

**OXYCODONE ER (Oxycontin®) 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](http://www.nebraskablue.com)  
Please allow a minimum of 3-5 business days for review.

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

**PATIENT INFORMATION**

Patient Name:	Patient Date of Birth (mm/dd/yyyy):
---------------	-------------------------------------

**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? . . . . .  YES  NO  
If no, does the patient currently have a pain contract with the requesting physician? (Please include copy). . . .  YES  NO

4. Please list all medications the patient is currently taking for pain: \_\_\_\_\_

5. Please list all pharmacological and non-pharmacological therapies used prior to oxycodone ER to treat condition.  
\_\_\_\_\_

6. Please provide any additional information that should be considered when reviewing this request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide any additional medical rationale for the request of higher quantities than the policy maximum.**

**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.