2009 - 2010 South Dakota Risk Pool Plan

Drugs Requiring Preauthorization through ESI
(1-800-417-8164)

- Actimmune®
- *Adcirca*™
- *Arcalyst*™
- *Cimzia*®
- *Copaxone*®
- Crinone®
- Elidel® (> 30 gm)
- *Enbrel*®
- ESA's
  - *Aranesp*®
  - *Epogen*®/*Procrit*®
- *Exjade*®
- *Forteo*®
- *Geref*®
- Growth Hormones:
  - *Genotropin*®
  - *Humatrope*®
  - *Increlex*™
  - *Iplex*™
  - *Norditropin*®
  - *Nutropin AQ*®
  - *Omnitrope*™
  - *Saizen*®
  - *Serostim*®
  - *Somavert*®
  - *Tev-Tropin*®
  - *Zorbtive*®
- *Humira*®
- Interferons:
  - *Avonex*®
  - *Betaseron*®
  - *Infergen*®
  - *Intron*® *A*
  - *Pegasys*®
  - *PegIntron*™
  - *Rebif*®
  - *Roferon*®*-A*
- itraconazole (Sporanox®)
- *Kineret*®
- *Kuvan*™
- *Letairis*™
- Noxafil®
- Nuvigil®
- *octreotide* (Sandostatin®)
- Prochieve®
- Progesterone powder, age<40
- *Promacta*®
- Protopic® (> 30 gm)
- Provigil®
- *Raptiva*®
- *Revatio*™
- *Revlimid*®
- *Samsca*™
- *Simponi*™
- Sucraid®
- Symlin®
- *Thalomid*®
- *Tracleer*®
- Vfend®
- *Vivaglobin*®
- *Xenazine*
- *Zavesca*®
- Zyvox®

Drugs Requiring Preauthorization under Medical Benefits
(1-800-658-5508)

- *Alferon*® *N*
- *Amevive*®
- *Botox*®
- *Cerezyme*®
- *Cinryze*™
- *Dysport*®
- *Geref*® *Diagnostic*
- *Immune Globulins*®
- *Myobloc*®
- *Naglazyme*™
- *Orencia*®
- *Remicade*®
- *Rituxan*®
- *Sandostatin*® *LAR*
- *Soliris*™
- *Somatuline*®
- *Synagis*®
- *Tysabri*®
- *Vantas*™
- *Vivitrol*™
- *Xolair*®

** Italics indicates a specialty medication*