



**Aetna Better Health of Texas
PROVIDER NOTIFICATION
Makena Products No Longer Covered As Of April 7, 2023**

Dear Valued Provider,

Aetna Better Health of Texas will comply with the FDA decision and J1726/J1729 will not be a covered benefit as of 4/07/2023. Providers should be aware the manufacturer has voluntarily recalled these products. Claims payment will be determined on a case-by-case basis pending further guidance from state and federal regulators.

On April 6, 2023, the U.S. Food and Drug Administration announced the final decision to withdraw approval of Makena. HHSC will remove the following Makena products and their clinical prior authorization from all formularies as of April 7, 2023.

<https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/makena-hydroxyprogesterone-caproate-injection-information>

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization

<https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html>

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy .

CHIP

Bexar area

1-866-818-0959 (TTY: 711)

Tarrant area

1-800-245-5380 (TTY: 711)

STAR (Medicaid)

Bexar area

1-800-248-7767 (TTY: 711)

Tarrant area

1-800-306-8612 (TTY: 711)

STAR Kids

Dallas and Tarrant areas

1-844-787-5437 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health Members.

Sincerely,

Provider Services and Chief Medical Officer

Aetna Better Health of Texas

Code List
Changes affect STAR, STAR Kids and CHIP

Code	Code Description
64011030103	MAKENA 275 MG/1.1 ML AUTOINJCT
00517176701	HYDROXYPROGEST 250 MG/ML VIAL
55150030901	HYDROXYPROGEST 250 MG/ML VIAL
64011030103	MAKENA 275 MG/1.1 ML AUTOINJCT
67457096701	HYDROXYPROGEST 250 MG/ML VIAL
69238179701	HYDROXYPROGEST 250 MG/ML VIAL
71225010401	HYDROXYPROGEST 1,250 MG/5 ML
71225010501	HYDROXYPROGEST 250 MG/ML VIAL