

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. *Start saving time by filling out this preauthorization form electronically at MedicalPolicy.NebraskaBlue.com.*

What is the priority level of this request?	
<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.

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

Patient's Diagnosis-ICD code plus description:	<input type="checkbox"/> Type 2 Diabetes Mellitus	<input type="checkbox"/> Other: _____
Medication Requested: _____		

Preferred:			
Trulance <input type="checkbox"/> 3mg	Symproic <input type="checkbox"/> 0.2mg		
Non-preferred:			
Linzess <input type="checkbox"/> 72mcg	<input type="checkbox"/> 145mcg	<input type="checkbox"/> 290mcg	Motegrity <input type="checkbox"/> 1mg <input type="checkbox"/> 2mg
Movantik <input type="checkbox"/> 12.5mg	<input type="checkbox"/> 25mg	<input type="checkbox"/> 290mcg	Amitiza <input type="checkbox"/> 8mcg <input type="checkbox"/> 24mcg
Relistor <input type="checkbox"/> 8mg	<input type="checkbox"/> 12mg	Lubiprostone <input type="checkbox"/> 1mg <input type="checkbox"/> 24mcg	

Additional clinical information: _____

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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