

**Only** the prescriber may complete this form for prospective reviews.  
 The following documentation is **REQUIRED**. Incomplete forms will be returned for additional information.  
 For formulary information please visit **NebraskaBlue.com**.  
 Save time by filling out this preauthorization electronically at **MedicalPolicy.NebraskaBlue.com**.

**What is the priority level of this request?**

Standard review - Completed within 15 calendar days of receipt.

Expedited/Urgent review - If the standard time period for a decision could seriously jeopardize the life or health of patient could not be adequately managed; completed within 72 hours of receipt.

Today's Date: \_\_\_\_\_

**Patient and Insurance Information**

Patient First Name:	Patient Last Name:	Middle Initial:	Date of Birth (mm/dd/yyyy):
Patient Address:		City, State, ZIP	Member ID Number:

**Prescriber Information**

Prescriber Name:	Prescriber NPI:	Specialty:	Contact Name:
Clinic Name:		Clinic Address:	
City, State, ZIP:	Clinic Phone Number:	Secure Fax Number:	

**PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST**
**Requested Medication:**

Ubrelvy 50mg   
  Ubrelvy 100mg   
  Reyvow 50mg   
  Reyvow 100mg   
  Nurtec ODT 75mg

**Diagnosis:** \_\_\_\_\_

1. Is this a renewal?.....  Yes  No

2. Has the patient been evaluated for medication overuse headaches?.....  Yes  No

3. Does the patient have contraindication to triptan products?.....  Yes  No

If yes, please list contraindication(s): \_\_\_\_\_

4. Please select previously trialed triptan agents and provide dates of use:

Almotriptan (Axert™) \_\_\_\_\_   
  Naratriptan (Amerge™) \_\_\_\_\_   
  Zolmitriptan (Zomig™) \_\_\_\_\_  
 Eletriptan Relpax™ \_\_\_\_\_   
  Rizatriptan (Maxalt™) \_\_\_\_\_  
 Frovatriptan (Frova™) \_\_\_\_\_   
  Sumatriptan (Imitrex™) \_\_\_\_\_  
 Other \_\_\_\_\_

**Please fax or mail this form to:**  
 Blue Cross and Blue Shield of Nebraska  
 Pharmacy Department - UM  
 1919 Aksarben Drive • PO Box 3248  
 Omaha, NE 68180-0001  
**Fax:** 877-232-6726  
**Phone:** 877-999-2374

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