

Part B: List of Covered Drugs Requiring a Prior Authorization



To receive coverage for the Part B drugs listed in the below table, you must receive approval from the plan. Requests must be made at least three (3) business days in advance. This list does not guarantee eligibility or coverage; drugs must be medically necessary and available under your plan. The provider is responsible for obtaining the prior authorization. Providers should utilize the Medical Prior Authorization Request form located at align.sanfordhealthplan.com/help.

Members should refer to their plan documents located at align.sanfordhealthplan.com/help for the complete prior authorization information. **Additional questions? Please refer to the customer service information on the back of your ID card for more information.**

Effective: January 1, 2025

ABECMA INJ	ALYGLO	AVASTIN	BEQVEZ
ABRAXANE	INJ 10/100ML	INJ 400/16ML	INJ 7X1ML
INJ 100MG	ALYGLO	AVEED	BERINERT
ACTEMRA	INJ 20/200ML	INJ 750/3ML	INJ 500UNIT
INJ 200/10ML	ALYGLO	AVSOLA	BESPONSA
ACTEMRA	INJ 5GM/50ML	INJ 100MG	INJ 0.9MG
INJ 400/20ML	ALYMSYS	AZACITIDINE	BESREMI
ACTEMRA	SOL 100/4ML	INJ 100MG	SOL 500MCG
INJ 80MG/4ML	ALYMSYS	AZEDRA DOSIM	BICNU
ADAKVEO	SOL 400/16ML	INJ 15MCI/ML	INJ 100MG
INJ 100/10ML	AMTAGVI INJ	BAVENCIO	BIVIGAM
ADCETRIS	AMVUTTRA	INJ 20MG/ML	INJ 10%
INJ 50MG	SOL 25/0.5ML	BELEODAQ	BLEOMYCIN
ADRIAMYCIN	ANKTIVA	INJ 500MG	INJ 15UNIT
INJ 10MG	SOL 400MCG	BELRAPZO	BLEOMYCIN
ADRIAMYCIN	ARALAST NP	SOL 100/4ML	INJ 30UNIT
INJ 50MG	INJ 1000MG	BENDAMUSTINE	BLINCYTO
ADSTILADRIN	ARALAST NP	INJ 100 MG	INJ 35MCG
SUS	INJ 500MG	BENDAMUSTINE	BORTEZOMIB
ADZYNMA KIT	ARRANON	INJ 25MG	INJ 1MG
1500IU	INJ 5MG/ML	BENDAMUSTINE	BORTEZOMIB
ADZYNMA KIT	ARSENIC TRIO	SOL 100/4ML	INJ 2.5MG
500IU	INJ 10/10ML	BENDEKA	BORTEZOMIB
ALDURAZYME	ARSENIC TRIO	INJ 100/4ML	INJ 3.5/1.4
INJ 2.9MG/5M	INJ 12MG/6ML	BENLYSTA	BORTEZOMIB
ALFERON N	ARZERRA	INJ 120MG	INJ 3.5MG
INJ 5MU/ML	CON 100/5ML	BENLYSTA	BORTEZOMIB
ALIMTA	ASCENIV	INJ 400MG	INJ 3.5/1.4ML
INJ 100MG	INJ 10%	BEQVEZ	BOTOX
ALIMTA	ASPARLAS	INJ 4X1ML	INJ 100UNIT
INJ 500MG	INJ 3750/5ML	BEQVEZ INJ	BOTOX
ALIQOPA	AUGTYRO	5X1ML	INJ 200UNIT
INJ 60MG	CAP 40MG	BEQVEZ	BREYANZI INJ
	AVASTIN INJ	INJ 6X1ML	

