

Pharmacy Handbook

for NDPERS grandfathered members

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Formulary

The Formulary is a list of prescription medication products, which are preferred by the Plan for dispensing to Members when appropriate. This list is subject to periodic review and modifications. Selection criteria include clinical efficacy, safety, and cost effectiveness. Additional medications may be added or removed from the Formulary throughout the year. Sanford Health Plan will publish these changes and notify you by mail if any of the changes impact your cost sharing or accessibility. By logging into your *mySanfordHealthPlan* account at www.sanfordhealthplan.com/memberlogin, you can find additional information including: a complete listing of the formulary, pharmacy locator, generic substitution information, drug side effect/interaction and other benefit information.

To be covered by the Plan, medications must be:

1. Prescribed by a licensed health care professional within the scope of his or her practice;
2. Provided by a Participating Pharmacy except in the event of a medical emergency. If the prescription is obtained at a Non-Participating Pharmacy the Member is responsible for the prescription medication cost in full. NOTE: If a Member receives Prescription Medications from a Non-participating Pharmacy, the Member is responsible for payment of the Prescription Order or refill in full at the time it is dispensed. The Member should submit appropriate reimbursement information to Sanford Health Plan. Payment for covered Prescription Medications will be sent to the Subscriber. Any charges in excess of the Allowed Charge are the Subscriber's responsibility.
3. Approved by the Federal Food and Drug Administration (FDA) for use in the United States.

The information about the Formulary applies only to those medications, including injectable medications that may be covered under this Certificate of Insurance.

By following the Formulary, and asking your healthcare Practitioner for generic medications, you will save money and help control the costs of your health care. **If you request a brand-name medication when there is an equivalent generic alternative available, you will be required to pay the price difference between the brand and the generic in addition to your copay.**

Pharmacy Programs

Please review the following information concerning the drug exclusion list, certification, quantity limits, step therapy and injectable medication programs. If you have any questions or concerns, contact Pharmacy Management at (888) 315-0885, option #1.

Mail Order Programs

Sanford Health Plan offers mail order services through Express Scripts, Inc. To enroll in this service, or if you have questions regarding this program call (800) 243-9800.

Injectable and High Cost Medications Program

Sanford Health Plan has contracted with Express Scripts Specialty Pharmacy (*Accredo*) for specialty medication needs. You can obtain injectable and high cost medications two different ways:

- From Accredo
- From an approved retail pharmacy or Practitioner's office

It is important to obtain approval (preauthorization/prior approval) from Sanford Health Plan before using these medications listed on the following page. If these medications are obtained from a Non-Participating pharmacy or a Practitioner's office without prior approval by the Pharmacy Management Department, the Member may be responsible for the full cost of the medication.

Accredo's toll-free customer service is available by calling (866) 333-9721, 24 hours a day, 365 days a year. You can:

- Order your injectable medications
- Consult with experienced, knowledgeable pharmacists
- Ask a specially trained nurse about your injectable medication

When calling *Accredo*, a customer service representative will ask you the following information:

- **Your name and date of birth**
- **Your phone number and address**
- **The name of your injectable medication to be filled**
- **Your doctor's name and phone number**

Accredo will mail your Practitioner a letter explaining the program. By participating in Specialty Care, you are automatically enrolled in a drug therapy management program. This program entitles you to receive the following benefits at no additional charge:

- Access to nurses and pharmacists 24 hours/day, 7 days/week for questions related to your injectable drug and the illness the drug is treating.
- Injectable drug refill reminders if you forget to call for your refill, and convenient refill process.
- Free delivery of your medication and supplies to your home, Practitioner's office or designated location.

If you order from Accredo, they will ship your medication and all the supplies you need for your injection directly to your home or Practitioner's office within 24 to 48 hours after the request is approved and medication is ordered. Administration supplies (syringes, needles etc.) will be included in the shipment. Prior to all shipments, a Patient Admission Specialist will contact you to discuss your cost for the medication and arrange delivery.

The medications on this list covered under the medical benefit are subject to your deductible/coinsurance. The medications covered under the pharmacy benefit are subject to cost sharing. To obtain preauthorization/prior approval or determine how the medications will be covered, call the Pharmacy Management at (888) 315-0885, option #1 / TTY/TDD: (877) 652-1844.

Note: Generic drugs are indicated in bold. Brand name drugs are listed in CAPITAL letters.

Disclaimer: Some of the medications listed below are subject to Step Therapy. Contact the Pharmacy Management Department for details.

Name	Disease State	Coverage	Preferred Alternatives
8-MOP	SKIN PREPS	MEDICAL	
ABRAXANE	CANCER	MEDICAL	
ACTEMRA IV	IMMUNOSUPPRESANT	MEDICAL	
ACTEMRA Subcutaneous	IMMUNOSUPPRESANT	BRAND NAME FORMULARY- Step Therapy Rules Apply	ENBREL, HUMIRA-BRAND NAME FORMULARY
ACTHAR H.P.	HORMONES	MEDICAL	
ACTIMMUNE	CANCER	MEDICAL	
ADCETRIS	CANCER	MEDICAL - LIMITED DISTRIBUTION	
ADCIRCA	CARDIOVASCULAR	BRAND NAME FORMULARY	
ADEMPAS	CARDIOVASCULAR	BRAND NAME FORMULARY	
ADRUCIL	CANCER	MEDICAL	
ADVATE	HEMOPHILIA	MEDICAL	
AFINITOR	CANCER	MEDICAL	
ALDURAZYME	ENZYME DEFICIENCIES	MEDICAL	
ALFERON N	CANCER	MEDICAL	
ALIMTA	CANCER	MEDICAL	
ALKERAN	CANCER	MEDICAL	
ALPHANATE	HEMOPHILIA	MEDICAL	
ALPHANINE SD	HEMOPHILIA	MEDICAL	
ALPROLIX	HEMOPHILIA	MEDICAL	
AMEVIVE	INFLAMMATORY CONDITION	MEDICAL	
AMIFOSTINE	CANCER	MEDICAL	
AMPYRA	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY	
APOKYN	ANTIPARKINSON DRUGS	BRAND NAME FORMULARY	
ARALAST NP	RESPIRATORY CONDITIONS	MEDICAL	
ARANESP	BLOOD CELL DEFICIENCY	BRAND NAME FORMULARY	
ARCALYST	INFLAMMATORY CONDITION	MEDICAL	
ARELIA	BONE CONDITIONS	MEDICAL	
ARESTIN	ANTIINFECTIVES	BRAND NAME FORMULARY	
ARRANON	CANCER	MEDICAL	
ARZERRA	CANCER	MEDICAL	
ATGAM	IMMUNE DEFICIENCY	MEDICAL	
AUBAGIO	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY - Step Therapy Rules Apply	
AVASTIN	CANCER	MEDICAL	
AVONEX	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY	
AZACITIDINE	CANCER	MEDICAL	
BEBULIN	HEMOPHILIA	MEDICAL	
BENEFIX	HEMOPHILIA	MEDICAL	
BENLYSTA	SYSTEMIC LUPUS ERYTHEMATOUS	MEDICAL	
BERINERT	HEREDITARY ANGIOEDEMA	MEDICAL	
BEXXAR	CANCER	MEDICAL - LIMITED DISTRIBUTION	
BICNU	CANCER	MEDICAL	
BIVIGAM	IMMUNE DEFICIENCY	MEDICAL	
BLEOMYCIN SULFATE	CANCER	MEDICAL	
BOSULIF	CANCER	MEDICAL	

