BlueCross BlueShield Nebraska

Insulin Preauthorization Physician Fax Form

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?

☐ 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 Information

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

Insurance Information

BCBSNE ID Number:

Physician/Clinic Information

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

Preauthorization Information

Insulin product being requested: _____

1. Patient's diagnosis (ICD 10 code): _____

2. What formulary insulin products has the patient tried:

	Formulary Insulin	Dates
(Please provide necessary documentation, if necessary)		

3. Does the patient have a documented adverse reaction, intolerance or FDA labeled contraindication to preferred insulin products?..... ☐Yes ☐No
If yes, please explain:

_____

_____

4. Is the request for Humalog Mix 50/50 and the patient is at risk of losing good control if switched to a different insulin or the patient has tried and failed a preferred insulin mix (Novolin 70/30, NovoLog Mix 70/30)?..... ☐ Yes ☐ No
If yes, please explain:

_____

_____

5. Please include any additional clinical information that should be considered for 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