

# 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](http://sanfordhealthplan.com).

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

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

# 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](http://sanfordhealthplan.com).

ACTEMRA IV	GIVLAARI	SILDENAFIL (REVATIO) IV
ADAKVEO	GLASSIA	SIMPONI ARIA
ALDURAZYME	HEMLIBRA	SIVEXTRO IV
AMVUTTRA	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		

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