



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

700 GOVERNORS DRIVE

PIERRE, SD 57501

PHONE: 605-773-3495

FAX: 605-773-5246

WEB: dss.sd.gov

March 16, 2026

Attention: South Dakota Medicaid Providers

From: South Dakota Medicaid

Re: Physician Administered Drug Biosimilar PDL

Beginning May 15, 2026, South Dakota Medicaid will implement a Preferred Drug List (PDL) for select Physician Administered Drugs with available biosimilars. The rollout schedule and prior authorization effective dates are as follows:

Tocilizumab PA effective 5/15/26

PREFERRED AGENT (NO PA REQUIRED)	NON-PREFERRED AGENT (PA REQUIRED)
TYENNE (tocilizumab-aazg)	AVTOZMA (tocilizumab-anoh)
	ACTEMRA (tocilizumab)
	TOFIDENCE (tocilizumab-bavi)

Infliximab PA effective 6/15/26

PREFERRED AGENT (NO PA REQUIRED)	NON-PREFERRED AGENT (PA REQUIRED)
INFLIXIMAB	AVSOLA (infliximab-axxq)
	INFLECTRA (infliximab-dyyb)
	REMICADE (infliximab)
	RENFLEXIS (infliximab-abda)

Pegfilgrastim PA effective 7/15/26

PREFERRED AGENT (NO PA REQUIRED)	NON-PREFERRED AGENT (PA REQUIRED)
FULPHILIA (pegfilgrastim-jmdb)	NEULASTA (pegfilgrastim)
	UDENYCA (pegfilgrastim-cbqv)
	ZIEXTNEZO (pegfilgrastim-bmez)
	FYLNETRA (pegfilgrastim-pbbk)
	NYVEPRIA (pegfilgrastim-apgf)
	STIMUFEND (pegfilgrastim-fpgk)

Non-preferred products will be subject to prior authorization requirements with a ≥90-day trial of a preferred drug. **Preferred products will not require prior authorization.** If a biosimilar product varies in FDA approved age and/or indication compared to the parent product, exceptions may be made. Full information regarding this PDL implementation can be found on the [Physician Administered Drugs, Vaccines and Immunizations](#) page of our website.

Following implementation with these agents, this PDL will be reviewed and updated annually to be effective January 1st of each calendar year.

Sincerely,
South Dakota Medicaid