

**WASHTENAW HEALTH PLAN
THERAPEUTIC ORAL CONTRACEPTIVES
PRIOR AUTHORIZATION REQUEST FORM**
(ALL AUTHORIZATIONS ARE PENDING VALID ELIGIBILITY)



The WHP Nurse may prior authorize oral contraceptives exclusively for medical conditions. WHP members seeking oral contraceptives for contraception purposes in addition to their medical need, must use Plan First! or Title X.

REQUESTING PHYSICIAN:

| |
|---------------------|
| Name |
| Direct Phone # |
| Fax #: |
| Physician Specialty |

MEMBER INFORMATION:

| |
|--|
| Name |
| WHP ID# |
| Plan Type: <input type="checkbox"/> WHP Plan A <input type="checkbox"/> WHP Plan B |
| Date of Birth |
| Gender: Female |

If between ages 19 and 44 and in need of family planning services:
Is this member eligible for Plan First! ? YES NO UNKNOWN Check here for more information about Plan First!

Name and title of person completing form (please print)

| MEDICATION | STRENGTH | DOSES PER DAY | PROPOSED LENGTH OF THERAPY |
|---|----------|---------------|----------------------------|
| <input type="checkbox"/> Generic Alesse <input type="checkbox"/> Generic Ortho-Cyclen <input type="checkbox"/> Generic Desogen <input type="checkbox"/> Generic Micronor <input type="checkbox"/> Generic Triphasil | | | |

Indication/Diagnosis for requested medication

| | |
|---|---|
| <input type="checkbox"/> Dysmenorrhea (cycle-related pain, mittelschmerz, menstrual molimina) <input type="checkbox"/> Menorrhagia <input type="checkbox"/> Irregular menses <input type="checkbox"/> PCOS/hyperandrogenism <input type="checkbox"/> Acne | <input type="checkbox"/> PMS <input type="checkbox"/> Hypoestrogenism (female athlete triad, hypothalamic amenorrhea) <input type="checkbox"/> Ovarian failure (surgical, caused by chemotherapy) <input type="checkbox"/> Amenorrhea induction (von Willebrand's disease, chemotherapy bone marrow transplantation) |
|---|---|

Other, Describe:

Supporting Information (use additional pages if necessary):

Fax Requests to: WHP Nurse Coordinator, Fax: (734)544-6705
For more information, phone: (734) 544-3034

WHP Nurse Coordinator COMMENTS: