

PRIOR AUTHORIZATION REQUIRED UNDER THE PHARMACY BENEFIT

To request prior authorization or formulary exception, log into the Sanford Provider Portal at sanfordhealthplan.com. If you have any questions about this list, please contact our pharmacy management team at (800) 752-5863.

ACTEMRA SC	FINTEPLA	OMVOH	TASCENSO ODT
ACTIMMUNE	FIRDAPSE*	OPFOLDA	TAVALISSE
ADALIMUMAB-ADAZ	FORTEO (TERIPARATIDE)*	OPSUMIT	TAVNEOS
ADALIMUMAB-FKJP	GALAFOLD	OPSYNVI*	TEGSEDI
ADBRY	GATTEX	OPZELURA	TESTOSTERONE CREAM (EX-RX TESTOSTERONE)*
ADEMPAS	GENOTROPIN*	ORENCIA SC	TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE)
ADLYXIN*	GOMEKLI	ORENITRAM	TESTOSTERONE
AGAMREE*	HADLIMA	ORIAHNN	ENANTHATE
ALYFTREK	HAEGARDA	ORLISSA	TESTOSTERONE GEL (ANDROGEL)
AMBRISENTAN (LETAIRIS)	HETLIOZ	ORKAMBI	TESTOSTERONE GEL (FORTESTA)
AMJEVITA*	HETLIOZ LQ	ORLADEYO	TESTOSTERONE GEL (TESTIM)
ANDEMBRY	HULIO*	OTEZLA /OTEZLA XR	TESTOSTERONE GEL (VOGELXO)
ANDRODERM	HUMATROPE	OXBRYTA	TESTOSTERONE SOL
ANZUPGO	HUMIRA*	OXERVATE	TEZSPIRE
AQNEURSA	HYFTOR	OZEMPIC	TLANDO*
ARCALYST	HYRIMOZ*	PALSONIFY	TREMFYA
AUBAGIO	ICATIBANT, SAJAZIR (FIRAZYR)	PALYNZIQ	TRIKAFTA
AVONEX	IDACIO*	PHEBURANE	TRULICITY
BAFIERTAM	IMBRUVICA	PIRFENIDONE (ESBRIET)	TYENNE*
BAXDELA ORAL	IMCIVREE	PLEGRIDY	TYMLOS
BENLYSTA SC	INCRELEX	PONVORY*	TYVASO
BETASERON*	ISTURISA	PRALUENT	TYVASO DPI
BIMZELX	JAKAFI	PROMACTA	UBRELVY
BOSENTAN (TRACLEER)	JASCAYD	PYRIMETHAMINE (DARAPRIM)	UPTRAVI
BRINSUPRI	JATENZO*	PYRUKYND	VELSIPITY
BYDUREON	JOENJA	RADICAVA ORAL SUSP	VENTAVIS
BYDUREON BCISE	JYNARQUE	RAVICTI	VICTOZA
BYETTA	KALYDECO	REBIF	VIJOICE
BYLVAY	KERENDIA	RECORLEV	VOSEVI
CABLIVI	KESIMPTA	RELYVRIO	VOWST
CAMZYOS	KEVZARA	REPATHA	VOXOGO
CERDELGA	KINERET	REZDIFFRA	VOYDEYA
CHENODAL	KORLYM	REZUROCK	VUMERITY
CHOLBAM	KOSELUGO	RHAPSIDO	VYNDAMAX
CIBINQO	KRAZATI	RINVOQ	VYNDAQEL
CIMZIA	KYZATREX*	RIVFLOZA	WAINUA
COMPOUNDS > \$250	LEDIPASVIR-SOFOSBUVIR (HARVONI)	RYBELSUS	WAKIX
COPAXONE (GLATIRAMER ACETATE*, GLATOPA*)	LEQEMBI IQLIK	SAIZEN*	WAYRILZ
CORTROPHIN (H.P. ACTHAR)	LEQSELVI	SAPROPTERIN [KUVAN, JAVYGTOR]	WEZLANA SC
COSENTYX	LEUPROLIDE ACETATE	SELARSDI SC	WINREVAIR
CRENESSY	LINEZOLID (ZYVOX) ORAL	SEROSTIM*	XELJANZ
CYLTEZO*	LIQREV*	SEPHIENCE	XELJANZ SOLUTION
DALFAMPRIDINE (AMPYRA)	LIVMARLI	SIGNIFOR	XELJANZ XR
DAWNZERA	LUPKYNIS	SILDENAFIL (REVATIO) ORAL	XERMELO
DAYBUE	LUMRYZ*	SILIQ	XOLREMDI
DIACOMIT	LYTGOBI	SIMLANDI	XYOSTED*
DIMETHYL FUMARATE (TECFIDERA)	MAVENCLAD	SIMPONI	XYWAV
DOJOLVI	MAVYRET	SIVEXTRO ORAL*	YESINTEK SC
DOPTELET*	MAYZENT	SKYCLARYS	YORVIPATH
DUPIXENT	MIPLYFFA	SKYRIZI	YUFLYMA*
EBGLYSS	MIGLUSTAT (ZAVESCA)	SKYTROFA*	YUSIMRY*
EGRIFTA SV	MOUNJARO	SODIUM OXYBATE (XYREM)	ZAVZPRET*
EKTERLY	MULPLETA	SOFOSBUVIR-VELPATASVIR (EPCLUSA)	ZEPOSIA
EMFLAZA*	MYALEPT	SOHONOS	ZILBRYSQ
EMGALITY 100MG	MYFEMBREE	SOTYKTU	ZOKINVY
ENBREL	NATESTO*	SPEVIGO*	ZOMACTON*
ENSPRYNG	NATPARA	STELARA SC	ZORBIVE*
ENTYVIO	NEMLUVIO	STRENSIQ	ZTALMY
EPIDIOLEX	NEXLETOL	SUCRAID	ZURZUVAE
EVRYSDI	NEXLIZET	SYMDEKO	
EXTAVIA	NORDITROPIN*	SYMLINPEN	
FABHALTA	NUCALA AUTO INJECTOR	TADALAFIL, ALYQ (ADCIRCA)	
FASENRA PEN	NUTROPIN AQ	TADLIQ	
FILSPARI	OFEV	TAKHZYRO	
FILSUEVZ	OLUMIANT	TALTZ	
FINGOLIMOD (GILENYA)	OMNITROPE*		

