

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 SQ	Enbrel	Opsumit	Tecfidera
Acthar HP	Epclusa	Orencia SQ	Testosterone
Actimmune	Esbriet	Orenitram	Testosterone cypionate (Depo-Testosterone)
Adcirca	Eucrisa	Orkambi	Testosterone Enanthate (Delatestryl)
Adempas	Extavia	Otezla	Testosterone Solution (Axiron)
Aimovig	Firazyr	Palynziq	Tev-Tropin
Ampyra	Forteo	phendimetrazine (Bontril PDM, Bontril)	tetrabenazine (Xenazine)
Androderm	Genotropin	Phentermine (Adipex P, Lomaira, Suprenza ODT)	Tracleer
Androgel (testosterone gel)	Gilenya	Plegriidy	Tremfya
Arcalyst	Glatopa	Praluent	Tymlos
Aubagio	Haegarda	Promacta	Tyvaso
Avonex	Harvoni	Ravicti	Uptravi
Baxdela oral	Humatrope	Rebif	Ventavis
Belviq/Belviq XR	Humira	Repatha	Vosevi
Benlysta SC	Increlex	Saizen	Xeljanz/Xeljanz XR
benzphetamine HCL (Didrex, Regimex)	Jynarque	Serostim	Xermelo
Betaseron	Kalydeco	sildenafil (Revatio) oral	Xyrem
Cerdelga	Kevzara	Siliq	Zavesca
Chenodal	Kineret	Simponi	Zinbryta
Cholbam	Korlym	Sivextro	Zorbtive
Cimzia	Kuvan	Stelara SQ	
Compounds > \$250	Letairis	Strensiq	
Copaxone (glatiramer acetate)	Leuprolide Acetate	Striant	
Cosentyx	Linezolid (Zyvox) oral	Sucraid	
Daraprim	Mavyret	Symdeko	
Diethylpropion/ Diethylpropion ER	Myalept	Symmlin	
Doptelet	Natpara	Taltz	
Dupixent	Norditropin	Tavalisse	
Emflaza	Nutropin		
	Ofev		
	Olumiant		
	Omnitrope		

PRIOR AUTHORIZATION REQUIRED UNDER THE MEDICAL 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 IV	Gammaflex	Remodulin
Adagen	Gamunex-C	Rituxan
Aldurazyme	Glassia	Ruconest
Aralast NP	Hemlibra	sildenafil (Revatio) IV
Aveed	Hizentra	Simponi Aria
Baxdela IV	Hyqvia	Sivextro
Benlysta IV	Ilaris	Soliris
Berinert	Kalbitor	Spinraza
Bivigam	Kanuma	Stelara IV
Brineura	Krystexxa	Sublocade
Carimune	Lemtrada	Sylvant
Cerezyme	Leuprolide Long Acting	Synagis
Cimzia (lyophilized powder for injection)	Linezolid (Zyvox) IV	Testopel
Cinqair	Lumizyme	Trogarzo
Cinryze	Lupaneta pack	Tysabri
Crysvita	Lupron Depot	Veletri
Cuvitru	Lupron Depot Peds	Vimizim
Elaprase	Luxturna	Vivitrol
Elelyso	Mepsevii	Vpriv
Eligard	Naglazyme	Xiaflex
Entyvio	Nplate	Xolair
epoprostenol	Nucala	Zemaira
Fasenra	Ocrevus	
Fabrazyme	Octagam	
Flebogamma DIF	Orencia IV	
Flolan	Privigen	
Gamastan SD	Probuphine	
Gammagard	Prolastin-C	
Gammagard SD	Prolia	
Gammaked	Radicava	
	Remicade	