

**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.*

<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.

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 Blood Glucose Test Strips: _____
Diagnosis for use: _____

1. Is the patient currently treated with the requested medication?.....  Yes  No  
 If yes, is the patient at risk if they change therapy?.....  Yes  No
2. Has the patient tried/failed a preferred glucose test strip/disk product?.....  Yes  No
3. Does the member have a visual impairment or physical/mental disability that formulary test strip/disk products do not provide the feature necessary from the requested non-preferred product?  Yes  No
4. Does the member use an insulin pump that is not accommodated with a preferred test strip/disk product?  Yes  No  
 if yes, please list current insulin pump: \_\_\_\_\_
5. 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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