Part B: List of Covered Drugs Requiring a Prior Authorization



BRINEURA KIT 150/5ML	CISPLATIN INJ 100MG	CUVITRU INJ 8GM/40ML	DAUNORUBICIN INJ 20MG/4ML
BRIUMVI INJ 150/6ML	CISPLATIN INJ 200MG	CUVITRU SOL 10GM/50M	DAUNORUBICIN INJ 50MG
BUSULFAN INJ 6MG/ML	CISPLATIN INJ 50/50ML	CUVITRU SOL 1GM/5ML	DAUNORUBICIN INJ 5MG/ML
BUSULFEX INJ 6MG/ML	CLADRIBINE INJ 1MG/ML	CYCLOPHOSPH CAP 25MG	DAXXIFY INJ 100U
CABLIVI KIT 11MG	CLOFARABINE INJ 20/20ML	CYCLOPHOSPH CAP 50MG	DECITABINE INJ 50MG
CAMCEVI INJ 42MG	CLOLAR INJ 1MG/ML	CYCLOPHOSPH INJ 1GM	DEPO-TESTOST INJ 100MG/ML
CAMPTOSAR INJ 100/5ML	COLUMVI INJ 10/10ML	CYCLOPHOSPH INJ 2GM	DEPO-TESTOST INJ 200MG/ML
CAMPTOSAR INJ 300/15ML	COLUMVI INJ 2.5MG	CYCLOPHOSPH INJ 500MG	DOCETAXEL INJ 160/16ML
CAMPTOSAR INJ 40MG/2ML	CORTROPHIN GEL 80UNIT	CYCLOPHOSPH TAB 25MG	DOCETAXEL INJ 160/8ML
CAPECITABINE TAB 150MG	COSENTYX INJ 125MG/5ML	CYCLOPHOSPH TAB 50MG	DOCETAXEL INJ 20MG/2ML
CAPECITABINE TAB 500MG	COSMEGEN INJ 0.5MG	CYCLOPHOSPHA INJ 2GM/10ML	DOCETAXEL INJ 20MG/ML
CARBOPLATIN INJ 150/15ML	CRYSVITA INJ 10MG/ML	CYCLOPHOSPHA INJ 500MG	DOCETAXEL INJ 80MG/4ML
CARBOPLATIN INJ 450/45ML	CRYSVITA INJ 20MG/ML	CYRAMZA INJ 100/10ML	DOCETAXEL INJ 80MG/8ML
CARBOPLATIN INJ 50MG/5ML	CRYSVITA INJ 30MG/ML	CYRAMZA INJ 500/50ML	DOXIL INJ 20/10ML
CARBOPLATIN INJ 600/60ML	CUTAQUIG SOL 1.65GM	CYTARABINE INJ 100MG/ML	DOXIL INJ 50/25ML
CARMUSTINE INJ 100MG	CUTAQUIG SOL 1GM	CYTARABINE INJ 20MG/ML	DOXORUBICIN INJ 10/5ML
CARMUSTINE INJ 300MG	CUTAQUIG SOL 2GM	DACARBAZINE INJ 100MG	DOXORUBICIN INJ 20/10ML
CARMUSTINE INJ 50MG	CUTAQUIG SOL 3.3GM	DACARBAZINE INJ 200MG	DOXORUBICIN INJ 200/100
CARVYKTI INJ	CUTAQUIG SOL 4GM	DACTINOMYCIN INJ 0.5MG	DOXORUBICIN INJ 2MG/ML
CEREZYME INJ 400UNIT	CUTAQUIG SOL 8GM	DANYELZA INJ 40/10ML	DOXORUBICIN INJ 50/25ML
CIMZIA KIT	CUVITRU INJ 2GM/10ML	DARZALEX SOL 100MG/5M	DOXORUBICIN INJ 50MG
CINQAIR INJ	CUVITRU INJ 4GM/20ML	DARZALEX SOL	DYSPORT INJ 300UNIT
CINRYZE SOL 500 UNIT		FASPRO	

