



Preauthorization List

The following prescriptions require preauthorization for most Blue Cross and Blue Shield 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	Humira	Protoprin
Alefacept	Itraconazole ¹	Provigil
Amevive	Kineret	Raptiva
Amitiza	Lamisil ¹	Rebetol ³
Amphetamine Salt	Leukine ³	Rebetron ³
Aphrodyne ²	Levitra ²	Remicade
Caverject ²	Lovenox ⁷	Revatio
Celebrex ⁸	Metadate ⁶	Ribavirin ³
Cialis ²	Methylin	Ritalin ⁶
Copegus ³	Methylphenidate	Saizen
Dayto-Himbin ²	Muse ²	Sargramostim ³
Desoxyn	Neumega ³	Serostim
Dexedrine ⁶	Nexium ⁶	Sporanox ¹
Dextrostat	Norditropin	Strattera ⁶
Diflucan 150 mg ⁵	Nutropin	Testomar ²
Edex ²	Oprelvekin ³	Tracleer
Enbrel	Oxandrin	Tev-Tropin
Fluconazole 150 mg ⁵	Oxycontin ⁴	Viagra ²
Focalin ⁶	Peg-Intron ³	Xolair
Forteo	Pegasys ³	Yocon ²
Genotropin	Penlac Nail Lacquer ¹	Yohimbine ²
Griseofulvin ¹	Plenaxis	Zelnorm
Hepsera	Prevacid ⁶	Zorbtive
Humatrope	Prilosec ⁶	

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. Please call your patient’s Customer Service department for details regarding the Step Therapy program.

⁷ Preauthorization is only required if requested dosage exceeds 12 per 30 days.

⁸ Preauthorization is only required if the member is under 50 years of age.

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