

**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](http://NebraskaBlue.com). *Start saving time by filling out this preauthorization electronically at [Visit MedicalPolicy.NebraskaBlue.com](http://VisitMedicalPolicy.NebraskaBlue.com).*

<b>What is the priority level of this request?</b> <input type="checkbox"/> Standard review - Completed within 15 calendar days of receipt.  <input type="checkbox"/> 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.
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**PATIENT INFORMATION** Today's Date: \_\_\_\_\_

First Name:	Last Name:	MI:	DOB (mm/dd/yyyy):	Telephone Number:
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**INSURANCE INFORMATION**

BCBSNE ID Number:
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**PHYSICIANS/CLINIC INFORMATION**

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

**REQUIRED INFORMATION**

Medication Requested: _____
Medication Dose Requested: _____
Diagnosis (ICD-10 Dx Code): _____
Is the colonoscopy being conducted in accordance with USPSTF colorectal cancer screening? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when was their most recent screening? _____
Provide clinical evidence and documentation for the use of this medication as a preventative tool in accordance with the recommendations of the U.S. Preventative Services Task Force: _____ _____
Please list all clinical information documenting why the current zero dollar bowel prep medications are not medically appropriate: _____ _____

**Please attach any additional information that should be considered with this request**

**Please fax or mail this form to:**  
 Blue Cross and Blue Shield of Nebraska  
 Pharmacy Department - UM  
 PO Box 3248  
 Omaha, NE 68180-0001

**Toll Free Fax:** 877.232.6726  
**Phone:** 877.999.2374

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