



Hydroxyprogesterone (17-OHP) Referral Form

Date: _____

Please complete this form and email it to referrals@msadvancedmedicine.com or fax it to **601-812-6401** along with facesheet and medical records documenting gestational age and history of singleton spontaneous preterm birth.

Patient Name: _____

Date of Birth: _____

EDD: _____

Cervical cerclage is:

- Not Planned for current pregnancy
- Planned for current pregnancy*

*Per BCBS AHS policy as of 9/29/20, BOTH hydroxyprogesterone AND cervical cerclage are NOT considered medically necessary.

Please administer hydroxyprogesterone caproate (17-OHP) 250 mg IM weekly

- Must be initiated between 16 and 20 weeks 6 days of gestation
- To be continued until 36 weeks 6 days of gestation

Prescriber Name: _____

Prescriber Signature: _____

Prescriber NPI: _____