Name	Disease State	Coverage	Preferred Alternatives
BOTOX	NEUROMUSCULAR CONDITION	MEDICAL	
BUSULFEX	CANCER	MEDICAL	
CALCIUM FOLINATE	CANCER	MEDICAL	
CAMPTOSAR	CANCER	MEDICAL	
CAPECITABINE	CANCER	MEDICAL	
CARBAGLU	GENETIC DISORDER	MEDICAL	
CARBOPLATIN	CANCER	MEDICAL	
CARIMUNE NF NANOFILTERED	IMMUNE DEFICIENCY	MEDICAL	
CAYSTON	ANTIBIOTICS	BRAND NAME FORMULARY - LIMITED DISTRIBUTION	
CELLCEPT	IMMUNOSUPPRESANT	MEDICAL	
CEPROTIN	BLOOD	MEDICAL	
CEREDASE	ENZYME DEFICIENCIES	BRAND NAME FORMULARY	
CEREZYME	ENZYME DEFICIENCIES	MEDICAL	
CERUBIDINE	CANCER	MEDICAL	
CHENODAL	INFLAMMATORY CONDITION	BRAND NAME FORMULARY - LIMITED DISTRIBUTION	
CIMZIA	INFLAMMATORY CONDITION	BRAND NAME FORMULARY - Step Therapy Rules Apply	ENBREL, HUMIRA-BRAND NAME FORMULARY
CINRYZE	HEREDITARY ANGIOEDEMA	MEDICAL	
CISPLATIN	CANCER	MEDICAL	
CLADRIBINE	CANCER	MEDICAL	
CLOLAR	CANCER	MEDICAL	
COPAXONE	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY	
COPEGUS	HEPATITIS C	BRAND NAME FORMULARY	
CORIFACT	HEMOPHILIA	MEDICAL	
COSENTYX	INFLAMMATORY CONDITION	BRAND NAME FORMULARY	
COSMEGEN	CANCER	MEDICAL	
CYCLOPHOSPHAMIDE	CANCER	MEDICAL	
CYCLOSPORINE	IMMUNOSUPPRESANT	MEDICAL	
CYSTAGON	MISCELLANEOUS SPECIALTY CONDITIONS	BRAND NAME FORMULARY - LIMITED DISTRIBUTION	
CYTARABINE	CANCER	MEDICAL	
CYTOGAM	IMMUNE DEFICIENCY	MEDICAL	
DACARBAZINE	CANCER	MEDICAL	
DACOGEN	CANCER	MEDICAL	
DACTINOMYCIN	CANCER	MEDICAL	
DAUNORUBICIN HCL	CANCER	MEDICAL	
DAUNOXOME	CANCER	MEDICAL	
DDAVP	HORMONES	MEDICAL	
DECITABINE	CANCER	MEDICAL	
DEFEROXAMINE MESYLATE	IRON TOXICITY	MEDICAL	
DEPOCYT	CANCER	MEDICAL	
DESFERAL	IRON TOXICITY	MEDICAL	
DESMOPRESSIN ACETATE	HORMONES	MEDICAL	
DOCEFREZ	CANCER	MEDICAL	
DOCETAXEL	CANCER	MEDICAL	
DYSPORT	NEUROMUSCULAR CONDITION	MEDICAL	
ELAPRASE	ENZYME DEFICIENCIES	MEDICAL	
ELELYSO	ENZYME DEFICIENCIES	MEDICAL - LIMITED DISTRIBUTION	
ELIGARD	CANCER	MEDICAL	
ELITEK	ANTIARTHRITICS	MEDICAL	
ELLENC	CANCER	MEDICAL	
ELOCTATE	HEMOPHILIA	BRAND NAME FORMULARY	
ELOXATIN	CANCER	MEDICAL	
ELSPAR	CANCER	MEDICAL	
ENBREL	INFLAMMATORY CONDITION	BRAND NAME FORMULARY	
enoxaparin sodium	ANTICOAGULANTS	GENERIC FORMULARY - Available through retail	
ENTYVIO	INFLAMMATORY CONDITION	MEDICAL - Step Therapy Rules Apply	ENBREL, HUMIRA-BRAND NAME FORMULARY
EPIRUBICIN HCL	CANCER	MEDICAL	
EPOGEN	BLOOD CELL DEFICIENCY	BRAND NAME FORMULARY	
EPOPROSTENOL SODIUM	CARDIOVASCULAR	MEDICAL	
ERBITUX	CANCER	MEDICAL	
ERIVEDGE	CANCER	MEDICAL	
ERWINAZE	CANCER	MEDICAL	
ESBRIET	RESPIRATORY CONDITIONS	BRAND NAME FORMULARY	
ETHYOL	CANCER	MEDICAL	
ETOPOPHOS	CANCER	MEDICAL	
ETOPOSIDE	CANCER	MEDICAL	

