

**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 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.

**Patient Information**

Today's Date: \_\_\_\_\_

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

BCBS ID Number:
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**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 (ICD 10 code) 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  
 PO Box 3248  
 Omaha, NE 68180-0001

**Toll Free Fax:** 877-232-6726  
**Phone:** 877-999-2374

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