2008 - 2009 South Dakota Risk Pool Plan

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

- *Aranesp*®
- *Avonex*®
- *Betaseron*®
- *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*®
- *Procrit*®
- *Raptiva*®
- *Rebif*®
- *Revatio*™
- *Xolair*®

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

- *Botox*®
- *Myobloc*®
- *Orencia*®
- *Remicade*®
- *Rituxan*®

*Italics indicates a specialty medication