

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 [Visit MedicalPolicy.NebraskaBlue.com](http://VisitMedicalPolicy.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

BCBSNE ID Number:	Group 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 (check one)

** Please note that generic medications do not require preauthorization.*

Non-formulary Brand Products: Aciphex® Dexilant™ Prilosec® Prevacid® Protonix® Zegerid®

Formulary Brand Product: Nexium® (Policy indicates use of a prescription generic medication prior to Nexium®)

1. Patient's diagnosis to be treated with requested medication (ICD 10 code): _____

2. Has the patient tried three of the following formulary PPIs:

	Medication	Dates
generic pantoprazole.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
generic omeprazole.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
generic lansoprazole.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
generic omeprazole/sodium bicarbonate..	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Nexium®.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

3. Does the patient have contraindications to generic pantoprazole, omeprazole, lansoprazole, omeprazole/sodium bicarbonate or Nexium®?..... YES NO

If yes, please describe which agent(s) and what the contraindications are: _____

4. Are there other clinical considerations that would require Nexium® or a non-formulary PPI agent? _____

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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