

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 electronically at [Visit MedicalPolicy.NebraskaBlue.com](http://VisitMedicalPolicy.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.

Patient Information Today's Date: _____

First Name:	Last Name:	MI:	DOB (mm/dd/yyyy):	Telephone Number:
-------------	------------	-----	-------------------	-------------------

Insurance Information

BCBSNE Member ID Number:

Physician/Clinic Information

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

Please answer the following questions.
For the waiver to apply, all of the following questions must be met.

Medication Requested: _____

Medication Dose Requested: _____

Diagnosis: _____

Gender: _____

1. Has the prescriber requested that the brand name be dispensed instead of an FDA-approved generic equivalent?
AND

2. Has the patient tried an FDA-approved generic equivalent to the requested brand-name medication?
AND

3. Has an FDA MedWatch form 3500 been completed by the prescriber and submitted to the U.S. Department of Health and Human Services?
AND

4. Is the submitted copy of the FDA MedWatch form 3500 attached to this request? (Please attach copy)

Have all of the above requirements been met?..... Yes No

Please fax additional information with this form if necessary and pertinent to this review.

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

CONFIDENTIALITY NOTE: The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by phone, and return the original message to us at the mailing address to the left.