Makena (hydroxyprogesterone caproate injection) is a progestin indicated to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth. The effectiveness of Makena is based on improvement in the proportion of women who delivered <37 weeks of gestation. There are no controlled trials demonstrating a direct clinical benefit, such as improvement in neonatal mortality and morbidity.

**Limitation of use:** While there are many risk factors for preterm birth, safety and efficacy of Makena has been demonstrated only in women with a prior spontaneous singleton preterm birth. **It is not intended for use in women with multiple gestations or other risk factors for preterm birth.**

Please see Important Safety Information on the following page and accompanying full Prescribing Information for Makena.

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**Patient information and coding worksheet**

To ensure timely and accurate reimbursement, confirm the patient’s insurance coverage and code/claim requirements prior to submitting the claim. Use the attached worksheet to keep track of verified codes and file this information with the patient’s chart for quick and easy reference. Code and claim requirements may vary by insurer and patient benefit plan.

**Patient information**

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**Other Information**

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<td>Subcutaneous auto-injector 64011-301-03 OR 64011-0301-03</td>
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<td>–OR–</td>
<td>Makena® (hydroxyprogesterone caproate injection) 1 mL=250 mg per dose</td>
<td>–OR– Single-dose, preservative-free vial 64011-247-02 OR 64011-0247-02 Multi-dose vial (5 weekly injections) 64011-243-01 OR 64011-0243-01</td>
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<td>–OR–</td>
<td>Office/outpatient visit codes (new patient; length of visit) (established patient; length of visit)</td>
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Additional information needed:

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<td>□ YES □ NO</td>
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</table>

**Have questions? Connect with us.**

1-800-847-3418 • 8AM–8PM ET • info@makenacareconnection.com

Makena (hydroxyprogesterone caproate injection) is a progestin indicated to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth. The effectiveness of Makena is based on improvement in the proportion of women who delivered <37 weeks of gestation. There are no controlled trials demonstrating a direct clinical benefit, such as improvement in neonatal mortality and morbidity.

**Limitation of use:** While there are many risk factors for preterm birth, safety and efficacy of Makena has been demonstrated only in women with a prior spontaneous singleton preterm birth. **It is not intended for use in women with multiple gestations or other risk factors for preterm birth.**

Please see Important Safety Information on the following page and accompanying full Prescribing Information for Makena.
Important Safety Information for Makena® (hydroxyprogesterone caproate injection)

- Do not use Makena in women with any of the following conditions:
  - Current or history of thrombosis or thromboembolic disorders
  - Known or suspected breast cancer, other hormone-sensitive cancer or history of these conditions
  - Undiagnosed abnormal vaginal bleeding unrelated to pregnancy
  - Cholestatic jaundice of pregnancy
  - Liver tumors, benign or malignant, or active liver disease
  - Uncontrolled hypertension
- Makena should be discontinued if thrombosis or thromboembolism occurs
- Allergic reactions, including urticaria, pruritus and angioedema, have been reported with use of Makena or with other products containing castor oil
- Women receiving Makena should be monitored if they:
  - Are prediabetic or diabetic
  - Have conditions that may be affected by fluid retention, such as preeclampsia, epilepsy, cardiac or renal dysfunction
  - Have a history of clinical depression; Makena should be discontinued if depression recurs
  - Develop jaundice; consider whether benefit of use warrants continuation
  - Develop hypertension
- Certain pregnancy-related fetal and maternal complications or events were numerically increased in Makena-treated subjects as compared to placebo subjects, including miscarriage (2.4% vs. 0%) and stillbirth (2% vs. 1.3%), admission for preterm labor (16% vs. 13.8%), preeclampsia or gestational hypertension (8.8% vs. 4.6%), gestational diabetes (5.6% vs. 4.6%), and oligohydramnios (3.6% vs. 1.3%)
- In a study where the Makena intramuscular injection was compared with placebo, the most common adverse reactions reported with Makena intramuscular injection (reported incidence in ≥2% of subjects and higher than in the control group) were: injection site reactions (pain [35%], swelling [17%], pruritus [6%], nodule [5%]), urticaria (12%), pruritus (8%), nausea (6%), and diarrhea (2%)
- In studies where the Makena subcutaneous injection using auto-injector was compared with Makena intramuscular injection, the most common adverse reaction reported with Makena auto-injector use (and higher than with Makena intramuscular injection) was injection site pain (10% in one study and 34% in another)

Please see accompanying full Prescribing Information for Makena.

