

**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 for **Plan A members ONLY**. WHP A members seeking oral contraceptives for contraception purposes in addition to their medical need, must use the Title X program at Planned Parenthood.

REQUESTING PHYSICIAN:

Name
Direct Phone #
Fax #:
Physician Specialty

MEMBER INFORMATION:

Name
WHP ID#
Plan Type: WHP Plan A
Date of Birth
Gender: Female

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)
<input type="checkbox"/> Other, Describe:	

Supporting Information *(use additional pages if necessary)*:

**Fax Requests to: WHP Nurse Coordinator, Fax: (734)544-6775
For more information, phone: (734) 544-3034**

WHP Nurse Coordinator COMMENTS: