

**ORAL FENTANYL PREAUTHORIZATION
PHYSICIAN FAX 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

PATIENT INFORMATION

Today's Date: _____

Patient Name: _____	Patient Date of Birth (mm/dd/yyyy): _____
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INSURANCE INFORMATION

BCBSNE ID Number: _____

PHYSICIAN/CLINIC INFORMATION

Prescriber Name: _____		
Clinic Name and Address: _____		
Clinic City, State, Zip: _____	Phone Number: _____	Secure Fax Number: _____

PREAUTHORIZATION INFORMATION

1. Patient's diagnosis: _____	
2. Medication and strength requested: _____ Quantity requested per day: _____	
3. Is the patient being treated with the requested medication for hospice, palliative, or terminal care? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, does the patient currently have a pain contract with the requesting physician? (Please include copy) <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Is the patient taking concomitant opioids for persistent pain? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Please list all medications the patient is currently taking for pain: _____	

6. Does the patient have a contraindication, intolerance, or treatment failure to other short-acting opioids or cannot take medication by other routes of administration? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please explain: _____	

7. If the patient is taking a long-acting opioid, can the dose be adjusted to help control episodes of breakthrough pain?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, please explain: _____	

8. Please provide any additional information that should be considered when reviewing this request: _____	

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

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