

**BRAND NAME ORAL ACNE ANTIBIOTICS
PREAUTHORIZATION REQUEST FORM**

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 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.

Today's Date: _____

Patient Information

Patient Name (First):	Last:	MI:	DOB (mm/dd/yyyy):	Telephone Number:
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Insurance Information

BCBS 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: _____

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

	<u>Medication</u>	<u>Dates</u>
2. Has the patient tried the following formulary medication for treatment of this diagnosis:	Minocycline <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Doxycycline <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Does the patient have contraindications to the generic products minocycline or doxycycline? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe which agent(s) and what the contraindications are: _____		

4. Are there other clinical considerations that would require the non-formulary medication requested:	_____	

5. Please include any additional clinical information that should be considered for this review:	_____	

Please fax or mail this form to:

Prime Therapeutics
Pharmacy Department - UM
PO Box 3248
Omaha, NE 68180-0001

Toll Free Fax: 877-232-6726

Phone: 877-999-2374

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