

South Dakota Medicaid Medications Requiring Prior Authorization

Antihistamines (including D combinations):

Allegra
Clarinet
Fexofenadine
Xyzal

PPIs:

Aciphex
Dexilant
Nexium

Brand Name Medically Necessary (DAW=1) Drugs:

Brand name drugs with FDA approved generics available will require a PA, except for those drugs listed on the South Dakota Narrow Therapeutic Index List.

ARBS (including HCT and combination products):

Atacand
Avapro
Azor
Benicar
Diovan
Edarbi
Micardis
Teveten
Exforge
Twynta
Valturna
Tribenzor

Immunomodulators

Actemra
Amevive
Cimzia
Enbrel
Humira
Kineret
Orencia
Remicade
Simponi
Stelara

Antidepressants

Pristiq
Cymbalta
Escitalopram (unless under the age of 18)
Fluvoxamine (unless prescribed for OCD)
Remeron SolTab
Paxil CR or Pexeva
Emsam
Oleptro
Aplenzin
Sarafem
Viibryd
Any quick dissolving tablet, isomer, liquid or injectable

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Antipsychotics

Abilify, Abilify Discmelt
Clozaril
Fanapt
Fazaclo
Geodon
Invega, Invega Sustenna
Latuda
Risperdal, Risperdal M-Tab, Risperdal Consta
Saphris
Seroquel, Seroquel XR
Zyprexa, Zyprexa Relprevv, Zyprexa Zydis
Symbyax
Any quick dissolving tablet, isomer, liquid or injectable

Antiemetics

Granisol
Sancuso
Zuplenz

Triptans

Amerge
Axert
Frova
Maxalt, Maxalt MLT
Relpax
Treximet
Zomig, Zomig ZMT

Multiple Sclerosis Agents

Ampyra
Extavia
Gilenya
Novantrone
Tysabri

Topical Ketoconazole Products

Extina
Xolegel
Ketocon Plus

Ophthalmic Antihistamines

Lastacaft
Bepreve
Pataday

Hepatitis C Agents

Incivek
VICTRELIS
Sovaldi
Olysio
Harvoni

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Oral Anticoagulants

Pradaxa
Xarelto
Eliquis

Nasal Steroids

Qnasl
Rhinocort
Omnaris
Zetonna
Dymista
Nasonex
Veramyst

Genitourinary Smooth Muscle Relaxants

Enablex
Toviaz
Myrbetriq
Detrol
Vesicare
Detrol LA
Gelnique
Oxytrol
Sanctura
Sanctura XR

Individual Agents

Altabax
Ambien CR
Amrix/Fexmid
Aubagio
Calomist
Desoxyn
Diclegis
Dificid
Gralise
Growth Hormone Products
Horizant
Lidoderm
Lindane/Malathion/Natroba
Metozolv ODT
Moxatag
Name-brand Narcotics
Nascobal
Nexiclon
Nucynta
Nuvigil
Onfi
Onmel
Oracea
Oravig
Provigil
Qualaquin
Rayos
Relistor

South Dakota Medicaid
Medications Requiring Prior Authorization

Individual Agents (cont'd)

Solodyn
Soma 250
Suboxone/Subutex
Topical Acne Agents
Uloric
Ultram ER/Ryzolt
Vusion
Xeljanz
Xifaxan
Xolair
Xyrem