

**Brand Name Oral Acne Antibiotics
Preauthorization Request Form**



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:

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: _____

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

	<u>Medication</u>	<u>Dates</u>
2. Has the patient tried the following formulary medication for treatment of this diagnosis:	Minocycline..... <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	Doxycycline <input type="checkbox"/> YES <input type="checkbox"/> NO	_____

3. Does the patient have contraindications to the generic products minocycline or doxycycline?..... YES NO
If yes, please describe which agent(s) and what the contraindications are: _____

4. Are there other clinical considerations that would require the non-formulary medication requested: _____

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
1919 Aksarben Drive • P.O. 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 address to the left via the U.S. Postal Service.