Part B: List of Covered Drugs Requiring a Prior Authorization



DYSPORT INJ 500UNIT	ERBITUX INJ 100MG	FLEBOGAMMA INJ 20/400ML	GAMMAGARD INJ 20GM/200
ELAHERE INJ 5MG/ML	ERBITUX INJ 200MG	FLEBOGAMMA INJ 5GM/50ML	GAMMAGARD INJ 30GM/300
ELAPRASE INJ 6MG/3ML	ETOPOPHOS INJ 100MG	FLEBOGAMMA INJ DIF 5%	GAMMAGARD INJ 5GM/50ML
ELELYSO INJ 200UNIT	ETOPOSIDE CAP 50MG	FLOLAN INJ 0.5MG	GAMMAGARD SD INJ 10GM HU
ELIGARD INJ 22.5MG	ETOPOSIDE INJ 100/5ML	FLOLAN INJ 1.5MG	GAMMAGARD SD INJ 5GM HU
ELIGARD INJ 30MG	ETOPOSIDE INJ 1GM/50ML	FLUDARABINE INJ 50MG	GAMMAKED INJ 10GM/100
ELIGARD INJ 45MG	ETOPOSIDE INJ 20MG/ML	FLUDARABINE INJ 50MG/2ML	GAMMAKED INJ 1GM/10ML
ELIGARD INJ 7.5MG	ETOPOSIDE INJ 500/25ML	FLUOROURACIL INJ 1GM/20ML	GAMMAKED INJ 20GM/200
ELLENCCE INJ 2MG/ML	EULEXIN CAP 125MG	FLUOROURACIL INJ 2.5G/50M	GAMMAKED INJ 5GM/50ML
ELREXFIO INJ 44/1.1ML	EVENITY INJ 105MG	FLUOROURACIL INJ 500/10ML	GAMMAPLEX INJ 10%
ELREXFIO INJ 76/1.9ML	EVKEEZA INJ 1200/8	FLUOROURACIL INJ 5GM/100M	GAMMAPLEX INJ 5%
ELZONRIS SOL 1000MCG	EVKEEZA INJ 345/2.3	FOLOTYN INJ 20MG/ML	GAMUNEX-C INJ 10GM/100
EMPAVELI INJ 1080MG	EVOMELA INJ 50MG	FOLOTYN INJ 40MG/2ML	GAMUNEX-C INJ 1GM/10ML
EMPLICITI INJ 300MG	FABRAZYME INJ 35MG	FRUZAQLA CAP 1MG	GAMUNEX-C INJ 2.5GM/25
EMPLICITI INJ 400MG	FABRAZYME INJ 5MG	FRUZAQLA CAP 5MG	GAMUNEX-C INJ 20GM/200
ENHERTU INJ 100MG	FASENRA INJ 30MG/ML	FYARRO SUS 100MG	GAMUNEX-C INJ 40/400ML
ENJAYMO SOL	FENSOLVI INJ 45MG	GAMASTAN INJ	GAMUNEX-C INJ 5GM/50ML
ENTYVIO INJ 300MG	FIRMAGON INJ 120MG	GAMIFANT INJ 100/20ML	GAZYVA INJ 25MG/ML
EPIRUBICIN INJ 50/25ML	FIRMAGON INJ 80MG	GAMIFANT INJ 10MG/2ML	GEFITINIB TAB 250MG
EPKINLY INJ 4/0.8ML	FLEBOGAMMA INJ 10/100ML	GAMIFANT INJ 50/10ML	GEMCITABINE INJ 1.5GM/15
EPKINLY INJ 48/0.8ML	FLEBOGAMMA INJ 10/200ML	GAMMAGARD INJ 10GM/100	GEMCITABINE INJ 1GM
EPOPROSTENOL INJ 0.5MG	FLEBOGAMMA INJ 20/200ML	GAMMAGARD INJ 1GM/10ML	GEMCITABINE INJ 1GM/10ML
EPOPROSTENOL INJ 1.5MG		GAMMAGARD INJ 2.5GM/25	

