MULTIPLE SCLEROSIS PREAUTHORIZATION
PHYSICIAN FAX FORM

NEBRASKA
Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

The following documentation is REQUIRED for preauthorization. Incomplete forms will be returned for additional information. For formulary information, please visit the Blue Cross and Blue Shield of Nebraska website at ***www.nebraskablue.com***

Today's Date: _____

PATIENT INFORMATION

Patient Name (First):	Last:	M.I.:	DOB (mm/dd/yyyy):	Telephone Number:

INSURANCE INFORMATION

BCBS ID Number:	Group 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:	

PREAUTHORIZATION INFORMATION

Medication Requested: ☐ **Aubagio** ☐ **Avonex** ☐ **Extavia** ☐ **Gilenya** ☐ **Tysabri**

1. Patient's diagnosis to be treated with requested medication _____

	Medication	**Dates**
2. Has the patient tried at least one of the following formulary medications:	Betaseron..... ☐ YES ☐ NO	_____
	Copaxone..... ☐ YES ☐ NO	_____
	Plegridy..... ☐ YES ☐ NO	_____
	Rebif..... ☐ YES ☐ NO	_____
	Tecfidera..... ☐ YES ☐ NO	_____

3. Is the patient currently being treated with disease modifier therapy? ☐ YES ☐ NO
   If yes, please indicate which medications and when started:
   _____

4. Does the patient have contraindications to Betaseron, Copaxone, Plegridy, Rebif, or Tecfidera?..... ☐ YES ☐ NO
   If yes, please describe which agent(s) and what the contraindications are _____
   _____
   _____
   _____

5. Are there other clinical considerations that would require the use of the requested medication? _____
   _____
   _____
   _____

6. 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
1919 Aksarben Drive • P.O. Box 3248
Omaha, NE 68180-0001

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Phone: 877-999-2374