

PRIOR AUTHORIZATION REQUIRED UNDER THE PHARMACY BENEFIT

To request prior authorization, contact Pharmacy Management at (855) 305-5062 or complete the Prescription Drug Authorization Request and Formulary Exception form located at sanfordhealthplan.com.

ACTEMRA SC	GATTEX	ORLISSA	TERIPARATIDE
ACTIMMUNE	GENOTROPIN*	ORKAMBI	TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE)
ADBRY	GILENYA	ORLADEYO	TESTOSTERONE ENANTHATE
ADEMPAS	HAEGARDA	OTEZLA	TESTOSTERONE GEL (ANDROGEL)
ADLYXIN*	HETLIOZ	OXBRYTA	TESTOSTERONE GEL (FORTESTA)
AMBRISENTAN (LETAIRIS)	HETLIOZ LQ	OXERVATE	TESTOSTERONE GEL (TESTIM)
ANDRODERM	HUMATROPE	OZEMPIC	TESTOSTERONE GEL (VOGELXO*)
ARCALYST	HUMIRA	PALYNZIQ	TESTOSTERONE SOL
AUBAGIO	ICATIBANT, SAJAZIR (FIRAZYR)	PIRFENIDONE (ESBRIET)	TETRABENAZINE (XENAZINE)
AVONEX	IMBRUVICA	PLEGRIDY	TLANDO*
BAFIERTAM	IMCIVREE	PONVORY*	TOLVAPTAN (JYNARQUE)
BAXDELA ORAL	INCRELEX	PRALUENT	TREMFYA
BENLYSTA SC	JAKAFI	PROMACTA	TRIKAFTA
BETASERON*	JATENZO*	PYRIMETHAMINE (DARAPRIM)	TRULICITY
BOSENTAN (TRACLEER)	KALYDECO	PYRUKYND	TYMLOS
BYDUREON	KERENDIA	QSYMIA*	TYVASO
BYDUREON BCISE	KESIMPTA	RADICAVA ORAL SUSP	UBRELVY
BYETTA	KEVZARA	RAVICTI	UPTRAVI
BYLVAY	KINERET	REBIF	VENTAVIS
CABLIVI	KORLYM	RECORLEV	VICTOZA
CERDELGA	LEDIPASVIR-SOFOSBUVIR (HARVONI)	REPATHA	VIJOICE
CHENODAL	LEUPROLIDE ACETATE	REZUROCK	VOSEVI
CHOLBAM	LINEZOLID (ZYVOX) ORAL	RINVOQ	VOXZOGO
CIBINQO	LIVMARLI	RYBELSUS	VUMERITY
COMPOUNDS > \$250	LUPKYNIS	SAIZEN*	VYNDAMAX
CONTRACE*	MAVENCLAD	SAPROPTERIN (KUVAN)	VYNDAQEL
COPAXONE (GLATIRAMER ACETATE*, GLATOPA*)	MAVYRET	SAXENDA	WAKIX
CORTROPHIN (H.P. ACTHAR)	MAYZENT	SEROSTIM*	WEGOVY
COSENTYX	MIGLUSTAT (ZAVESCA)	SIGNIFOR	XELJANZ
DALFAMPRIDINE (AMPYRA)	MOUNJARO	SILDENAFIL (REVATIO) ORAL	XELJANZ SOLUTION
DIACOMIT	MULPLETA	SILIQ	XELJANZ XR
DIMETHYL FUMERATE (TECFIDERA)	MYALEPT	SIMPONI	XENICAL*
DOJOLVI	MYFEMBREE	SIVEXTRO ORAL*	XERMELO
DOPTELET*	NATESTO*	SKYRIZI	XYOSTED*
DUPIXENT	NATPARA	SKYTROFA*	XYREM
EMFLAZA*	NEXLETOL	SOFOSBUVIR-VELPATASVIR (EPCLUSA)	XYWAV
EMGALITY 100MG	NEXLIZET	STELARA SC	ZEPOSIA
ENBREL	NORDITROPIN*	STRENSIQ	ZOKINVY
ENSPLYNG	NUCALA AUTO INJECTOR	STRIANT	ZOMACTON*
EPIDIOLEX	NUTROPIN AQ	SUCRAID	ZORBTIVE*
EVRYSDI	OFEV	SYMDEKO	
EXTAVIA	OLUMIANT	SYMLINPEN	
FASENRA PEN	OMNITROPE*	TADALAFIL , ALYQ (ADCIRCA)	
FINTEPLA	OPSUMIT	TAKHZYRO	
FIRDAPSE*	OPZELURA	TALTZ	
FORTEO*	ORENCIA SC	TAVALISSE	
GALAFOLD	ORENITRAM	TAVNEOS	
	ORIAHNN	TEGSEDI	

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

PRIOR AUTHORIZATION REQUIRED UNDER THE MEDICAL BENEFIT

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ACTEMRA IV	GLASSIA	SIMPONI ARIA
ADAKVEO	HEMLIBRA	SIVEXTRO IV
ALDURAZYME	HIZENTRA	SKYRIZI IV
ARALAST NP	HYQVIA	SOLIRIS
ASCENIV	ILARIS	SPINRAZA
AVEED	ILUMYA	STELARA IV
BAXDELA IV	INFLIXIMAB (REMICADE, RENFLEXIS, AVSOLA*, INFLECTRA*)	SYLVANT
BENLYSTA IV	KALBITOR	SYNAGIS
BERINERT	KANUMA	TEPEZZA
BIVIGAM	KRYSTEXXA	TESTOSTERONE PELLETS (TESTOPEL)
BOTOX	LEMTRADA	TEZSPIRE
BRINEURA	LEQVIO	TREPROSTINIL (REMODULIN)
CAMCEVI	LINEZOLID (ZYVOX) IV	TROGARZO
CARIMUNE	LUMIZYME	TYSABRI
CEREZYME	LUPR DEP-PED	ULTOMIRIS
CIMZIA (LYOPHILIZED POWDER FOR INJECTION)	LUPRON DEPOT	UPLIZNA
CINQAIR	LUXTURNA	UPTRAVI IV
CINRYZE	MEPSEVII	VIMIZIM
CRYSVITA	MYOBLOC	VPRIV
CUTAQUIG	NAGLAZYME	VYEPTI
CUVITRU	NEXVIAZYME	VYVGART
DYSPORT	NPLATE	XEMBIFY
ELAPRASE	NUCALA	XEOMIN
ELELYSO	NULIBRY	XIAFLEX
ELIGARD	OCREVUS	XOLAIR
EMPAVELI	OCTAGAM	ZEMAIRA
ENJAYMO	ONPATTRO	ZOLGENSMA
ENTYVIO	ORENCIA IV	ZULRESSO
EPOPROSTENOL (FLOLAN, VELETRI)	OXLUMO	
EVENITY	PANZYGA	
EVKEEZA	PRIVIGEN	
FABRAZYME	PROLASTIN-C	
FASENRA	PROLIA	
FENSOLVI	RADICAVA	
FLEBOGAMMA	REBLOZYL	
GAMASTAN	REVCOVI	
GAMIFANT	RITUXIMAB (RITUXAN, TRUXIMA,RIABNI, RUXIENCE)	
GAMMAGARD	RUCONEST	
GAMMAGARD SD	SAPHNELO	
GAMMAKED	SCENESSE	
GAMMAPLEX	SIGNIFOR LAR	
GAMUNEX-C	SILDENAFIL (REVATIO) IV	
GIVLAARI		

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