

Health Tradition

P.O. Box 188
La Crosse, WI 54602-0188
Telephone: 608-781-2118
Toll-Free: 1-888-758-7848
Fax: 608-781-9654

Drug Prior Approval

Fill in all areas of the form. Fax to 608-781-9654.

Patient Name:

Date of Request:

Date of Birth:

Insurance Plan:

Insurance Number:

Drug Name:

Dose:

Medical rationale for request/ failures/contraindications on other drugs:

Prescribing Provider Name:

Clinic Name & Fax number:

Phone number/contact person if questions:

Directions:

1. Use this form to request a prior authorization or an override of non-coverage for medical reasons. The decision will be faxed back to the requesting clinic for action.
2. Do not send requests to have a non-formulary drug pay at the formulary or generic level. Non-formulary drugs are available to any patient, just at a higher co-pay. No overrides are provided for this reason. (Does not apply to BadgerCare Plus Plans)
3. Some drugs require step therapy or failures on less expensive drugs. Be specific in what has already been tried.
4. If any questions, please call UM at 781-2118 or 1-888-758-7848. See www.healthtradition.com, the FSH Portal, or the FSH Web – HTHP Department page for Prior Approval forms for specific diseases/drugs.

For Health Tradition Use Only

Approval Denial

Duration:

Comments:

Date:

Signature: