


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
9/29/2004	7/20/2011	7/20/2010
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

## A. SUBJECT

17 Alpha Hydroxyprogesterone

## B. BACKGROUND

The American College of Obstetricians and Gynecologists (ACOG) Committee has recommended that progesterone supplementation for the prevention of recurrent preterm birth should be offered to women with a singleton pregnancy and a prior spontaneous preterm birth due to spontaneous preterm labor or premature rupture of membranes. Current evidence does not support the routine use of progesterone in women with multiple gestations.

## C. POLICY

**For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):**

- CareSource will approve 17 Alpha Hydroxyprogesterone (17 P) for women with a current singleton pregnancy and a documented history of one or more preterm births occurring between 16 and 36 weeks gestation due to spontaneous preterm labor or premature rupture of membranes.
- The weekly intramuscular injections of 17 Alpha Hydroxyprogesterone should be initiated between 16-24 weeks of gestation through 36 completed weeks of gestation only. If the series of injections is not initiated during the period between 16-24 weeks gestation, CareSource will not authorize or pay for the series of injections
- History of preterm births secondary to defined medical indications does not warrant 17P consideration. Such indications include induction for hypertension, IUGR, fetal compromise or distress, placental abruption or previa, Rh or other blood group incompatibility, fetal anomaly.
- Current evidence does not support the routine use of 17 Alpha Hydroxyprogesterone in women with multiple gestation and such use will not be authorized.

5. Progesterone supplementation for asymptomatic women with an incidentally identified very short cervix (less than 15-mm) may be considered.
6. Initiation of treatment will not be considered for women who are currently in pre-mature labor or who have ruptured membranes.

**If there is no LCD or NCD present reference the CSMG Policy for coverage.**

#### D. REVIEW / REVISION HISTORY

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Date Issued: 9/29/2004

Date Revised: 4/01/2001, 7/1/2007

Date Reviewed: 03/04/2009, 7/1/2009

#### E. REFERENCES

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1. Meis PJ, Klebanoff M, Thom E, et al. Prevention of recurrent preterm delivery by 17 alpha-hydroxyprogesterone caproate. *NEJM*. 2003;348(24):2379-2385.
2. hydroxyprogesterone caproate. *Am J Obstet Gynecol*. 1985;151(5):574-577.
3. How, MD, H. Y., Batron, MD, J.R., Istwan, RN, N. B. , Rhea, MPH, D. J., & Stanziano, MD, G.J. (2007). Prophylaxis with 17-alpha-hydroxyprogesterone caproate for prevention of recurrent preterm delivery: does gestational age at initiation of treatment matter?. *American Journal of Obstetrics & Gynecology*. 2007.07.013, 260.e1-260.e3.
4. ACOG Committee Opinion 419, October 2008.
5. Tita ATN, Rouse DJ. Progesterone for preterm birth prevention: an evolving intervention. *AM J Obstet Gynecol* 2009; March, pp 219-224.

The medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.