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use MAKENA safely and effectively. See full prescribing information for MAKENA.

MAKENA® (hydroxyprogesterone caproate injection) for intramuscular or subcutaneous use.

Initial U.S. Approval: 1956

- RECENT MAJOR CHANGES

Dosage and Administration, Dosing (2.1) 02/2018
Dosage and Administration, Preparation & Administration (2.2) 02/2018

- INDICATIONS AND USAGE

Makena is a progestin indicated to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth (1). The effectiveness of Makena is based on improvement in the proportion of women who delivered < 37 weeks of gestation (14). There are no controlled trials demonstrating a direct clinical benefit, such as improvement in neonatal mortality and morbidity.

Limitation of use: Makena is not intended for use in women with multiple gestations or other risk factors for preterm birth.

- DOSAGE AND ADMINISTRATION

- Makena auto-injector: Administer subcutaneously using Makena auto-injector at a dose of 275 mg (1.1 mL) once weekly, in the back of either upper arm (2.1)
- Makena (single- and multi-dose vials): Administer intramuscularly at a dose of 250 mg (1 mL) once weekly in the upper outer quadrant of the gluteus maximus (2.1)
- Begin treatment between 16 weeks, 0 days and 20 weeks, 6 days of gestation (2.1)
- Continue administration once weekly until week 37 (through 36 weeks, 6 days) of gestation or delivery, whichever occurs first (2.1)

- DOSAGE FORMS AND STRENGTHS

1.1 mL single-use auto-injector for subcutaneous use contains 275 mg of hydroxyprogesterone caproate (250 mg/mL). (3)
1 mL single-dose vial for intramuscular use contains 250 mg of hydroxyprogesterone caproate. (3)
5 mL multi-dose vial for intramuscular use contains 1250 mg of hydroxyprogesterone caproate (250 mg/mL). (3)

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2 DOSAGE AND ADMINISTRATION
2.1 Dosing
2.2 Preparation and Administration
2.3 Instructions for Use (Makena Auto-injector)
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
5.1 Thromboembolic Disorders
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* Sections or subsections omitted from the full prescribing information are not listed

Revised 02/2018

Because Makena auto-injector is preservative-free, once the cap is removed the device should be used immediately or discarded.

Rotate the injection site to the alternate arm from the previous week. Do not use in areas where the skin is tender, bruised, red, scaly, raised, thick, or hard. Avoid areas with scars, tattoos, or stretch marks. The solution is viscous and oily. The auto-injector takes approximately 15 seconds to deliver the dose; when the viewing window is fully blocked (completely orange), the full dose has been administered. The "Instructions for Use" contains detailed steps for administering the subcutaneous injection using the auto-injector [see Dosage and Administration (2.3)]. Read the "Instructions for Use" carefully before administering Makena auto-injector.

2.3 Instructions for Use (Makena Auto-injector)

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Makena is a clear, yellow solution. The solution must be clear at the time of use; replace if visible particles or crystals are present.

Specific instructions for administration by dosage form:

Makena single-dose or multi-dose vials (intramuscular use only)
Makena single-dose or multi-dose vials are for use in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth. Makena is not intended for use in women with multiple gestations or other risk factors for preterm birth. Makena auto-injector is a single-use, pre-filled, disposable device containing a 27 gauge, 0.5 inch needle that delivers one dose subcutaneously in the back of the upper arm.
In the clinical trial using intramuscular injection, 2.2% of subjects receiving Makena were reported as discontinuing therapy due to adverse reactions compared to 2.6% of control subjects. The most common adverse reactions that led to discontinuation in both groups were urticaria and injection site pain/swelling (1% each).

Pulmonary embolism in one subject and injection site cellulitis in another subject were reported as serious adverse reactions in Makena-treated subjects.