Name	Disease State	Coverage	Preferred Alternatives
EUFLEXXA	ANTIARTHRITICS	MEDICAL	
EXJADE	IRON TOXICITY	MEDICAL	
EXTAVIA	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY	
EYLEA	OPHTHALMIC CONDITIONS	MEDICAL	
FABRAZYME	ENZYME DEFICIENCIES	MEDICAL	
FASLODEX	CANCER	MEDICAL	
FEIBA NF	HEMOPHILIA	MEDICAL	
FEIBA VH IMMUNO	HEMOPHILIA	MEDICAL	
FERRIPROX	IRON TOXICITY	BRAND NAME FORMULARY - LIMITED DISTRIBUTION	
FIRAZYR	HEREDITARY ANGIOEDEMA	BRAND NAME FORMULARY	
FIRMAGON	CANCER	MEDICAL	
FLEBOGAMMA DIF	IMMUNE DEFICIENCY	MEDICAL	
FLOLAN	CARDIOVASCULAR	MEDICAL	
FLOXURIDINE	CANCER	MEDICAL	
FLUDARA	CANCER	MEDICAL	
FLUDARABINE PHOSPHATE	CANCER	MEDICAL	
FLUOROURACIL	CANCER	MEDICAL	
FOLOTYN	CANCER	MEDICAL	
fondaparinux sodium	ANTICOAGULANTS	GENERIC FORMULARY - Available through retail	
FORTEO	BONE CONDITIONS	BRAND NAME FORMULARY	alendronate - GENERIC FORMULARY
FRAGMIN	ANTICOAGULANTS	BRAND NAME FORMULARY - Available through retail	enoxaparin, fondaparinux - GENERIC FORMULARY
FUSILEV	CANCER	MEDICAL	
FUZEON	ANTIVIRALS	MEDICAL	
GAMASTAN S-D	IMMUNE DEFICIENCY	MEDICAL	
GAMMAGARD LIQUID	IMMUNE DEFICIENCY	MEDICAL	
GAMMAGARD S-D	IMMUNE DEFICIENCY	MEDICAL	
GAMMAKED	IMMUNE DEFICIENCY	MEDICAL	
GAMMAPLEX	IMMUNE DEFICIENCY	MEDICAL	
GAMUNEX	IMMUNE DEFICIENCY	MEDICAL	
GAMUNEX-C	IMMUNE DEFICIENCY	MEDICAL	
GATTEX	INFLAMMATORY CONDITION	MEDICAL	
GAZYVA	CANCER	MEDICAL	
GEL-ONE	ANTIARTHRITICS	MEDICAL	
GEMCITABINE HCL	CANCER	MEDICAL	
GEMZAR	CANCER	MEDICAL	
GILENYA	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY - Step Therapy Rules Apply	AVONEX, COPAXONE, REBIF - BRAND NAME FORMULARY
GILOTRIF	CANCER	MEDICAL	
GLASSIA	RESPIRATORY CONDITIONS	MEDICAL	
GLEEVEC	CANCER	MEDICAL	
GRANIX	BLOOD CELL DEFICIENCY	BRAND NAME FORMULARY	
HALAVEN	CANCER	MEDICAL	
HARVONI	HEPATITIS C	BRAND NAME FORMULARY - PA Required	PEGASYS, VIEKIRA - BRAND NAME FORMULARY
HELIXATE FS	HEMOPHILIA	MEDICAL	
HEMOPIL-M	HEMOPHILIA	MEDICAL	
HEPAGAM B	IMMUNE DEFICIENCY	MEDICAL	
HERCEPTIN	CANCER	MEDICAL	
HIZENTRA	IMMUNE DEFICIENCY	MEDICAL	
HUMATE-P	HEMOPHILIA	MEDICAL	
HUMATROPE	GROWTH HORMONE	BRAND NAME FORMULARY	
HUMIRA	ANTIARTHRITICS	BRAND NAME FORMULARY	
HYALGAN	ANTIARTHRITICS	MEDICAL	
HYCAMTIN	CANCER	MEDICAL	
HYPERHEP B S-D	IMMUNE DEFICIENCY	MEDICAL	
HYPERRAB S-D	IMMUNE DEFICIENCY	MEDICAL	
HYPERRHO S-D	IMMUNE DEFICIENCY	MEDICAL	
IBANDRONATE SODIUM	BONE CONDITIONS	MEDICAL	
IDAMYCIN PFS	CANCER	MEDICAL	
IDARUBICIN HCL	CANCER	MEDICAL	
IFEX	CANCER	MEDICAL	
IFOSFAMIDE-/MESNA	CANCER	MEDICAL	
ILARIS	INFLAMMATORY CONDITION	MEDICAL	
IMOGAM RABIES-HT	IMMUNE DEFICIENCY	MEDICAL	
INCRELEX	HORMONES	MEDICAL	

Name	Disease State	Coverage	Preferred Alternatives
INFERGEN	HEPATITIS C	BRAND NAME FORMULARY - PA Required	PEGASYS, VIEKIRA-BRAND NAME FORMULARY
INLYTA	CANCER	MEDICAL	
INTRON A	CANCER	MEDICAL	
IPRIVASK	ANTICOAGULANTS	BRAND NAME FORMULARY - Available through retail	enoxaparin, fondaparinux-GENERIC FORMULARY, FRAGMIN - BRAND NAME FORMULARY
IRINOTECAN HCL	CANCER	MEDICAL	
ISTODAX	CANCER	MEDICAL	
IXEMPRA	CANCER	MEDICAL	
JAKAFI	CANCER	MEDICAL	
JEVTANA	CANCER	MEDICAL	
KADCYLA	CANCER	MEDICAL	
KALBITOR	HEREDITARY ANGIOEDEMA	MEDICAL	
KALYDECO	RESPIRATORY CONDITIONS	MEDICAL	
KEPIVANCE	INFLAMMATORY CONDITION	MEDICAL	
KINERET	ANTIARTHRITICS	BRAND NAME FORMULARY - Step Therapy Rules Apply	ENBREL, HUMIRA-BRAND NAME FORMULARY
KOATE-DVI	HEMOPHILIA	MEDICAL	
KOGENATE FS	HEMOPHILIA	MEDICAL	
KRYSTEXXA	ANTIARTHRITICS	MEDICAL	
KUVAN	PKU	MEDICAL	
KYNAMRO	CARDIOVASCULAR	MEDICAL	
KYPROLIS	CANCER	MEDICAL - LIMITED DISTRIBUTION	
LETAIRIS	CARDIOVASCULAR	BRAND NAME FORMULARY	
LEUKINE	BLOOD CELL DEFICIENCY	MEDICAL	
LEUPROLIDE ACETATE	CANCER	MEDICAL	
LEUSTATIN	CANCER	MEDICAL	
LUCENTIS	OPHTHALMIC CONDITIONS	MEDICAL	
LUMIZYME	ENZYME DEFICIENCIES	MEDICAL	
LUPANETA PACK	HORMONES	MEDICAL	
LUPRON DEPOT	CANCER	MEDICAL	
LUPRON DEPOT-PED	HORMONES	MEDICAL	
MACUGEN	OPHTHALMIC CONDITIONS	MEDICAL	
MEKINIST	CANCER	MEDICAL	
MELPHALAN HCL	CANCER	MEDICAL	
MESNA	CANCER	MEDICAL	
MESNEX	CANCER	MEDICAL	
methotrexate	CANCER	GENERIC FORMULARY	
MICRHOGAM PLUS	IMMUNE DEFICIENCY	MEDICAL	
MITOMYCIN	CANCER	MEDICAL	
MITOXANTRONE	CANCER	MEDICAL	
MODERIBA	ANTIVIRALS	BRAND NAME FORMULARY	
MONOCLATE-P	HEMOPHILIA	MEDICAL	
MONONINE	HEMOPHILIA	MEDICAL	
MONOVISC	ANTIARTHRITICS	MEDICAL	
MOZOBIL	BLOOD CELL DEFICIENCY	MEDICAL	
MUSTARGEN	CANCER	MEDICAL	
MYALEPT	HORMONES	BRAND NAME FORMULARY	
MYOBLOC	NEUROMUSCULAR CONDITION	MEDICAL	
MYOZYME	ENZYME DEFICIENCIES	MEDICAL	
NABI-HB	IMMUNE DEFICIENCY	MEDICAL	
NAGLAZYME	ENZYME DEFICIENCIES	MEDICAL	
NAVELBINE	CANCER	MEDICAL	
NEULASTA	BLOOD CELL DEFICIENCY	BRAND NAME FORMULARY	
NEUMEGA	BLOOD CELL DEFICIENCY	MEDICAL	
NEUPOGEN	BLOOD CELL DEFICIENCY	BRAND NAME FORMULARY	
NEXAVAR	CANCER	MEDICAL	
NIPENT	CANCER	MEDICAL	
NOVOSEVEN	HEMOPHILIA	MEDICAL	
NOVOSEVEN RT	HEMOPHILIA	MEDICAL	
NPLATE	BLOOD CELL DEFICIENCY	MEDICAL	
NULOJIX	IMMUNOSUPPRESANT	MEDICAL	
NUTROPIN	GROWTH HORMONE	BRAND NAME FORMULARY	
OCTAGAM	IMMUNE DEFICIENCY	MEDICAL	
OCTREOTIDE ACETATE	HORMONES	MEDICAL	
OFORTA	CANCER	MEDICAL	

