

**ACEI/ARB  
PREAUTHORIZATION REQUEST  
PHYSICIAN FAX FORM**



**BlueCross BlueShield  
of Texas**

**ONLY the prescribing physician may complete and fax this form.**

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**Incomplete forms will be returned for additional information.** The following documentation is required for preauthorization consideration. For formulary information and to download additional forms, please visit [www.bcbstx.com](http://www.bcbstx.com)

Patient first name \_\_\_\_\_ Patient last name \_\_\_\_\_

Blue Cross ID number \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Patient address \_\_\_\_\_

Requesting physician \_\_\_\_\_

Physician specialty \_\_\_\_\_ Physician UPIN# \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Physician (clinic name) and address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Patient diagnosis \_\_\_\_\_

**If you are requesting a brand name ACE inhibitor or ACEI/diuretic combination, please answer the following:**

1. What medication are you requesting? \_\_\_\_\_
2. Has the patient previously tried and failed a **generic** ACEI or **generic** ACEI/diuretic combination?  YES  NO
3. Is the patient currently stable on the requested medication?  YES  NO
4. Please include any additional information that should be considered for review of this request \_\_\_\_\_  
\_\_\_\_\_

**If you are requesting an ARB or ARB/diuretic combination, please answer the following:**

1. What medication are you requesting? \_\_\_\_\_
2. Has the patient previously tried and failed any ACEI or ACEI/diuretic combination?  YES  NO
3. Does the patient have contraindications to any ACEI or ACEI/diuretic combination?  YES  NO
4. Is the patient currently stable on the requested medication?  YES  NO
5. Please include any additional information that should be considered for review of this request \_\_\_\_\_  
\_\_\_\_\_

**PLEASE FAX OR MAIL THIS FORM TO:**  
Blue Cross and Blue Shield of Texas  
c/o Prime Therapeutics LLC, Clinical Review Department  
1020 Discovery Road, No. 100  
Eagan, Minnesota 55121

**TOLL FREE:** \_\_\_\_\_  
**Fax:** 877.480.8130 **Phone:** 800.289.1525

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