

Dear Medicaid Provider,

Beginning December 1, 2010, South Dakota Medicaid will require a prior authorization (PA) on certain antipsychotics and antidepressants. The following provides information on how to obtain a prior authorization for one of these medications.

The PA for atypical antipsychotics (second generation) is for alternate dosage forms (e.g., rapid dissolve tablets, injectables, extended release) and isomers/metabolites of a covered agent only. **Standard tablet or capsule dosage forms are not subject to the new PA rules.** Those patients currently stable on an atypical antipsychotic considered to be an alternate dosage form or isomer/metabolite will not be required to submit a prior authorization.

Antidepressant PA rules will now require recipients to have one trial of bupropion, citalopram, fluoxetine, mirtazapine, paroxetine, sertraline or venlafaxine. Those patients currently stable on antidepressant therapy are not required to submit a prior authorization.

If it is medically necessary for a recipient to receive a medication requiring PA, a PA request form must be filled out and submitted. Requests can be faxed to (866) 254-0761. Providers will receive a response, in letter form, that will indicate the result of the PA review. The letter will include the recipient's name, Medicaid identification number, medication requested, result of the review (approved or denied) and, if approved, the length of approval and quantity approved. The recipient will be responsible for the cost of the drug if prior authorization is not obtained and the alternative drug is not substituted. If further assistance is required, providers may call the Prior Authorization Help Desk at (866) 773-0695 or email pa@hidinc.com.

Prior Authorization Required

Antipsychotics:

Saphris
Fanapt
Invega
Risperdal Consta
Invega Sustenna
Zyprexa Relprevv
Any quick dissolving tablet, isomer, liquid, or injectable
Symbyax

Antidepressants:

Pristiq
Cymbalta
Lexapro (unless under the age of 18)
Fluvoxamine (unless prescribed for OCD)
Remeron SolTab
Paxil CR or Pexeva
Emsam
Oleptro
Aplenzin
Sarafem
Any quick dissolving tablet, isomer, liquid, or inj.

Prior Authorization not Required

Antipsychotics:

First Generation antipsychotics
Abilify
Zyprexa
Seroquel, Seroquel XR
Geodon
Risperidone
Clozapine

Antidepressants:

Bupropion, Bupropion SR, Bupropion XL
Citalopram
Fluoxetine
Mirtazapine
Paroxetine
Sertraline
Venlafaxine, Venlafaxine XR

Prior Authorization forms may be found on the website: www.hidsdmedicaid.com. If you have any questions, please call the Prior Authorization Help Desk at (866) 705-5391.