

## 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  
Twynsta  
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

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**Antidepressants (cont'd)**

Aplenzin  
Sarafem  
Viibryd  
Any quick dissolving tablet, isomer, liquid or injectable

**Antipsychotics**

Saphris  
Fanapt  
Invega  
Invega Sustenna  
Risperdal Consta  
Zyprexa Relprevv  
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  
Vitreolis

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**Individual Agents**

Altabax  
Ambien CR  
Amrix/Fexmid  
Calomist  
Desoxyn  
Dificid  
Gralise  
Growth Hormone Products  
Horizant  
Lindane/Malathion/Natroba  
Metozolv ODT  
Moxatag  
Name-brand Narcotics  
Nascobal  
Nexiclon  
Nucynta  
Nuvigil  
Oracea  
Oravig  
Provigil  
Qualaquin  
Solodyn  
Soma 250  
Suboxone/Subutex  
Topical Acne Agents  
Uloric  
Ultram ER/Ryzolt  
Vusion  
Xolair  
Xyrem