

February 6, 2025

«Member_First_Name» «Member_Last_Name»
« Member_Address_1» « Member_Address_2»
«Member_City», «Member_State» «Member_ZIP»

Dear «Member_First_Name»,

Sanford Health Plan's covered drug list (formulary) is changing April 1, 2025. The drug below will be changing to Non-preferred brand with penalty as of that date. This means the medication will still be covered but will have a penalty* associated with it. If you no longer take this drug, please disregard this letter.

We encourage you to discuss this change with your doctor if you have any questions or concerns. The preferred drug (Wezlana) is the same as Stelara, producing the same clinical outcomes with no additional side effects.

| Current Non-Preferred Drug | Preferred Drug Option(s) |
|-----------------------------------|---------------------------------|
| «Column BD» | «Column BE» |

If you or your doctor feel you should not stop taking the current drug or change to the new preferred drug option, please have your doctor complete and submit a request for prior authorization through our provider portal.

We apologize for any inconvenience this change may have caused. If you have questions about this change, your prescription drug benefits, or would like a free copy of your formulary, please call us toll-free at (855) 305-5062 [TTY:711]. You can also contact us through your secure member portal at sanfordhealthplan.com/memberlogin.

Sincerely,

Pharmacy Management Dept
Sanford Health Plan

Enc: HP-0251 Appeal Rights COM-IND-PERS
HP-1186 Non-discrimination

*The penalty is the difference in cost between the non-preferred drug and the preferred alternative as defined in your plan documents. Penalties are not applied to deductible or maximum out of pocket