South Dakota Risk Pool Plan

Drugs Requiring Preauthorization through ESI

(1-800-417-8164)

- *Amevive®*
- *Aralast™*
- *Aranesp®*
- *Avonex®*
- *Betaseron®*
- *Botox®*
- *Copaxone®*
- fluconazole (Diflucan®)
- *Enbrel®*
- *Epogen®*
- *Forteo®*
- Growth Hormones
  - *-Genotropin®*
  - *-Humatrope®*
  - *-Increlex™*
  - *-Iplex™*
  - *-Norditropin®*
  - *-Nutropin AQ®*
  - *-Omnitrope™*
  - *-Saizen®*
  - *-Serostim®*
  - *-Somavert®*
  - *-Tev-Tropin®*
  - *-Zorbtive®*
- *Humira®*
- itraconazole (Sporanox®)
- *Kineret®*
- *Myobloc®*
- *Orencia®*
- *Procrit®*
- *Prolastin®*
- *Raptiva®*
- *Rebif®*
- Regranex®
- *Remicade®*
- *Revatio™*
- *Rituxan®*
- Tazorac®
- Tretinoin products (like Retin-A®) in members greater than 35 years of age
- *Xolair®*
- *Zemaira®*

*Italics indicates a specialty medication