ACTIONS
- Surgical, maternity, non-surgical, (medical)
- Skilled nursing
- Rehabilitation
- Hospice
- Transplant services
- Out-of-State provider services
- Out-of-network services
- Observation services
- Mental health
- Chemical dependency, including partial Residential Day

Tier 1
Bariatric Services
- Weight Reduction Surgery Lap-band, Gastric Sleeve and Roux-en-Y

Cardiac
- Balloon Angioplasty
- Cardiac Catheterization
- Heart Bypass Surgery
- Pacemakers

Gastroenterology
- Colonoscopy (does not apply to preventive colonoscopies)
- Gallbladder
- Hernia Repair
- Upper GI and/or Endoscopies

Orthopedic
- Back & Neck Surgery (including spinal fusion)
- Total Knee Replacement
- Total Hip Replacement

Renal Care
- Dialysis
- Kidney Transplants

OTHER SERVICES
- Surgical procedures performed in the outpatient department of ambulatory surgical centers, hospitals, or specialty hospitals-Vertebroplasty, Epidural Blocks, Kyphoplasty, SCS trial & implantation
- MRI, MRA, CTA, CT Scans, and PET Scans
- Genetic Testing
- Cardiac self-management training and education
- Home health services, including home intravenous, pain management, and hospice
- Ambulatory infusion
- Rehabilitation
- Chelation therapy
- Transplant services
- Observation services
- Physical therapy, occupational therapy, or speech therapy
- Maternity ultrasounds
- Temporomandibular Joint Syndrome (TMJ) treatment

Durable Medical Equipment (DME)
- Any DME Exceeding $1000
- Apnea Monitors
- Compression pumps
- Continuous Passive Motion Device
- Pressure relief mattress
- Oximeters
- Oxygen, to include the oxygen carrier
- Percussors
- Pressure relief mattress
- Prosthetics
- SAD lites (seasonal affective disorder)
- Speech Devices
- Suction pumps
- TENS (transcutaneous electrical nerve stimulator)
- Terbutaline pumps
- Uterine monitor
- Ventilators
- Wheelchairs for purchase

Out-of-State Pre-authorizations
- Inpatient & Outpatient Services
  For pre-authorization of services, providers should contact HMP at www.preauthoronline.com. Requests for out-of-network referrals must be made prior to receiving care from the provider in order for you to receive the highest level of benefits (75%/25%).

Facilities
An out-of-state pre-authorization is required prior to services being received from these facilities.

Emergency Care
When traveling out-of-state and emergency services are required, a call to HMP must be made within 48 hours to retro-authorize an in-patient admission.

Dependents Residing In Other States
There are no changes to pre-authorization requirements for dependents (college students) residing in other states.

Requests for out-of-state care will be declined if the patient care can be provided safely and cost effectively in South Dakota. Out-of-network benefits (65%/35%) will be applied to services received out-of-state if out-of-state care is not pre-authorized by HMP.

Out of Country Pre-Authorization
If you are traveling out of the country and need pre-authorization, please place a collect call to 1.605.333.0200.

For pre-authorization requirements, visit http://benefits.sd.gov, click Active Employee, scroll over Forms/Documents, and click Summary Plan Descriptions.
South Dakota State Employee Health Plan Prescription Pre-authorization Listing
07/01/14 to 06/30/15 (Subject to Change)

DAKOTACARE: Provider submit prior authorization request at www.dkc-pa.com

COX-2 Inhibitors Step Therapy
Step One: naproxen, diclofenac, meloxicam
Step Two: CELEBREX®

Glaucoma Step Therapy
Step One: latanoprost, XALATAN®, TRAVATAN Z®
Step Two: ZIOPTAN®

Lyrica Step Therapy
Step One: gabapentin
Step Two: LYRICA®, SAVELLA®, CYMBALTA®

Osteoporosis Step Therapy
Step One: alendronate, ibandronate
Step Two: ACTONEL®, ATELVIA®, BINOSTO®

DAKOTACARE: Provider submit prior authorization request at www.dkc-pa.com

Medications requiring Preauthorization under Pharmacy Benefits:

- Actimmune®
- Adcirca®
- Adempas®
- Ampyra®
- Antifungal Nasal Compounds
- Aubagio®
- Bydureon®
- Byetta®
- Carbaglu®
- Cerdelga®
- Cimzia®
- Compounded Prescriptions (>$350)
- Copaxone®
- Cosentyx®
- Eliquis®
- Enbrel®
- Exjade®
- Ferriprox®
- Firazy®
- Forteo®
- Gattex®
- Ginlenya®
- Growth Hormones - Humatrope® - Norditropin®
- Harvoni®
- Hizentra®
- Humira®
- Interferons: - Avonex® - Betaseron® - Extavia® - Infergen® - Intron A® - PegIntron®
- Rebi®
- Juxtapid®
- Kalydeco®
- Kineret®
- Korlym®
- Kuvan®
- Kynamro®
- Letairis®
- Myalept®
- Nuvigil®
- octreotide (Sandostatin®)
- Olysio®
- Opsumil®
- Ocrevus®
- Oretent®
- Peglyd®
- Pradaxa®
- Promacta®
- Provigil® (modafinil)
- Ravicti®
- Revatio®
- Ruconest®
- Savaysa®
- Simponi®
- Sovaldi®
- Steilara®
- Sucrea®
- Symil®
- Tanzum®
- Tecfidera®
- Thalomid®
- Tracleer®
- Tyvaso®
- Ventavis®
- Victoza®
- Vincrist®
- Viekira Pak®
- Vimizim®
- Weight Loss Medications
- Xarelto®
- Xeljanz®
- Xenazine®
- Zavesca®
- Zyvox®

Medications requiring Preauthorization under Medical Benefits:

- Acterna®
- Alferon N®
- Amevive®
- Arcalyst®
- Benlysta®
- Berinert®
- Botox®
- Cerezyme®
- Cinryze®
- Dysport®
- Elelyso®
- Entvyio®
- Epoprostenol (Flolan®, Veleti®)
- Ilaris®
- Immune Globulins
- Kalbitor®
- Krystexxa®
- Myobloc®
- Naglazyme®
- Ocrevus®
- Prolia®
- Remicade®
- Remodulin®
- Revatio® Inj.
- Rituxan®
- Samsca®
- Sandostatin LAR®
- Soliris®
- Somatuline®
- Supprelin LA®
- Synagis®
- Tysabri®
- Vivitrol®
- Vpiv®
- Xeom®
- Xeomin®
- Xeomin®
- Xgeva®
- Xiaflex®
- Xolair®

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