Part B: List of Covered Drugs Requiring a Prior Authorization



GEMCITABINE INJ 200MG	HERZUMA INJ 150MG	IFOSFAMIDE INJ 1GM	IWILFIN TAB 192MG
GEMCITABINE INJ 2GM	HERZUMA INJ 420MG	IFOSFAMIDE INJ 1GM/20ML	IXEMPRA KIT INJ 15MG
GEMCITABINE INJ 2GM/20ML	HIZENTRA INJ 10/50ML	IFOSFAMIDE INJ 3GM	IXEMPRA KIT INJ 45MG
GIVLAARI INJ 189MG/ML	HIZENTRA INJ 1GM/5ML	IFOSFAMIDE INJ 3GM/60ML	JELMYTO INJ 40MG
GLASSIA INJ	HIZENTRA INJ 2GM/10ML	ILARIS INJ 150MG/ML	JEMPERLI SOL 500/10ML
GLEEVEC TAB 100MG	HIZENTRA INJ 4GM/20ML	ILUMYA SOL 100MG/ML	JEVTANA INJ 60/1.5ML
GLEEVEC TAB 400MG	HIZENTRA SOL 20%	IMATINIB MES TAB 100MG	KADCYLA INJ 100MG
GLEOSTINE CAP 100MG	HYCAMTIN CAP 0.25MG	IMATINIB MES TAB 400MG	KADCYLA INJ 160MG
GLEOSTINE CAP 10MG	HYCAMTIN CAP 1MG	IMDELLTRA INJ 10MG	KALBITOR INJ 10MG/ML
GLEOSTINE CAP 40MG	HYCAMTIN INJ 4MG	IMDELLTRA INJ 1MG	KANJINTI INJ 420MG
H.P. ACTHAR INJ 80UNIT	HYQVIA INJ 10-800	IMFINZI INJ 120/2.4	KANJINTI SOL 150MG
HAEGARDA INJ 2000UNIT	HYQVIA INJ 2.5-200	IMFINZI INJ 500/10	KANUMA INJ 20/10ML
HAEGARDA INJ 3000UNIT	HYQVIA INJ 20-1600	IMJUDO INJ 25/1.25	KEMOPLAT INJ 50/50ML
HALAVEN INJ 1MG/2ML	HYQVIA INJ 30-2400	IMJUDO INJ 300/15ML	KEYTRUDA INJ 100MG/4M
HEMGENIX INJ 46-50KG	HYQVIA INJ 5-400	IMLYGIC INJ	KIMMTRAK SOL 100MCG
HEMLIBRA INJ 105/0.7	IDAMYCIN PFS INJ 10/10ML	INFLECTRA INJ 100MG	KISUNLA INJ 350/20ML
HEMLIBRA INJ 150/ML	IDAMYCIN PFS INJ 20/20ML	INFLIXIMAB INJ 100MG	KRYSTEXXA INJ 8MG/ML
HEMLIBRA INJ 30MG/ML	IDAMYCIN PFS INJ 5MG/5ML	IRESSA TAB 250MG	KYMRIAH SUS
HEMLIBRA INJ 60/0.4	IDARUBICIN INJ 10/10ML	IRINOTECAN INJ 100/5ML	KYPROLIS SOL 10MG
HEPZATO/50MM INJ 50MG	IDARUBICIN INJ 20/20ML	IRINOTECAN INJ 300/15ML	KYPROLIS SOL 30MG
HEPZATO/62MM INJ 50MG	IDARUBICIN INJ 5MG/5ML	IRINOTECAN INJ 40MG/2ML	KYPROLIS SOL 60MG
HERCEP HYLEC SOL 60-10000	IFEX INJ 1GM	IRINOTECAN INJ 500MG/25	LAMZEDE INJ 10MG
HERCEPTIN INJ 150MG	IFEX INJ 3GM	ISTODAX OVR INJ 10MG	LAZCLUZE 80/240MG TAB