Name	Disease State	Coverage	Preferred Alternatives
OLYSIO	HEPATITIS C	BRAND NAME FORMULARY - PA Required	PEGASYS, VIEKIRA-BRAND NAME FORMULARY
OMONTYS	BLOOD CELL DEFICIENCY	BRAND NAME FORMULARY	
ONCASPAR	CANCER	MEDICAL	
ONSOLIS	ANALGESICS	BRAND NAME FORMULARY	
OPSUMIT	CARDIOVASCULAR	BRAND NAME FORMULARY	
ORALAIR	IMMUNE DEFICIENCY	BRAND NAME FORMULARY	
ORENCIA IV	ANTIARTHRITICS	MEDICAL	
ORENCIA SC	ANTIARTHRITICS	BRAND NAME FORMULARY - Step Therapy Rules Apply	ENBREL, HUMIRA-BRAND NAME FORMULARY
ORENITRAM ER	CARDIOVASCULAR	BRAND NAME FORMULARY	
ORTHOCLONE OKT-3	IMMUNOSUPPRESANT	MEDICAL - LIMITED DISTRIBUTION	
ORTHOVISC	ANTIARTHRITICS	MEDICAL	
OTEZLA	ANTIARTHRITICS	BRAND NAME FORMULARY - LIMITED DISTRIBUTION - Step Therapy Rules Apply	ENBREL, HUMIRA-BRAND NAME FORMULARY
OXALIPLATIN	CANCER	MEDICAL	
OZURDEX	OPHTHALMIC CONDITIONS	BRAND NAME FORMULARY	
PACLITAXEL	CANCER	MEDICAL	
PAMIDRONATE DISODIUM	BONE CONDITIONS	MEDICAL	
PANRETIN	CANCER	MEDICAL	
PEGASYS/PROCLICK/REDIPEN	HEPATITIS C	BRAND NAME FORMULARY - PA Required	
PEG-INTRON	HEPATITIS C	MEDICAL	
PERJETA	CANCER	MEDICAL	
PHOTOFRIN	CANCER	MEDICAL	
PLEGRIDY	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY	
POMALYST	CANCER	MEDICAL	
PRIVIGEN	IMMUNE DEFICIENCY	MEDICAL	
PROCRIT	BLOOD CELL DEFICIENCY	BRAND NAME FORMULARY	
PROCYSBI	MISCELLANEOUS SPECIALTY CONDITIONS	MEDICAL	
PROFILNINE SD	HEMOPHILIA	MEDICAL	
PROGRAF	IMMUNOSUPPRESANT	INFUSION-MEDICAL ORAL - BRAND NAME FORMULARY	
PROLASTIN	RESPIRATORY CONDITIONS	MEDICAL	
PROLASTIN C	RESPIRATORY CONDITIONS	MEDICAL - LIMITED DISTRIBUTION	
PROLEUKIN	CANCER	MEDICAL	
PROLIA	BONE CONDITIONS	BRAND NAME FORMULARY	alendronate - GENERIC FORMULARY
PROMACTA	BLOOD CELL DEFICIENCY	BRAND NAME FORMULARY	
PULMOZYME	RESPIRATORY CONDITIONS	BRAND NAME FORMULARY	
REBETOL	HEPATITIS C	BRAND NAME FORMULARY	
REBIF	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY	
RECLAST	BONE CONDITIONS	MEDICAL	alendronate - GENERIC FORMULARY
RECOMBINATE	HEMOPHILIA	MEDICAL	
REFLUDAN	ANTICOAGULANTS	BRAND NAME FORMULARY - available through retail	enoxaparin, fondaparinux - GENERIC FORMULARY, FRAGMIN - BRAND NAME FORMULARY
REMICADE	INFLAMMATORY CONDITION	MEDICAL - Step Therapy Rules Apply	ENBREL, HUMIRA-BRAND NAME FORMULARY
REMODULIN	CARDIOVASCULAR	BRAND NAME FORMULARY	
RETROVIR	ANTIVIRALS	MEDICAL	
REVATIO	CARDIOVASCULAR	BRAND NAME FORMULARY	
REVLIMID	CANCER	MEDICAL	
RHOGAM PLUS	IMMUNE DEFICIENCY	MEDICAL	
RHOPHYLAC	IMMUNE DEFICIENCY	MEDICAL	
RIASTAP	BLOOD DISORDER	BRAND NAME FORMULARY	
RIBAPAK	HEPATITIS C	BRAND NAME FORMULARY	RIBAVIRIN - BRAND NAME FORMULARY
RIBASPHERE	HEPATITIS C	BRAND NAME FORMULARY	
RIBATAB	HEPATITIS C	BRAND NAME FORMULARY	RIBAVIRIN - BRAND NAME FORMULARY
RIBAVIRIN	HEPATITIS C	BRAND NAME FORMULARY	

