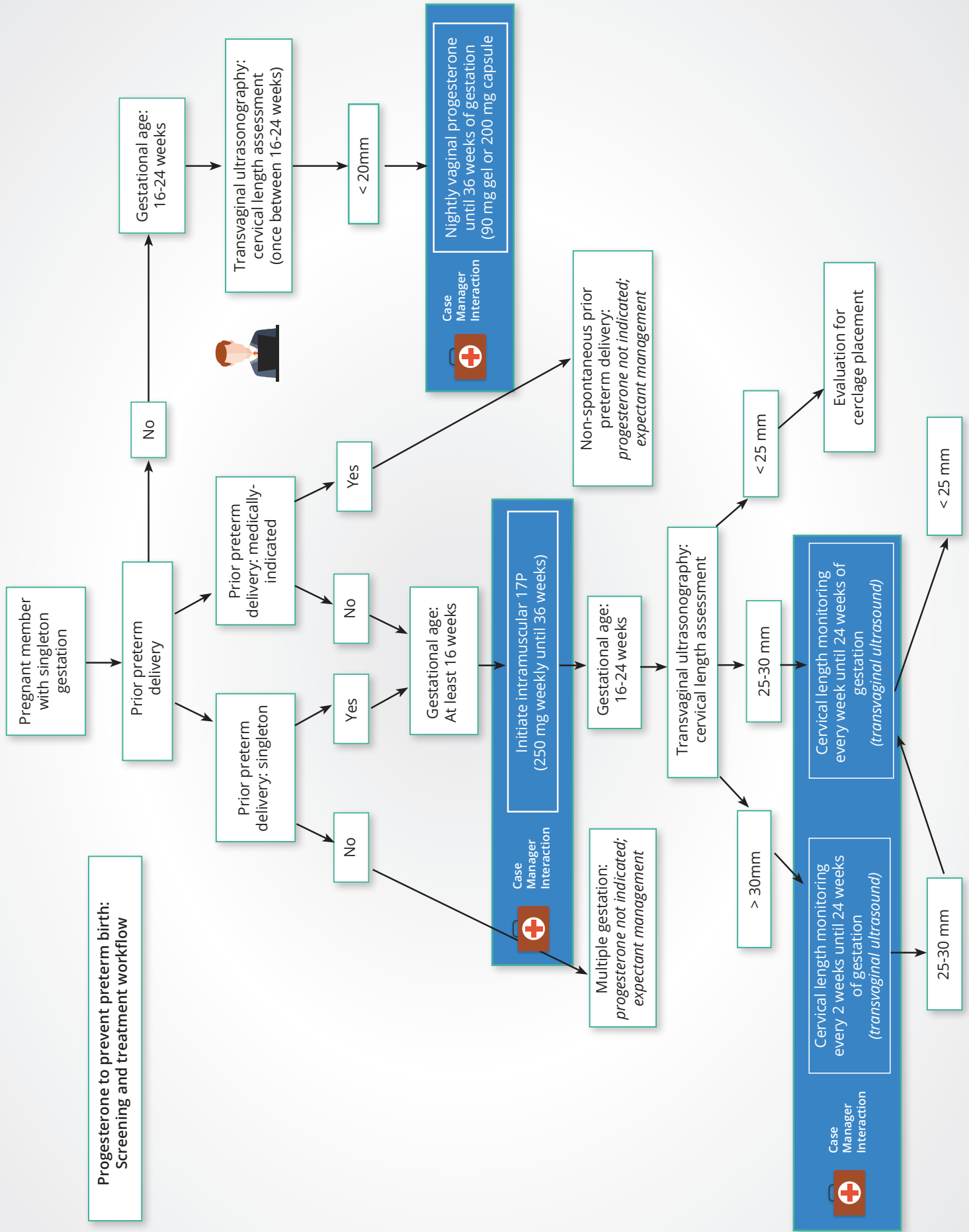


# Appendix A: Clinical Decision Aid for Use of Progesterone to Prevent Preterm Birth



## Appendix B: Survey Instrument

Data for this issue brief were collected through a questionnaire administered to Medicaid MCOs. The survey contained items inquiring about coverage of progesterone and associated interventions to prevent preterm birth. Participation was offered to members of Medicaid Health Plans of America (MHPA) – a nonprofit trade association representing Medicaid health plans. The survey was offered to health plans in hard copy form on November 11, 2015 (at an MHPA conference). A web-based version was also offered to these plans for completion via the Qualtrics® secure online survey platform. Responses that were provided between November 11, 2015 and January 15, 2016 were accepted.

Hydroxyprogesterone caproate is administered as a weekly intramuscular injection from 16 to 36 weeks of gestation in women with history of a previous singleton, spontaneous preterm birth. The branded drug is called Makena®; a compounded version may also be available.

1. Name of Health Plan: \_\_\_\_\_

Your health plan will not be identified in any document or report.  
All responses will be de-identified, and results will be reported in aggregate only.

2. Please complete the following grid. If your plan offers coverage in more than five states, please use additional forms.

State(s) in which your plan provides coverage	State 1: ____ (e.g., MI)	State 2: ____	State 3: ____	State 4: ____	State 5: ____
Type of plan	<input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit	<input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit	<input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit	<input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit	<input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit
How many lives are covered?					
For each state, is Makena® a covered benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

State(s) in which your plan provides coverage	State 1: ____ (e.g., MI)	State 2: ____	State 3: ____	State 4: ____	State 5: ____	
If Makena® is covered...						
What is the benefit?	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is prior authorization required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is there an upper gestational age limit (in weeks)?	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is administration at home a covered benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
For each state, is compounded hydroxyprogesterone caproate a covered benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If the compounded version is covered...						
What is the benefit?	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Benefit <input type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Med & Pharm <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is prior authorization required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is there an upper gestational age limit?	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Age: ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is administration at home a covered benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

**What are common and/or significant barriers to providing Makena® to Medicaid beneficiaries? (Select all that apply.)**

- Cost
- Clinician inability to stock the drug
- Confusion regarding coverage
- Confusion regarding billing
- Clinician lack of knowledge
- Other (specify below):

**What are common and/or significant barriers to providing compounded hydroxyprogesterone caproate to Medicaid beneficiaries? (Select all that apply.)**

- Pharmacies have ceased compounding the drug
- Confusion regarding coverage
- Confusion regarding billing
- Clinician lack of knowledge
- Other (specify below):

**What resources would benefit your health plan on this topic?  
(Select all that apply.)**

- Fact sheet
- Issue brief
- Position statement
- Toolkit

Quick overview of topic with key issues.

In-depth analysis and overview highlighting different models.

Convening meeting of key stakeholders to identify strategies

Specify toolkit focus:

---

- Research

Specify type of research:

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- Other (specify below):

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**Please identify recommendations that you want us to provide to the Centers for Medicare and Medicaid Services (CMS) that would help overcome issues that your health plan is experiencing.**

**In other words, what are the solutions that CMS can implement to help you? We will collect all of the responses and schedule a meeting with CMS to share your ideas with them. Please share in the space below.**

**Did we miss anything important? Please share in the space below.**