Part B: List of Covered Drugs Requiring a Prior Authorization



LEMTRADA INJ 12/1.2ML	LUPRON DEPOT INJ 3.75MG	MYLOTARG INJ 4.5MG	OCTAGAM INJ 20/200ML
LENMELDY INJ LEQEMBI SOL 200/2ML	LUPRON DEPOT INJ 30MG	MYOBLOC INJ 10000/2	OCTAGAM INJ 2GM/20ML
LEQEMBI SOL 500/5ML	LUPRON DEPOT INJ 45MG	MYOBLOC INJ 2500/0.5	OCTAGAM INJ 30/300ML
LEQVIO SOL	LUPRON DEPOT INJ 7.5MG	MYOBLOC INJ 5000/ML	OCTAGAM INJ 5GM
LEUKERAN TAB 2MG	LUPRON DEPOT INJ PED 6MON	NAGLAZYME INJ 1MG/ML	OCTAGAM INJ 5GM/50ML
LEUPROLIDE INJ 14 DAY	LUTATHERA SOL 370MBQ	NELARABINE SOL 5MG/ML	OGIVRI INJ 150MG
LEUPROLIDE INJ 1MG/0.2	LUXTURNA SUS	NEXVIAZYME INJ 100MG	OGIVRI INJ 420MG
LEUPROLIDE KIT 14 DAY	LYFGENIA SUS	NGENLA INJ 24/1.2ML	OGSIVEO TAB 50MG
LEUPROLIDE KIT 1MG/0.2	MARGENZA INJ 250/10M	NGENLA INJ 60/1.2ML	OJEMDA SUS 25MG/ML
LEUPROLIDE INJ 22.5MG	MARGENZA INJ 250/10ML	NIPENT INJ 10MG	OJEMDA TAB 100MG
LIBTAYO INJ 350/7ML	MATULANE CAP 50MG	NPLATE INJ 125MCG	OMISIRGE SUS
LOQTORZI INJ 240/6ML	MELPHALAN INJ 50MG	NPLATE INJ 250MCG	OMVOH INJ 300/15ML
LUMIZYME INJ 50MG	MELPHALAN TAB 2MG	NPLATE INJ 500MCG	ONCASPAR INJ 750/ML
LUMOXITI SOL 1MG	MEPSEVII INJ 10MG/5ML	NUCALA INJ 100MG	ONIVYDE INJ 4.3MG/ML
LUNSUMIO INJ 1MG/ML	MITOMYCIN INJ 20MG	NUCALA INJ 40MG/0.4	ONPATTRO SOL 10MG/5ML
LUNSUMIO INJ 30MG/30	MITOMYCIN INJ 40MG	NULIBRY INJ 9.5MG	ONTRUZANT INJ 150MG
LUPR DEP-PED INJ 11.25MG	MITOMYCIN INJ 5MG	OCREVUS ZUNOVO SOLN	ONTRUZANT INJ 420MG
LUPR DEP-PED INJ 15MG	MITOXANTRON INJ 2MG/ML	OCREVUS INJ 300/10ML	OPDIVO INJ 100MG/10
LUPR DEP-PED INJ 3M 30MG	MONJUVI INJ 200MG	OCTAGAM INJ 10/100ML	OPDIVO INJ 120MG/12
LUPR DEP-PED INJ 7.5MG	MUTAMYCIN INJ 5MG	OCTAGAM INJ 10GM	OPDIVO INJ 240/24
LUPRON DEPOT INJ 11.25MG	MVASI INJ 100MG	OCTAGAM INJ 1GM	OPDUALAG SOL
LUPRON DEPOT INJ 22.5MG	MVASI INJ 400MG	OCTAGAM INJ 2.5GM	OPFOLDA CAP 65MG
	MYLERAN TAB 2MG		

Part B: List of Covered Drugs Requiring a Prior Authorization



ORENCIA INJ 250MG	PEMETREXED INJ 100MG	PRIVIGEN INJ 40GRAMS	ROMIDEPSIN INJ 10MG
OXALIPLATIN INJ 100MG	PEMETREXED INJ 500MG	PRIVIGEN INJ 5 GRAMS	ROMIDEPSIN INJ 27.5MG
OXALIPLATIN INJ 200MG	PEMETREXED INJ 750MG	PROLASTIN-C INJ 1000MG	RUCONEST INJ 2100UNIT
OXALIPLATIN INJ 50/10ML	PEMETREXED SOL 100/4ML	PROLEUKIN INJ 22MU	RUXIENCE INJ 100/10ML
OXALIPLATIN INJ 50MG	PEMETREXED SOL 1GM/40ML	PROVENGE INJ	RUXIENCE INJ 500/50ML
OXALIPLATIN SOL 100MG	PEMETREXED SOL 500/20ML	RADICAVA INJ 30MG	RYBREVANT SOL 350/7ML
OXLUMO INJ 94.5/0.5	PEMETREXED SOL 850/34ML	REBLOZYL INJ 25MG	RYLAZE INJ 10/0.5ML
PACLITAXEL INJ 100/16.7	PEMFEXY SOL 500/20ML	REBLOZYL INJ 75MG	RYTELO INJ 188MG
PACLITAXEL INJ 100MG	PEMRYDI RTU SOL 100/10ML	REBYOTA SUS FECAL	RYTELO INJ 47MG
PACLITAXEL INJ 150/25ML	PEMRYDI RTU SOL 500/50ML	REMICADE INJ 100MG	SAPHNELO SOL 300/2ML
PACLITAXEL INJ 300/50ML	PERJETA INJ 420/14ML	REMODULIN INJ 10MG/ML	SARCLISA SOL 100/5ML
PACLITAXEL INJ 30MG/5ML	PHESGO SOL	REMODULIN INJ 2.5MG/ML	SARCLISA SOL 500/25ML
PADCEV INJ 20MG	PHOTOFRIN INJ 75MG	REMODULIN INJ 5MG/ML	SCENESSE IMP 16MG
PADCEV INJ 30MG	PLUVICTO INJ 1000M	REMODULIN INJ 1MG/ML	SIGNIFOR LAR INJ 10MG
PANZYGA SOL 10/100ML	POLIVY INJ 140MG	RENFLEXIS INJ 100MG	SIGNIFOR LAR INJ 20MG
PANZYGA SOL 1GM/10ML	POLIVY INJ 30MG	RETEVMO 40/80/120/160 MG	SIGNIFOR LAR INJ 30MG
PANZYGA SOL 2.5/25ML	POMBILITI SOL 105MG	REVATIO INJ	SIGNIFOR LAR INJ 40MG
PANZYGA SOL 20/200ML	PORTRAZZA INJ 800/50ML	REVCОВI INJ 1.6MG/ML	SIGNIFOR LAR INJ 60MG
PANZYGA SOL 30/300ML	POTELIGEO INJ 20MG/5ML	RIABNI SOL 100/10ML	SILDENAFIL INJ
PANZYGA SOL 5GM/50ML	PRALATREXATE INJ 20MG/ML	RIABNI SOL 500/50ML	SIMPONI ARIA SOL 50MG/4ML
PARAPLATIN INJ 1000MG	PRIVIGEN INJ 10GRAMS	RITUXAN INJ 500MG	SKYRIZI SOL 60MG/ML
PEMETREXED INJ 1000MG	PRIVIGEN INJ 20GRAMS	RITUXAN INJ HYCELA	SKYSONA INJ
			SKYTROFA INJ 11MG

