



**BlueCross BlueShield
of Oklahoma**

A Member of the Blue Cross and Blue Shield Association,
an Association of Independent Blue Cross and Blue Shield Plans.



Blue Cross and Blue Shield of Oklahoma

BlueLincs HMO is a Wholly Owned Subsidiary of Blue Cross and Blue Shield of Oklahoma,
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The following prescriptions require preauthorization for most Blue Cross of Oklahoma members. Appropriate office notes indicating the patient's diagnosis and supporting medical necessity criteria should accompany requests.

Please note that this list is not intended to be comprehensive and only includes the most commonly requested drugs. Call the customer service number on the back of your patient's ID card if you are uncertain whether a drug will require preauthorization.

Adderall ⁶	Focalin	Pegfilgrastim ³
Alefacept	Forteo	Penlac Nail Lacquer ¹
Amevive	Griseofulvin ¹	Plenaxis
Amphetamine Salt	Hepsera	Prevacid ⁶
Aphrodyne ²	Humira	Prilosec ⁶
Aranesp ³	Kineret	Procrit ³
Caverject ²	Lamisil ¹	Provigil
Cialis ²	Leukine ³	Raptiva
Copegus ³	Levitra ²	Rebetol ³
Darbepoetin Alfa ³	Metadate	Rebetron ³
Dayto-Himbin ²	Methylin	Revatio
Denavir	Methylphenidate	Ribavirin ³
Desoxyn	Muse ²	Ritalin
Dexedrine	Neulasta ³	Sargramostim ³
Dextrostat	Neumega ³	Sporanox ¹
Diflucan 150 mg ⁵	Neupogen ³	Testomar ²
Edex ²	Nexium ⁶	Viagra ²
Enbrel	Oprelvekin ³	Xolair
Epoetin Alfa ³	Oxycontin ⁴	Yocon ²
Epogen ³	Peg-Intron ³	Yohimbine ²
Filgrastim ³	Pegasys ³	Zelnorm

¹ Request should also include fungal culture or KOH prep results, and indicate presence of co-morbid condition, such as diabetes or vascular insufficiency

² Request should also include a list of current medications and indicate presence of co-morbid condition, such as diabetes or prostate cancer

³ Request MUST be accompanied by related lab work in addition to chart notes

⁴ Preauthorization is only required if requested dosage exceeds 90 pills per 30 days.

⁵ Preauthorization is only required if requested dosage exceeds 3 pills per 30 days.

⁶ Step Therapy criteria require previous use of a Formulary Tier II medication.

It is not necessary to return this page with your preauthorization request.