Update on Progesterone Treatment to Decrease Preterm Birth







Relevant Disclosures

- Under the Oklahoma State Medical Association CME guidelines, disclosures must be made regarding relevant financial relationships with commercial interests within the last 12 months.
- Chad Smith has no financial relationships or affiliations to disclose.

SoonerCare Claims for Progesterone

Makena	SFY2015	SFY16	SFY17
Unduplicated #	391	520	652
Reimbursement	\$3,707,461	\$4,886,735	\$5,943,296
Compounded Hydroxyprogesterone	SFY15	SFY16	SFY17
Unduplicated #	361	49	50
Allowed Amount	\$3,989	\$607	\$10,739
Endometrin	(coverage did not begin until 8/1/2016)		SFY17
Unduplicated #			5
Reimbursement			\$2,224
Crinone	SFY2015	SFY16	SFY17
Unduplicated #	6	14	3

\$4,718

Reimbursement

\$10,777

\$1,514

Progesterone Utilization from SoonerCare claims

- Medicaid-insured deliveries in Oklahoma = ~31,300*
- Possible candidates** = ~1,530 women
- Actual Medicaid-insured receiving injectable progesterone in FY 2017 = 702 women

~46% utilization statewide

^{*}based on average of Medicaid-insured deliveries for FYs 2014-2016

^{**} based on 5% utilization rate estimated by Hologic

SoonerCare Progesterone Guideline – Intramuscular Administration

- Screen at time of new appointment request.
 "Have you had a baby that was born early?"
- Expedite first appointment to include screening for hx of singleton spontaneous preterm birth
- OHCA Coverage Algorithm

Patient Identification

Prescription Initiation

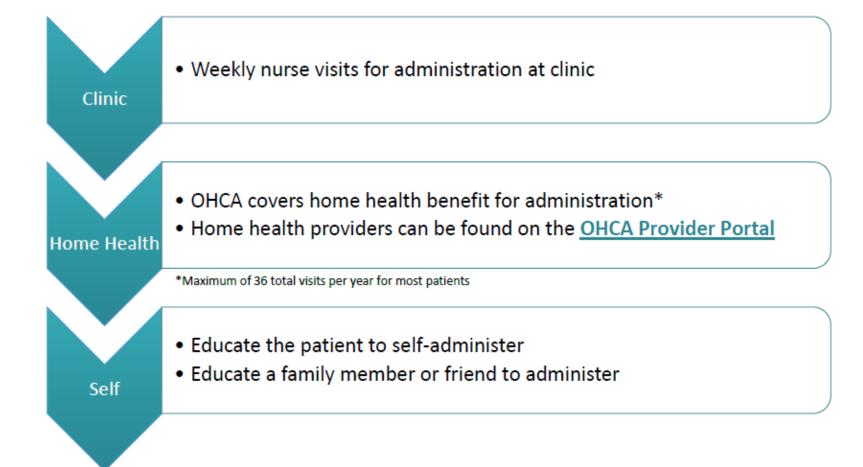
- Consider MFM referral
- Complete form <u>PHARM-23</u> for pharmacy prior authorization
- Fax Rx to designated pharmacy for patient pickup or mail delivery

- Initiate between 16-26 weeks
- Administer weekly IM Progesterone through 36 weeks

Patient Management

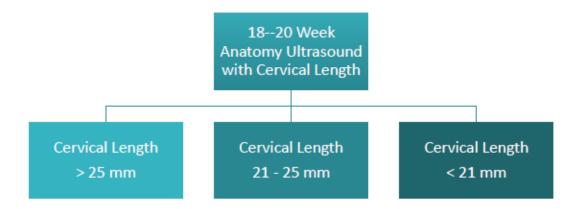


SoonerCare Options for Intramuscular Administration of Progesterone





SoonerCare Progesterone Guideline – Vaginal Administration



> 25 mm

- · Routine obstetrical care indicated
- Ongoing monitoring for signs and symptoms of preterm labor

21-25 mm

- Follow-up ultrasound for repeat cervical length is indicated
- Consider MFM referral for enrollment in high risk OB package

< 21 mm

- Vaginal progesterone is indicated --> complete <u>PHARM-23*</u>
- Initiate between 20 and 26 weeks
- MFM referral for enrollment in high risk OB package

*Crinone® and Endometrin® are both covered, however, Endometrin® is preferred





Suggestions for Improvement?

We need to hear from you!

- If you have suggestions for improvement or have experienced barriers with progesterone administration, please email barbara-obrien@ouhsc.edu to discuss.
- Progesterone Guideline can be found on www.opqic.org

- Oklahoma has state specific messages
- Some are related to progesterone for prior spontaneous preterm birth