Two clinical studies were conducted in healthy post-menopausal women, comparing Makena administered via subcutaneous auto-injector to Makena administered as an intramuscular injection. In the first study, injection site pain occurred in 3/30 (10%) of subjects who used the subcutaneous auto-injector vs. 2/20 (10%) of subjects who used intramuscular injection. In the second study, injection site pain occurred in 20/35 (57%) of subjects who used the subcutaneous auto-injector vs. 5/61 (8%) of subjects receiving intramuscular injection.

6.2 Postmarketing Experience

The following adverse reactions have been identified during postmarketing use of Makena. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug therapy.

Body: as a whole: Local injection site reactions (including erythema, urtica, rash, irritation, hypersensitivity, warmth); fatigue; fever; hot flashes/flecks

Digestive disorders: Vomiting

Infections: Urinary tract infection

Nervous system disorders: Headache, dizziness

Pregnancy, puerperium and perinatal conditions: Cervical dilatation, threatened miscarriage

Respiratory disorders: Dyspnoea, chest discomfort

Skin: Rash

7 DRUG INTERACTIONS

In vitro drug-drug interaction studies were conducted with Makena. Hydroxyprogesterone caproate has minimal potential for CYP1A2, CYP2A6, and CYP2B6 related drug-drug interactions at the clinically relevant concentrations. In vitro data indicated that therapeutic concentration of hydroxyprogesterone caproate is not likely to inhibit the activity of CYP2C9, CYP2C19, CYP2D6, CYP2E1, and CYP3A4 [See Clinical Pharmacology (12.3)]. No in vivo drug-drug interaction studies were conducted with Makena.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Makena is indicated to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth. Fetal, neonatal, and maternal risks are discussed throughout this labeling. Data from the placebo-controlled clinical trial and the pilot infant follow-up safety study [See Clinical Studies (14)] did not show a difference in adverse developmental outcomes between children of Makena-treated women and children of control subjects. However, these data are limited and cannot determine a drug-related adverse effect of developmental outcomes as none of the Malenia-treated women received the drug during the first trimester of pregnancy. In animal reproduction studies, intramuscular administration of hydroxyprogesterone caproate to pregnant rats at doses 5 times the human dose equivalent based on a 60-kg human was not associated with adverse developmental outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

Reproduction studies of hydroxyprogesterone caproate administered to various animal species have been reported in the literature. In nonhuman primates, embryolethality was reported in rhesus monkeys administered hydroxyprogesterone caproate up to 2.4 and 24 times the human dose equivalent, but not in cynomolgus monkeys administered hydroxyprogesterone caproate at doses up to 2.4 times the human dose equivalent, every 7 days between days 20 and 146 of gestation. There were no teratogenic effects in either strain of monkey.

Reproduction studies have been performed in mice and rats at doses up to 95 and 5, respectively, times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to hydroxyprogesterone caproate.

8.2 Lactation

Risk Summary

Low levels of progesterone are present in human milk with the use of progesterone-containing products, including hydroxyprogesterone caproate. Published studies have reported no adverse effects of progesterone on the breastfed child or on milk production.

8.4 Pediatric Use

Makena is not indicated for use in women under 16 years of age. Safety and effectiveness in patients less than 16 years of age have not been established. A small number of women under age 18 years were studied; safety and efficacy are expected to be the same in women aged 16 years and above as for users 18 years and older [See Clinical Studies (14)].

8.5 Hepatic Impairment

No studies have been conducted to examine the pharmacokinetics of Makena in patients with hepatic impairment. Makena is extensively metabolized and hepatic impairment may reduce the elimination of Makena.

10 OVERDOSE

There have been no reports of adverse events associated with overdose of Makena in clinical trials. In the case of overdose, the patient should be treated symptomatically.

11 DESCRIPTION

The active pharmaceutical ingredient in Makena is hydroxyprogesterone caproate, a progestin. The chemical name for hydroxyprogesterone caproate is 3-[4-[(2R,3S)-3-epoxy-4-oxo-2-(phenylethyl)oxy]-2-oxo-2,3-dihydro-1H-inden-1-yl]propanoic acid. It has an empirical formula of C47H60O11 and a molecular weight of 726.60. Hydroxyprogesterone caproate exists as white to practically white crystals or powder with a melting point of 120°-124°C. The structural formula is:
12.1 Mechanism of Action
Hydroxyprogesterone caproate is a synthetic progestin. The mechanism by which hydroxyprogesterone caproate reduces the risk of preterm birth is not known.

