

South Dakota Medicaid
Medications Requiring Prior Authorization

Antihistamines (including D combinations):

Allegra
Clarinet
Fexofenadine

PPIs:

Aciphex
Kapidex
Nexium
Pantoprazole
Prevacid
Prilosec Rx
Protonix
Zegerid

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
Benicar
Cozaar
Diovan
Micardis
Teveten
Azor
Exforge
Twynta
Valturna

HMG-CoA Reductase Inhibitors (Statins – Tablet Splitting):

Crestor
Lipitor
Pravachol

**The State will pay for one tablet splitter per patient. The pharmacy should use NDC 85000-0000-00. They will be reimbursed \$4.75 per tablet splitter.

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Immunomodulators

Amevive
Cimzia
Enbrel
Humira
Kineret
Orencia
Remicade
Simponi

Individual Agents

Altabax
Ambien CR
Amrix/Fexmid
Calomist
Growth Hormone Products
Lindane/Malathion
Moxatag
Nascobal
Nucynta
Nuvigil
Oracea
Provigil
Sancuso
Solodyn
Uloric
Ultram ER/Ryzolt
Vusion
Xolair