

March 20, 2019

Health Plan	BIN	PCN
AmeriHealth DC	019595	06280000

**RE: Prior Authorization Requirement Change for Brand 17 $\alpha$ -Hydroxyprogesterone (Makena) for AmeriHealth Caritas District of Columbia Members**

Dear Pharmacy Provider,

Please note the below change for AmeriHealth Caritas District of Columbia Members:

**Effective immediately:**

Prior authorization approval will be required for all brand forms of 17 $\alpha$ -Hydroxyprogesterone (Makena.)

The generic form of 17 $\alpha$ -Hydroxyprogesterone will continue to process at Point of Sale without a prior authorization.

If you have any questions, please call PerformRx Pharmacy Services at **1-888-602-3741**.

Thank you,

PerformRx  
Pharmacy Network Management