12.2 Pharmacodynamics
No specific pharmacodynamic studies were conducted with Makena.

12.3 Pharmacokinetics
Absorption: Female patients with a singleton pregnancy received intramuscular doses of 250 mg of hydroxyprogesterone caproate for the reduction of preterm birth starting between 16 weeks 0 days and 20 weeks 6 days. All patients had blood drawn daily for 7 days to evaluate pharmacokinetics.

Table 4 Summary of Mean (Standard Deviation) Pharmacokinetic Parameters for Hydroxyprogesterone Caproate

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<thead>
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<th>Parameter</th>
<th>Makena (N=310)</th>
<th>Control (N=153)</th>
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<td>0.6 L/h/m² (1)</td>
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<tr>
<td>Vd</td>
<td>191 L (1)</td>
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</table>

Half-life was drawn daily for 7 days. No significant differences in half-life were observed between the treatment groups.

For all three groups, peak concentration (Cmax) and area under the curve (AUC[0-7]) of the mono-hydroxylated metabolites were approximately 3-fold lower than the respective parameters for the parent, hydroxyprogesterone caproate. While di-hydroxylated and tri-hydroxylated metabolites were also detected in human plasma to a lesser extent, no meaningful quantitative results could be derived due to the absence of reference standards for these metabolites. The relative activity and significance of these metabolites are not known.

The elimination half-life of hydroxyprogesterone caproate, as evaluated from 4 patients in the study who received full term in their pregnancies, was 16.4 (3.6) days. The elimination half-life of the mono-hydroxylated metabolites was 19.7 (4.2) days.

In a single-dose, open-label, randomized, parallel design bioavailability study in 120 healthy postmenopausal women, comparable systemic exposure of hydroxyprogesterone caproate was seen when Makena was administered subcutaneously with the auto-injector (1.1 mL) in the back of the upper arm and when Makena was dosed intramuscularly (1 mL) in the upper outer quadrant of the gluteus maximus.

Distribution: Hydroxyprogesterone caproate binds extensively to plasma proteins including albumin and corticosteroid binding globulin.

Metabolism: In vitro studies have shown that hydroxyprogesterone caproate can be metabolized by human hepatocytes, both by phase I and phase II reactions. Hydroxyprogesterone caproate undergoes extensive reduction, hydroxylation and conjugation. The conjugated metabolites include sulfate, glucuronidated and acetylated products. In vitro data indicate that the metabolism of hydroxyprogesterone caproate is predominantly mediated by CYP3A4 and CYP2A5. The in vivo data indicate that the conjugate group is retained during metabolism of hydroxyprogesterone caproate.

Excretion: Both conjugated metabolites and free steroids excreted in the urine and feces, with the conjugated metabolites being prominent. Following intramuscular administration to pregnant women at 10-12 weeks gestation, approximately 50% of a dose was recovered in the feces and approximately 36% recovered in the urine.

Drug Interactions
Cytochrome P450 (CYP) enzymes: An in vitro inhibition study using human liver microsomes and CYP selective, non-selective and substituted anti-androgens indicated that hydroxyprogesterone caproate increased the metabolic rate of CYP1A2, CYP2A6, and CYP2B6 by approximately 80%, 150%, and 80%, respectively. However, in another study in human liver microsomes participated in clinical trials, the rate of CYP1A2, CYP2A6, and CYP2B6 by approximately 80%, 150%, and 80%, respectively. An in vitro study using human hepatocytes, both phase I and phase II reactions. Hydroxyprogesterone caproate did not induce or inhibit CYP1A2, CYP2A6, or CYP2B6 activity. Overall, the findings indicate that hydroxyprogesterone caproate has minimal potential for inducing CYP1A2, CYP2A6, and CYP2B6 related drug-drug interactions at the clinically relevant concentrations.

