MIGRAINE MEDICATIONS 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.bcbsne.com***

Today's Date: ______________________________

PATIENT INFORMATION

Patient Name (First):	Last:	M.I.:	DOB (mm/dd/yyyy):	Telephone Number:

INSURANCE INFORMATION

BCBS ID Number:	Group Number:

PHYSICIAN/CLINIC INFORMATION

Prescriber Name:	Physician UPIN#:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:			
City, State, Zip:		Phone #:	Secure Fax #:	

PREAUTHORIZATION INFORMATION

Patient's Diagnosis:

Medication Requested: Quantity requested per month:

1. Is the patient currently using a migraine prophylactic medication? .... ☐ YES ☐ NO
2. Is the patient taking this medication in combination with another triptan (e.g., Axert, Amerge, Frova, Imitrex, Maxalt, Relpax, or Zomig) or an ergotamine (e.g., Migranal, DHE or Cafergot)? .... ☐ YES ☐ NO
3. Please list all other medications the patient is **currently taking** for prophylaxis or treatment of this diagnosis. __________
4. Please list all medications the patient has **previously tried and failed** for prophylaxis or treatment of this diagnosis.
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
7261 Mercy Road
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.