

**MEDICATIONS FOR RISK REDUCTION
OF PRIMARY BREAST CANCER IN WOMEN
PHYSICIAN FAX FORM**



NEBRASKA

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

The following documentation is **REQUIRED** for review to determine whether services can be provided without member cost-share. Incomplete forms will be returned for additional information. For formulary information, please visit the Blue Cross and Blue Shield of Nebraska (BCBSNE) 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:

PLEASE NOTE: If member cost-share is removed, the length will be based on time left to provide up to a total of five years of treatment.

REQUIRED INFORMATION

<p>1. Medication requested: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Raloxifene</p> <p>2. When did the patient start treatment with requested medication? _____</p> <p>3. Patient's Diagnosis (and diagnosis code): _____</p> <p>4. Is the member at high risk for breast cancer? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide documentation from risk assessment models: _____ _____</p> <p>5. Is the patient a female 35 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Does the patient have a personal history of breast cancer, ductal carcinoma in situ or lobular carcinoma in situ? ... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. Does the patient have a personal history of thromboembolic events (deep venous thrombosis, pulmonary embolus, stroke or transient ischemic attack)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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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