In vitro data indicated that therapeutic concentration of hydroxyprogesterone caproate is not likely to inhibit the activity of CYP2C9, CYP2C19, CYP2D6, CYP2C19, and CYP3A4.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
Hydroxyprogesterone caproate has not been adequately evaluated for carcinogenicity. No reproductive or developmental toxicity or impaired fertility was observed in a multigenerational toxicity study. Hydroxyprogesterone caproate has not been adequately evaluated for carcinogenicity.

14.2 Infant Follow-Up Safety Study
Infants born to women enrolled in this study, and who survived to be discharged from the nursery, were followed for up to 1 year as part of a follow-up safety study. At 348 eligible offspring, 79.9% enrolled. 184 children of Makena-treated women and 84 children of control subjects. The primary endpoint was the score on the Ages & Stages Questionnaire (ASQ), which evaluates communication, gross motor, fine motor, problem-solving, and personal/social parameters. The proportion of children whose scores met the screening threshold for developmental delay in each developmental domain was similar for each treatment group.

15 HOW SUPPLIED/STORAGE AND HANDLING

Makena auto-injector for subcutaneous injection

Makena auto-injector (NDC 640/11-301-03) is supplied as 1.1 mL of a clear yellow sterile preservative-free solution in an auto-injector containing a pre-filled syringe. Each 1.1 mL auto-injector contains hydroxyprogesterone caproate USP, 250 mg/mL (25% w/v), in castor oil USP (30.6% v/v) and benzyl benzate USP (46% v/v).

Single unit: Contains one 1.1 mL single-patient-use auto-injector of Makena containing 275 mg of hydroxyprogesterone caproate.

Store at 20° to 25°C (68° to 77°F). Do not refrigerate or freeze.

Caution: Protect auto-injector from light. Store auto-injector in its box.

Makena single- and dual-dose vials for intramuscular injection

Makena (NDC 640/1-247-02) is supplied as 1 mL of a sterile preservative-free clear yellow solution in a single-dose glass vial.

Each 1 mL vial contains hydroxyprogesterone caproate USP, 250 mg/mL (25% w/v), in castor oil USP (30.8% v/v) and benzyl benzate USP (46% v/v).

Single unit: Contains one 1 mL single-dose vial of Makena containing 250 mg of hydroxyprogesterone caproate.

Makena (NDC 640/1-243-01) is supplied as 5 mL of a sterile clear yellow solution in a multi-dose glass vial.

Each 5 mL vial contains hydroxyprogesterone caproate USP, 250 mg/mL (25% w/v), in castor oil USP (28.8% w/v) and benzyl benzate USP (46% v/v) with the preservative benzyl alcohol NF (2% v/v).

Single unit: Contains one 5 mL multi-dose vial of Makena (250 mg/mL) containing 1250 mg of hydroxyprogesterone caproate.

Store at 20° to 25°C (68° to 77°F). Do not refrigerate or freeze.

Use multi-dose vials within 5 weeks after first use.

Caution: Protect vial from light. Store vial in its box. Store upright.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Counsel patients that Makena injections may cause pain, soreness, swelling, itching or bruising. Inform the patient to contact her physician if she notices increased discomfort over time, oozing of blood or fluid, or inflammatory reactions (see Adverse Reactions).
PATIENT INFORMATION

MAKENA (mah-KEE-na) (hydroxyprogesterone caproate injection) auto-injector for subcutaneous use
MAKENA (mah-KEE-na) (hydroxyprogesterone caproate injection) vial for intramuscular use

Read this Patient Information leaflet before you receive MAKENA. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment.

What is MAKENA?
MAKENA is a prescription hormone medicine (progestin) used in women who are pregnant and who have delivered a baby too early (preterm) in the past. MAKENA is used in these women to help lower the risk of having a preterm baby again. It is not known if MAKENA reduces the number of babies who are born with serious medical conditions or die shortly after birth. MAKENA is for women who:

- Are pregnant with one baby.
- Have had a preterm delivery of one baby in the past.

MAKENA is not intended for use to stop active preterm labor. It is not known if MAKENA is safe and effective in women who have other risk factors for preterm birth.

MAKENA is not for use in women under 16 years of age.

