

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.*

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:
-----------------------	-------	-----	-------------------	-------------------

Insurance Information

BCBSNE ID Number:

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):

- ATRALIN™
 AVITA®
 DIFFERIN®
 EPIDUO™
 RETIN-A®
 RETIN-A MICRO®
 TAZORAC®
 TRETIN-X™
 tretinoin
 ZIANA™

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

2. Date of last office visit examining this diagnosis: _____

 3. Other diagnoses (ICD 10 Code) and/or prior history pertinent to this request: _____

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

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 mailing address to the left.