*Indicates medication is considered non-formulary/non-preferred

PRIOR AUTHORIZATION REQUIRED UNDER THE MEDICAL BENEFIT

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ACTEMRA IV	GAMUNEX-C	RYONCIL
ADAKVEO	GIVLAARI	SAPHNELO
ADZYNMA	GLASSIA	SCENESSE
ALDURAZYME	HEMGENIX	SIGNIFOR LAR
ALHEMO	HEMLIBRA	SILDENAFIL (REVATIO) IV
ALYGO	HIZENTRA	SIMPONI ARIA
AMVUTTRA	HYQVIA	SIVEXTRO IV
ARALAST NP	ILARIS	SKYRIZI IV
ASCENIV	ILUMYA	SKYSONA
AVEED	IMAAVY	SOLIRIS
BAXDELA IV	INFLIXIMAB (REMICADE, RENFLEXIS, AVSOLA*, INFLECTRA*)	SPEVIGO
BENLYSTA IV	KALBITOR	SPINRAZA
BEQVEZ	KANUMA	SPRAVATO
BERINERT	KRYSTEXXA	SYLVANT
BIVIGAM	LAMZEDE	SYNAGIS
BKEMV	LEMTRADA	TEPEZZA
BOTOX	LENMELDY	TESTOSTERONE PELLETS (TESTOPEL)
BRINEURA	LEQEMBI	TEZSPIRE
BRIUMVI	LEQVIO	TOFIDENCE
CASGEVY	LINEZOLID (ZYVOX) IV	TREPROSTINIL (REMODULIN)
CAMCEVI	LUMIZYME	TROGARZO
CARIMUNE	LUPR DEP-PED	TYENNE
CEREZYME	LUPRON DEPOT	TYSABRI
CIMZIA (LYOPHILIZED POWDER FOR INJECTION)	LUXTURNA	TZIELD
CINQAIR	LYFGENIA	ULTOMIRIS
CINRYZE	MEPSEVII	UPLIZNA
COSENTYX	MYOBLOC	UPTRAVI IV
CRYSVITA	NAGLAZYME	USTEKINUMAB IV (SELARSDI, YESINTEK, WEZLANA, STELARA*)
CUTAQUIG	NEXVIAZYME	VANRAFIA
CUVITRU	NIKTIMVO	VEOPOZ
DAXXIFY	NPLATE	VIMIZIM
DENOSUMAB (JUBBONTI, STOBOCLO, PROLIA*)	NUCALA	VPRIV
DYSPORT	NULIBRY	VYEPTI*
ELAPRASE	OCREVUS	VYVGART
ELELYSO	OCTAGAM	VYVGART HYTRULO
ELIGARD	OMVOH IV	XEMBIFY
EMPAVELI	ONPATTRO	XEOMIN
ENJAYMO	OPFOLDA	XIAFLEX
ENTYVIO	ORENCIA IV	XOLAIR
EPOPROSTENOL (FLOLAN, VELETRI)	OXLUMO	ZEMAIRA
EPYSQLI	PANZYGA	XENPOZYME
EVENITY	PAPZIMEOS	ZOLGENSMA
EVKKEZA	PIASKY	ZULRESSO
FABRAZYME	POMBILITI	ZYNTEGLO
FASENRA	PRIVIGEN	
FENSOLVI	PROLASTIN-C	
FLEBOGAMMA	QFITLIA	
GAMASTAN	RADICAVA	
GAMIFANT	REBLOZYL	
GAMMAGARD	REBYOTA	
GAMMAGARD SD	REVCOVI	
GAMMAKED	RITUXIMAB (RITUXAN, TRUXIMA, RIABNI, RUXIENCE)	
GAMMAPLEX	RUCONEST	

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