Name	Disease State	Coverage	Preferred Alternatives
RILUTEK	MISCELLANEOUS SPECIALTY CONDITIONS	MEDICAL	
RITUXAN	CANCER	MEDICAL	
RIXUBIS	HEMOPHILIA	MEDICAL	
RUCONEST	HEREDITARY ANGIOEDEMA	BRAND NAME FORMULARY	
SABRIL	ANTICONVULSANT	BRAND NAME FORMULARY	
SANDIMMUNE	IMMUNOSUPPRESANT	MEDICAL	
SANDOSTATIN	HORMONES	MEDICAL	
SIGNIFOR	HORMONES	MEDICAL	
sildenafil citrate	CARDIOVASCULAR	GENERIC FORMULARY	
SIMPONI	ANTIARTHRITICS	BRAND NAME FORMULARY - Step Therapy Rules Apply	ENBREL, HUMIRA- BRAND NAME FORMULARY
SIMPONI ARIA	ANTIARTHRITICS	BRAND NAME FORMULARY - Step Therapy Rules Apply	ENBREL, HUMIRA
SIMULECT	IMMUNOSUPPRESANT	MEDICAL	
SIPULEUCEL-T PROVENGE	CANCER	MEDICAL	
SOLIRIS	BLOOD DISORDER	MEDICAL	
SOMATULINE DEPOT	HORMONES	BRAND NAME FORMULARY	
SOMAVERT	GROWTH HORMONE	BRAND NAME FORMULARY	
SOVALDI	HEPATITIS C	BRAND NAME FORMULARY - PA Required	
SPRYCEL	CANCER	MEDICAL	
STELARA	IMMUNOSUPPRESANT	BRAND NAME FORMULARY - Step Therapy Rules Apply	ENBREL, HUMIRA- BRAND NAME FORMULARY
STIVARGA	CANCER	MEDICAL	
SUCRAID	INFLAMMATORY CONDITION	BRAND NAME FORMULARY	
SUPARTZ	ANTIARTHRITICS	MEDICAL	
SUPPRELIN LA	HORMONES	MEDICAL	
SUTENT	CANCER	MEDICAL	
SYLATRON	CANCER	MEDICAL	
SYLATRON 4-PACK	CANCER	MEDICAL	
SYLVANT	CANCER	MEDICAL	
SYNAGIS	RSV PREVENTION	MEDICAL	
SYNVISC/ ONE	ANTIARTHRITICS	MEDICAL	
TAFINLAR	CANCER	MEDICAL	
TARCEVA	CANCER	MEDICAL	
TASIGNA	CANCER	MEDICAL	
TAXOTERE	CANCER	MEDICAL	
TECFIDERA	MULTIPLE SCLEROSIS	BRAND NAME FORMULARY - Step Therapy Rules Apply	AVONEX, COPAXONE, REBIF - BRAND NAME FORMULARY
TEMODAR	CANCER	MEDICAL	
TEMOZOLOMIDE	CANCER	MEDICAL	
TESTOPEL	HORMONES	MEDICAL - LIMITED DISTRIBUTION	
THALOMID	CANCER	MEDICAL	
THERACYS	CANCER	MEDICAL	
THIOTEPA	CANCER	MEDICAL	
THYMOGLOBULIN	IMMUNE DEFICIENCY	MEDICAL	
THYROGEN	CANCER	MEDICAL	
TICE BCG	CANCER	MEDICAL	
TOBI	ANTIBIOTICS	BRAND NAME FORMULARY	
tobramycin sulfate	ANTIBIOTICS	GENERIC FORMULARY	
TOPOSAR	CANCER	MEDICAL	
TOPOTECAN HCL	CANCER	MEDICAL	
TORISEL	CANCER	MEDICAL	
TRACLEER	CARDIOVASCULAR	BRAND NAME FORMULARY	
TREANDA	CANCER	MEDICAL	
TRELSTAR DEPOT	CANCER	MEDICAL	
TRELSTAR LA	CANCER	MEDICAL	
TRETTEN	HEMOPHILIA	MEDICAL	
TRISENOX	CANCER	MEDICAL	
TYKERB	CANCER	MEDICAL	
TYSABRI	MISCELLANEOUS SPECIALTY CONDITIONS	MEDICAL - Step Therapy Rules Apply	AVONEX, COPAXONE, REBIF - BRAND NAME FORMULARY
TYVASO	CARDIOVASCULAR	MEDICAL	
VALCHLOR	CANCER	MEDICAL	
VALSTAR	CANCER	MEDICAL	
VANDETANIB	CANCER	MEDICAL	
VANTAS	CANCER	MEDICAL	
VECTIBIX	CANCER	MEDICAL	
VELCADE	CANCER	MEDICAL	

Name	Disease State	Coverage	Preferred Alternatives
VELETTRI	CARDIOVASCULAR	MEDICAL	
VENTAVIS	CARDIOVASCULAR	MEDICAL	
VICTRELIS	HEPATITIS C	MEDICAL	
VIDAZA	CANCER	MEDICAL	
VIEKIRA PAK	HEPATITIS C	BRAND NAME FORMULARY	
VIMIZIM	ENZYME DEFICIENCIES	BRAND NAME FORMULARY	
VINBLASTINE SULFATE	CANCER	MEDICAL	
VINCASAR PFS	CANCER	MEDICAL	
VINCRISTINE SULFATE	CANCER	MEDICAL	
VINORELBINE TARTRATE	CANCER	MEDICAL	
VISUDYNE	MISCELLANEOUS SPECIALTY CONDITIONS	MEDICAL	
VIVITROL	MISCELLANEOUS SPECIALTY CONDITIONS	MEDICAL	
VOTRIENT	CANCER	MEDICAL	
VPRIV	ENZYME DEFICIENCIES	MEDICAL	
VUMON	CANCER	MEDICAL	
WINRHO SDF	IMMUNE DEFICIENCY	MEDICAL	
XALKORI	CANCER	MEDICAL	
XELJANZ	ANTIARTHRITICS	BRAND NAME FORMULARY - Step Therapy Rules Apply	ENBREL, HUMIRA-BRAND NAME FORMULARY
XELODA	CANCER	MEDICAL	
XENAZINE	GENETIC DISORDER	MEDICAL	
XEOMIN	NEUROMUSCULAR CONDITION	MEDICAL	
XGEVA	BONE CONDITIONS	MEDICAL	
XIAFLEX	MISCELLANEOUS SPECIALTY CONDITIONS	MEDICAL	
XOLAIR	ANTIASTHMATICS	MEDICAL	
XTANDI	CANCER	MEDICAL	
XYNTHA	HEMOPHILIA	MEDICAL	
XYNTHA SOLOFUSE	HEMOPHILIA	MEDICAL	
XYREM	SEDATIVE/HYPNOTICS	BRAND NAME FORMULARY - LIMITED DISTRIBUTION	
YERVOY	CANCER	MEDICAL - LIMITED DISTRIBUTION	
ZALTRAP	CANCER	MEDICAL	
ZANOSAR	CANCER	MEDICAL	
ZAVESCA	ENZYME DEFICIENCIES	MEDICAL	
ZELBORAF	CANCER	MEDICAL	
ZEMAIRA	RESPIRATORY CONDITIONS	MEDICAL	
ZEVALIN	CANCER	MEDICAL - LIMITED DISTRIBUTION	
ZOLADEX	CANCER	MEDICAL	
ZOLEDRONIC ACID	BONE CONDITIONS	MEDICAL	
ZOLINZA	CANCER	MEDICAL	
ZOMETA	BONE CONDITIONS	MEDICAL	
ZYKADIA	CANCER	MEDICAL	
ZYTIGA	CANCER	MEDICAL	