Part B: List of Covered Drugs Requiring a Prior Authorization



SKYTROFA INJ 13.3M	TECARTUS SUS	TESTOSTERONE MIS 100MG	TRELSTAR MIX INJ 3.75MG
SKYTROFA INJ 3.6MG	TECELRA SUSP	TESTOSTERONE MIS 200MG	TREMFYA 200MG/20ML SOLN
SKYTROFA INJ 3MG	TECENTRIQ INJ 1200/20	TESTOSTERONE MIS 25MG	TREPROSTINIL INJ 10MG/ML
SKYTROFA INJ 4.3MG	TECENTRIQ INJ 840/14	TESTOSTERONE MIS 50MG	TREPROSTINIL INJ 1MG/ML
SKYTROFA INJ 5.2MG	TECVAYLI	TEVIMBRA INJ 100/10ML	TREPROSTINIL INJ 2.5MG/ML
SKYTROFA INJ 6.3MG	TECVAYLI INJ 153/1.7	TEZSPIRE SOL 210MG	TREPROSTINIL INJ 5MG/ML
SKYTROFA INJ 7.6MG	TEMODAR	THIOTEPA INJ 100MG	TRISENOX INJ 12MG/6ML
SKYTROFA INJ 9.1MG	TEMODAR INJ 100MG	THIOTEPA INJ 15MG	TRODELVY SOL 180MG
SOLIRIS INJ 10MG/ML	TEMOZOLOMIDE CAP 100MG	TICE BCG INJ	TRUQAP TAB 160MG
SPEVIGO INJ 450/7.5	TEMOZOLOMIDE CAP 140MG	TIVDAK INJ 40MG	TRUQAP TAB 200MG
SPEVIGO INJ 150/1ML	TEMOZOLOMIDE CAP 180MG	TOFIDENCE INJ 200MG/10ML	TRUXIMA INJ 100/10ML
SPINRAZA INJ 12MG/5ML	TEMOZOLOMIDE CAP 20MG	TOFIDENCE INJ 400MG/20ML	TYENNE INJ 162/0.9
SPRAVATO 56/84 MG DOSE	TEMOZOLOMIDE CAP 250MG	TOFIDENCE INJ 80MG/4ML	TYENNE INJ 162MG
STELARA INJ 5MG/ML	TEMOZOLOMIDE CAP 5MG	TOPOTECAN INJ 4MG	TYENNE INJ 200MG/10ML
SYLVANT SOL 100MG	TEMSIROLIMUS SOL 25MG/ML	TOPOTECAN INJ 4MG/4ML	TYENNE INJ 400MG/20ML
SYLVANT SOL 400MG	TEPADINA INJ 100MG	TORISEL SOL 25MG/ML	TYENNE INJ 80MG/4ML
SYNAGIS INJ 50MG/ML	TEPADINA INJ 15MG	TRAZIMERA INJ 150MG	TYSABRI INJ 300/15ML
SYNAGIS INJ 100MG/ML	TEPEZZA INJ 500MG	TRAZIMERA INJ 420MG	TZIELD INJ 2MG/2ML
SYNRIBO INJ 3.5MG	TESTONE CIK KIT 200MG/ML	TREANDA INJ 100MG	ULTOMIRIS INJ 100MG
TAKHZYRO INJ 300/2ML	TESTOPEL MIS PELLETS	TREANDA INJ 25MG	UNITUXIN INJ
TALVEY INJ 3/1.5ML	TESTOST CYP INJ 100MG/ML	TRELSTAR MIX INJ 11.25MG	UPLIZNA SOL 100MG
TALVEY INJ 40MG/ML	TESTOST CYP INJ 200MG/ML	TRELSTAR MIX INJ 22.5MG	UPTRAVI INJ 1800MCG