Who should not receive MAKENA?
MAKENA should not be used if you have:

- blood clots or other blood clotting problems now or in the past
- breast cancer or other hormone-sensitive cancers now or in the past
- unusual vaginal bleeding not related to your current pregnancy
- yellowing of your skin due to liver problems during your pregnancy
- liver problems, including liver tumors
- high blood pressure that is not controlled

What should I tell my healthcare provider before receiving MAKENA?
Before you receive MAKENA, tell your healthcare provider about all of your medical conditions, including if you have:

- a history of allergic reaction to hydroxyprogesterone caproate, castor oil, or any of the other ingredients in MAKENA. See the end of this Patient Information leaflet for a complete list of ingredients in MAKENA.
- diabetes or pre-diabetes.
- epilepsy (seizures).
- migraine headaches.
- asthma.
- heart problems.
- kidney problems.
- depression.
- high blood pressure.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

MAKENA may affect the way other medicines work, and other medicines may affect how MAKENA works.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I receive MAKENA?

- Do not give yourself MAKENA injections. A healthcare provider will give you the MAKENA injection 1 time each week (every 7 days) either:
  - in the back of your upper arm as an injection under the skin (subcutaneous), or
  - in the upper outer area of the buttocks as an injection into the muscle (intramuscular).
- You will start receiving MAKENA injections anytime from 16 weeks and 0 days of your pregnancy, up to 20 weeks and 6 days of your pregnancy.
- You will continue to receive MAKENA injections 1 time each week until week 37 (through 36 weeks and 6 days) of your pregnancy or when your baby is delivered, whichever comes first.

What are the possible side effects of MAKENA?

MAKENA may cause serious side effects, including:

- Blood clots. Symptoms of a blood clot may include:
  - leg swelling
  - redness in your leg
  - a spot on your leg that is warm to the touch
  - leg pain that gets worse when you bend your foot

- Allergic reactions. Symptoms of an allergic reaction may include:
  - hives
  - itching
  - swelling of the face

Call your healthcare provider right away if you get any of the symptoms above during treatment with MAKENA.

- Decrease in glucose (blood sugar) tolerance. Your healthcare provider will need to monitor your blood sugar while taking MAKENA if you have diabetes or pre-diabetes.
- Your body may hold too much fluid (fluid retention).
- Depression.
- Yellowing of your skin and the whites of your eyes (jaundice).
- High blood pressure.

The most common side effects of MAKENA include:

- pain, swelling, itching or a hard bump at the injection site
- hives
- itching
- nausea
- diarrhea

Call your healthcare provider if you have the following at your injection site:

- increased pain over time
- oozing of blood or fluid
- swelling

Other side effects that may happen more often in women who receive MAKENA include:

- Miscarriage (pregnancy loss before 20 weeks of pregnancy)
- Stillbirth (fetal death occurring during or after the 20th week of pregnancy)
- Hospital admission for preterm labor
- Preeclampsia (high blood pressure and too much protein in your urine)
- Gestational hypertension (high blood pressure caused by pregnancy)
- Gestational diabetes
- Oligohydramnios (low amniotic fluid levels)

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of MAKENA. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store MAKENA?

- MAKENA auto-injector for subcutaneous use:
  - Store the auto-injector at room temperature between 68°F to 77°F (20°C to 25°C).
  - Do not refrigerate or freeze.
  - Protect the auto-injector from light.
  - Store the auto-injector in its box.
- MAKENA vial for intramuscular use:
  - Store the vial at room temperature between 68°F to 77°F (20°C to 25°C).
  - Do not refrigerate or freeze.
  - Protect the vial from light.
  - Store the vial in its box in an upright position.

Keep MAKENA and all medicines out of the reach of children.

General information about the safe and effective use of MAKENA.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use MAKENA for a condition for which it was not prescribed. Do not give MAKENA to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about MAKENA. If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about MAKENA that is written for health professionals.

What are the ingredients in MAKENA?

Active ingredient: hydroxyprogesterone caproate

Inactive ingredients: castor oil and benzyl benzoate. 5 mL multi-dose vials also contain benzyl alcohol (a preservative).

Distributed by: AMAG Pharmaceuticals, Inc. Makena is a registered trademark of AMAG Pharmaceuticals, Inc. For more information, go to www.MAKENA.com or call AMAG Pharmaceuticals Customer Service at the toll-free number 1-877-411-2510.

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