Note: PA/Preauthorization/prior approval

Infertility Services

Benefits are subject to a \$500 Infertility Services Lifetime Deductible Amount and a \$20,000 Lifetime Benefit Maximum Amount per Member. The medications listed below are available for coverage. Members are responsible for 20% of the allowed charge once the deductible is satisfied.

Covered Infertility Medications

Bravelle	Cetrotide
chorionic gonadotropin	clomiphene citrate
Follistim AQ	Ganirelix Acetate
Gonal- F/RFF/ Redi-Ject	Menopur
Ovidrel	Repronex

For additional information on infertility services, please refer to your Certificate of Insurance.

Step Therapy Program

A step therapy program means that you need to try certain medications before “stepping up” to other medications that are more expensive. This prescription medication program is designed to help keep costs down for you and your Plan as medications are becoming more and more expensive. Your Plan includes the following step therapy programs.

Antidepressant (SSRI and SNRI) Step Therapy

1. One generic medication will be required before a brand name medication is authorized. Generic medications must have been prescribed at an effective dose for a minimum of 34 days. Documentation of attempt and failure of a generic within the last 12 months will be considered as fulfilling this requirement.
 - Bupropion sr, xl
 - Citalopram
 - Duloxetine
 - Escitalopram
 - Fluoxetine 20 mg
 - Fluvoxamine
 - Mirtazapine
 - Paroxetine ir, cr
 - Sertraline
 - Venlafaxine ir, xr capsules and tablets
2. Pristiq will be covered (after a generic SSRI/ SNRI is tried a minimum of 34 days) at the brand name formulary cost sharing level.
3. Viibryd will be covered (after a generic SSRI/ SNRI is tried a minimum of 34 days) at the brand name formulary cost sharing level.

Crestor/Liptruzet/Zetia Step Therapy

- The Member must have a minimum 34 day trial of one of the following medications in the last 12 months for possible consideration
 - Atorvastatin
 - Fluvastatin
 - Lovastatin
 - Pravastatin
 - Simvastatin

Proton Pump Inhibitors (PPIs) Step Therapy

- A minimum 34 day trial of generic omeprazole, pantoprazole, and rabeprazole are required before approval of a non-formulary PPI will be considered.
- Prior authorization is required for lansoprazole solutabs, first lansoprazole and first omeprazole. This is based on medical necessity for all members over the age of 12 years.

Pre-Authorization/ Prior Approval

Drugs that Require Prospective (Pre-service) Review and Pre-Authorization/Prior Approval

For coverage of formulary exceptions, the following medications require a pre-authorization/prior approval of medical necessity. Fax the pre-authorization/prior approval to the Pharmacy Management Department at (701) 234-4568.

- Byetta; failure of covered oral medications
- Bydueron; failure of covered oral medications
- Omega – 3 Acid Ethyl Esters (generic Lovaza); Triglyceride level must be greater than 500
- Testosterone Products (Androderm, Androgel, Axiron, Testoderm, Testosterone Injectable); require two below normal testosterone levels within the last 6 months collected 30 days apart as well as symptoms of testosterone deficiency other than erectile dysfunction
- Symlin; failure of covered oral medications
- Trulicity; failure of covered oral medications
- Uloric; failure of generic allopurinol
- Victoza; failure of covered oral medications

Non Formulary Medication

The following medications (and their generic equivalent, if listed) are not included in our formulary, and are considered non-formulary. If your doctor prescribes one of these medications they are considered “covered or eligible” under your health benefits (per your Certificate of Insurance). These medications require preauthorization/prior approval and if approved, these medications will cost you more money because they are not on the formulary.

Non Formulary Medication	Preferred Alternatives
ACCU-CHECK METER/TEST STRIPS	One Touch Ultra, One Touch Ultramini, One Touch Verio
ACIPHEX	omeprazole, pantoprazole, rabeprazole
ACTONEL	alendronate, ibadronate
AEROSPAN	Pulmicort, Flovent, Qvar
ALOCRI	Patanol, Pataday
ALOMIDE	Patanol, Pataday
ALORA	Vivelle-DOT
ALREX	Patanol, Pataday
ALTOPREV	atorvastatin, simvastatin, Crestor, Liptruzet, Zetia
ALVESCO	Pulmicort, Flovent, Qvar
AMBIEN CR	zolpidem, eszopiclone, zaleplon
ANGELIQ	Prempro, Premphase, Femhrt
ANTARA	fenofibrate generic, Trilipix
APIDRA	Novolog, Novolin
APIDRA SOLOSTAR	Novolog, Novolin
APRISO	Asacol, Delzicol, Pentasa, Lialda
ASMANEX	Pulmicort, Flovent, Qvar
ATELVIA	alendronate, ibadronate
ATRALIN	clindamycin-benzoyl perox, Epiduo, Differen
AVITA	clindamycin-benzoyl perox, Epiduo, Differen
AZOR	amlodipine + losartan
BECONASE AQ	Astepro
BENICAR	losartan, irbesartan, telmisartan
BENICAR HCT	losartan + HCTZ, irbesartan + HCTZ, telmisartan + HCTZ
BEPREVE	Patanol, Pataday
BESIVANCE	Vigamox
BETASERON	Avonex, Rebif, Copaxone
BEYAZ	generic orals, Ortho Tri Cyclen Lo, Nuvaring
BINOSTO	alendronate, ibadronate
BONIVA	alendronate, ibadronate
BREEZE 2	One Touch Ultra, One Touch Ultramini, One Touch Verio
BRINTELLIX	fluoxetine, paroxetine, Viibryd
BRISDELE	fluoxetine, paroxetine, Viibryd
BROMDAY	Acuvail
BROVANA	Perforomist
CARDURA XL	alfuzosin, finasteride, tamsulosin
CENESTIN	Premarin
CIPRO HC	ofloxacin, Ciprodex
CLIMARA	Combipatch
CONTOUR METER/TEST STRIPS	One Touch Ultra, One Touch Ultramini, One Touch Verio
DEXILANT	omeprazole, pantoprazole, rabeprazole
DIDGET	One Touch Ultra, One Touch Ultramini, One Touch Verio
DIPENTUM	Asacol, Delzicol, Pentasa, Lialda
DUEXIS	famotidine + ibuprofen
DULERA	Symbicort, Advair
DUREZOL	Lotemax
EDARBI	irbesartan, candasartan, losartan, telmisartan
EDARBYCLOR	irbesartan-HCTZ, candasartan-HCTZ, losartan-HCTZ, telmisartan-HCTZ
EDLUAR	zolpidem, eszopiclone, zaleplon
EFFEXOR XR	venlafaxine generic, Cymbalta
EMADINE	Patanol, Pataday
ENABLEX	Vesicare, Toviaz
ENJUVIA	Premarin
EXFORGE HCT	amlodipine + losartan + HCTZ
EXTAVIA	Avonex, Rebif, Copaxone
FEMTRACE	Premarin
FETZIMA	venlafaxine generic, Cymbalta