Part B: List of Covered Drugs Requiring a Prior Authorization



VALRUBICIN SOL 40MG/ML	INJ 1MG/ML	XEMBIFY INJ 2GM/10ML	YONDELIS INJ 1MG
VALSTAR SOL 40MG/ML	INJ 10MG/ML	XEMBIFY INJ 4GM/20ML	ZALTRAP INJ 100/4ML
VECTIBIX INJ 100MG	VINORELBINE INJ 50MG/5ML	XENPOZYME SOL 20MG	ZALTRAP INJ 200/8ML
VECTIBIX INJ 400MG	VIVIMUSTA INJ 100/4ML	XEOMIN INJ 100UNIT	ZANOSAR INJ 1GM
VEGZELMA SOL 100/4ML	VORANIGO 10/40MG TAB	XEOMIN INJ 200UNIT	ZEMAIRA INJ 1000MG
VEGZELMA SOL 400/16ML	VPRIV INJ 400UNIT	XEOMIN INJ 50 UNIT	ZEPZELCA SOL 4MG
VELCADE INJ 3.5MG	VYEPTI INJ 100MG/ML	XIAFLEX INJ 0.9MG	ZEVALIN KIT Y-90
VELETRI INJ 0.5MG	VYVGART INJ 400/20ML	XOFIGO INJ 1100KBQ	ZIRABEV
VELETRI INJ 1.5MG	VYXEOS INJ 44-100MG	XOLAIR INJ 150MG/ML	ZOLADEX IMP 10.8MG
VEOPOZ INJ 400/2ML	WEZLANA 130MG/26ML SOLN	XOLAIR INJ 75/0.5	ZOLADEX IMP 3.6MG
VIDAZA INJ 100MG	XELODA TAB 150MG	XOLAIR SOL 150MG	ZOLGENSMA INJ
VIMIZIM INJ 5MG/5ML	XELODA TAB 500MG	YERVOY INJ 200MG	ZULRESSO INJ 100/20ML
VINBLASTINE INJ 1MG/ML	XEMBIFY INJ 10G/50ML	YERVOY INJ 50MG	ZYNLONTA SOL 10MG
VINCRISTINE	XEMBIFY INJ 1GM/5ML	YESCARTA INJ	ZYNTGLO INJ
			ZYNYZ INJ 500/20ML

Align powered by Sanford Health Plan is a HMO, PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other classification protected under the law. This information is not a complete list of benefits. Call (888) 605-9277 (TTY: 711) for more information. If you need language services or information given in a different format please call (888) 278-6485 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 278-6485 (TTY: (888) 279-1549). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (888) 278-6485 (TTY: (888) 279-1549).

Great Plains Medicare Advantage is an HMO I-SNP with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other classification protected under the law. This information is not a complete list of benefits. Call (844) 637-4760 (TTY: (888) 279-1549) for more information. If you need language services or information given in a different format please call (844) 637-4760 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 637-4760 (TTY: (888) 279-1549). 注意: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (844) 637-4760 (TTY: (888) 279-1549).