



Date: September 19, 2018
To: Medicaid and CHIP Managed Care Organizations
From: Texas Vendor Drug Program
Subject: N-18-003: Makena Shortage Identified

Supply levels of Makena vials and Makena auto-injectors may vary across wholesalers and pharmacies as a result of a manufacturing issue. HHSC has added two approved generics to the Medicaid formulary to address the shortage. Branded products are currently preferred and the generics are listed as non-preferred.

No additional clinical prior authorization is required because the Makena clinical prior authorization criteria currently covers the brand and generic products with the use of drug groupings such as Generic Code Number or Generic Product Identifier.

Type	NDC	Drug Name / Description	PDL Status
Brand	64011024702	Makena 250 mg/ml Vial	Preferred
Generic	00517176701	Hydroxyprogesterone 250 mg/ml vial	Non-Preferred (as of Aug. 13)
Generic	66993003883	Hydroxyprogesterone 250 mg/ml vial	Non-Preferred (as of Aug. 15)

HHSC will announce when the shortage is over and products are readily available again in the market. At that time, the brand products will be returned to their non-preferred status and the generic will remain non-preferred.

Questions about this notice may be sent via email to vdp_formulary@hhsc.state.tx.us.