Non Formulary Medication	Preferred Alternatives
FIBRICOR	fenofibrate generic, Trilipix
FML FORTE	Lotemax
FORTESTA	Androgel, Axiron, Androderm
FOSAMAX PLUS D	alendronate, ibadronate
FREESTYLE METERS/TEST STRIPS	One Touch Ultra, One Touch Ultramini, One Touch Verio
GELNIQUE	Vesicare, Toviaz
GENERESS FE	generic orals, Ortho Tri Cyclen Lo, Nuvaring
GENOTROPIN	Nutropin, Humatrope
GLUMETZA	Onglyza, Kombiglyze, Janumet, Januvia
HUMALOG	Novolog, Novolin
HUMULIN VIAL/KWIKPEN	Novolog, Novolin
ILEVRO	Acuvail
INTERMEZZO	zolpidem, eszopiclone, zaleplon
JENTADUETO	Onglyza, Kombiglyze, Janumet, Januvia
KADIAN	Oxycontin
KAZANO	Onglyza, Kombiglyze, Janumet, Januvia
LASTACFT	azelastine, Pataday, Patanol
LESCOL XL	atorvastatin, simvastatin, Crestor, Liptruzet, Zetia
LIPOFEN	fenofibrate generic, Trilipix
LIVALO	atorvastatin, simvastatin, Crestor, Liptruzet, Zetia
LO LOESTRIN FE	generic orals, Ortho Tri Cyclen Lo, Nuvaring
LO MINASTRIN FE	generic orals, Ortho Tri Cyclen Lo, Nuvaring
LUNESTA	zolpidem, eszopiclone, zaleplon
MAXAIR AUTOHALER	Ventolin HFA, Proair HFA
MENEST	Premarin
MENOSTAR	Vivelle-DOT
MICARDIS	irbesartan, candasartan, losartan, telmisartan
MICARDIS HCT	irbesartan-HCTZ, candasartan-HCTZ, losartan-HCTZ, telmisartan-HCTZ
MINASTRIN 24 FE	generic orals, Ortho Tri Cyclen Lo, Nuvaring
MINIVELLE	Vivelle-DOT
MOXEZA	Vigamox
MYRBETRIQ	Vesicare, Toviaz
NATAZIA	generic orals, Ortho Tri Cyclen Lo, Nuvaring
NESINA	Onglyza, Kombiglyze, Janumet, Januvia
NEVANAC	Acuvail
NEXIUM RX	omeprazole, pantoprazole, rabeprazole
NIZATIDINE	cimetidine, ranitidine, famotidine
NORDITROPIN	Nutropin, Humatrope
NUCYNTA ER	Oxycontin
OMNARIS	Astepro
OMNITROPE	Nutropin, Humatrope
OPANA ER	Oxycontin
ORACEA	doxycycline, minocycline, tetracycline
OSENI	Onglyza, Kombiglyze, Janumet, Januvia
OXYTROL	Vesicare, Toviaz
PATANASE	Astepro
PENNSAID	Flector, Voltaren
PRECISION METERS/TEST STRIPS	One Touch Ultra, One Touch Ultramini, One Touch Verio
PREVACID RX	omeprazole, pantoprazole, rabeprazole
PREVPAC	generic clarithromycin + amoxicillin + lansoprazole
PRILOSEC RX	omeprazole, pantoprazole, rabeprazole
PROLENSA	Acuvail
PROTONIX	omeprazole, pantoprazole, rabeprazole
PROVENTIL HFA	Ventolin HFA, Proair HFA
PROZAC	fluoxetine, paroxetine, Viibryd

Non Formulary Medication	Preferred Alternatives
QNASL	budesonide, flunisolide, Nasonex
QUARTETTE	generic orals, Ortho Tri Cyclen Lo, Nuvaring
RAPAFLO	alfuzosin, finasteride, tamsulosin
SAFYRAL	generic orals, Ortho Tri Cyclen Lo, Nuvaring
SAIZEN	Nutropin, Humatrope
SANCTURA XR	Vesicare, Toviaz
SANCUSO	ondansetron, granisetron
SAPHRIS	Abilify, Latuda
SILENOR	zolpidem, eszopiclone, zaleplon
SIMCOR	atorvastatin, simvastatin, Crestor, Liptruzet, Zetia
SOLODYN	doxycycline, minocycline, tetracycline
TESTIM	Androgel, Axiron, Androderm
TEVETEN	losartan, irbesartan, telmisartan
TEVETEN HCT	losartan + HCTZ, irbesartan + HCTZ, telmisartan + HCTZ
TRADJENTA	Onglyza, Kombiglyze, Janumet, Januvia
TRAVATAN Z	latanoprost, Lumigan
TREXIMET	sumatriptan, rizatriptan, Maxalt, Relpax
TRIBENZOR	amlodipine + losartan + HCTZ

Non Formulary Medication	Preferred Alternatives
TRIGLIDE	fenofibrate generic, Trilipix
TRUE METRIX METER/TEST STRIPS	One Touch Ultra, One Touch Ultramini, One Touch Verio
TWYNSTA	amlodipine + losartan
VASCEPA	atorvastatin, simvastatin, Crestor, Liptruzet, Zetia
VELTIN	clindamycin-benzoyl perox, Epiduo, Differen
VERAMYST	Astepro
VEXOL	Lotemax
VIMOVO	omeprazole + naproxen
VOGELXO	Androgel, Axiron, Androderm
VYTORIN	atorvastatin, simvastatin, Crestor, Liptruzet, Zetia
XOPENEX HFA	Ventolin HFA, Proair HFA
ZETONNA	Astepro
ZIANA	clindamycin-benzoyl perox, Epiduo, Differen
ZIOPTAN	Lumigan
ZOXYDRO ER	Oxycontin
ZOLPIMIST	zolpidem, eszopiclone, zaleplon

Quantity Limit List

The following medications do not require preauthorization/prior approval but have a quantity limit:

- Anzemet—1 tablets/ prescription
- Axert—6 tablets/prescription
- butorphanol tartrate- nasal spray—2 spray bottles/ prescription
- dihydroergotamine mesylate (generic Migranal)—8 spray/prescription
- Emend—3 pills/prescription
- Frova—9 tablets/prescription
- granisetron (generic Kytril)—2 tablets/prescription
- Lysteda- 30 tablets/prescription
- naratriptan (generic Amerge)—9 tablets/prescription
- Relpax—12 tablets/prescription
- rizatriptan (generic Maxalt)—12 tablets/prescription
- sumatriptan (generic Imitrex)—12 tablets/ 6 nasal spray or 1 kit for injections/prescription or 2 injections
- Viagra – 18 tablets/ 90 days
- Zomig—6 ampules/sprays/prescription
- zolmitriptan(generic Zomig)—12 tablets / prescription

Limited and Non-Covered Services

Excluded Medications and Supplies

The following medications are specifically **EXCLUDED** from coverage under your Plan. However, by exception, a request for coverage may be considered if a regulation requiring coverage is in place, a formulary exception is made, or a previous pre-authorization/ prior approval has been granted by the Plan. Requests for coverage for these medications will not be considered unless you have tried and failed a Formulary alternative. To request a formulary exception or coverage of an excluded drug, contact the Pharmacy Management Department or complete the Medication Request Form found on your member account at www.sanfordhealthplan.com/memberlogin.

- Replacement of a prescription drug due to loss, damage, or theft
- Outpatient medications dispensed in a Provider's office or non-retail pharmacy location
- Medications that may be received without charge under a federal, state, or local program
- Medications for cosmetic purposes, including baldness, removal of facial hair, and pigmentation or anti-pigmentation of the skin
- Refills of any prescription older than one (1) year
- Compound medications with no legend (prescription) medications
- Acne medication for Members over age thirty (30)
- B-12 injection (except for pernicious anemia)
- Drug Efficacy Study Implementation ("DESI") medications
- Experimental or Investigational medications
- Growth hormone, except when medically indicated and approved by The Plan
- Orthomolecular therapy, including nutrients, vitamins (unless otherwise specified as covered in your COI), multi-vitamins with iron and/or fluoride, food supplements and baby formula (except to treat PKU or otherwise required to sustain life or amino acid-based elemental oral formulas), nutritional and electrolyte substances
- Medications, equipment or supplies available over-the-counter (OTC) (except for insulin, and select diabetic supplies, e.g.,

insulin syringes, needles, test strips and lancets, prenatal vitamins with a prescription order) that by federal or state law do not require a prescription order

- Any medication that is equivalent to an OTC medication except for medications that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force and only when prescribed by a health care Practitioner and/or Provider
- Anorexiant or weight management medications (except when Medically Necessary)
- Whole Blood and Blood Components Not Classified as Medications in the United States Pharmacopoeia
- Unit dose packaging
- Synthetic opioids (e.g. Methadone or Cyclazocine)
- All contraceptive medications, devices, appliances, supplies and related services when used for contraception, including contraceptive products that do not require a Prescription Order or dispensing by a Health Care Provider

Compounded medications that contain any combination of baclofen, cyclobenzaprine, ketamine, bupivacaine, orphenadrine, gabapentin, or ketoprofen are **NOT COVERED** due to lack of good quality scientific evidence of effectiveness or safety for these specific ingredient combinations and mode of administration.

Complaints and Appeals Procedure

If you receive an adverse determination to your request for an exception to the formulary, please follow the *Complaints and Appeals Procedure* and the *External Review Rights* in Section 8 and Section 5(e) found in your Certificate of Insurance. This applies to requests for coverage of non-covered medications, generic substitutions, therapeutic interchanges and step-therapy protocols.

Definitions

Brand Name Medication - A medication manufactured and marketed under a trademark or name by a specific medication manufacturer.

Clinic/Office/Hospital Outpatient Administered Injectables - Injectable medications that may be given in a variety of settings but must be given by a healthcare professional. The majority of these drugs are considered to be a medical benefit with coverage at the deductible and coinsurance level.

Copay (also known as Copayment) - The specified charge (flat dollar amount and/or percentage) that the Member is required to pay for a Prescription Medication Product.

Covered Drugs - The following types of medications are covered unless subject to an exception listed under “Excluded Drugs and Supplies:”

1. **Federal Legend Drugs:** any medicinal substance which bears the legend, “Caution: Federal Law prohibits dispensing without a prescription,” except for those medicinal substances classified as exempt narcotics pursuant to State law;
2. An injectable medication can be prescribed to either be self-administered or administered by a healthcare professional. Covered injectable medications include insulin. Refer to the Injectable Medication Listing in this book for additional covered medications.
3. **State Restricted Drugs:** any medicinal substance which may only be dispensed with a prescription according to State law;
4. **Compound Medications:** any medicinal substance which must be mixed, compounded, or otherwise prepared by a registered pharmacist and has at least one ingredient that is a Federal legend or State restricted medications in a therapeutic quantity. Claims must be submitted electronically from the pharmacy for coverage consideration. Refer to the compound section on *Drug Exclusion List* to see Certificate of Insurance exclusions;
5. Copayment Amounts do not apply to the following nonprescription diabetes supplies: syringes, lancets, blood glucose test strips, urine test products and control solutions. Prescription Medications and nonprescription diabetes supplies are subject to a dispensing limit of a 100-day supply.

Formulary - The Formulary is a list of prescription medication products, which are preferred by the Plan for dispensing to Members when appropriate. This list is subject to periodic review and modifications. Selection criteria include clinical efficacy, safety, and cost effectiveness.

Generic Medications - Medications that (1) are approved by the Food and Drug Administration (FDA) as a therapeutic equivalent to the Brand Name Medication, (2) contain the same active ingredient as the Brand Name Medication, and (3) cost less than the Brand Name equivalent.

Injectable Medication Program – A program designed to meet a member’s injectable and other specialty medication needs.

Medical Benefit - Refers to medications which are covered at the deductible/coinsurance level instead of with a copay.

Medication Exclusion - Sanford Health Plan reserves the right to maintain a listing of medications which are specifically not covered under benefit packages per Plan Certificate of Insurance. Payment for the medications on this list will be the Member's responsibility in full. Members may request a review of an adverse determination based on issues of medical necessity as it relates to non-covered medications, generic substitution, therapeutic interchanges and step-therapy protocols. Refer to *Drug Exclusion List* above and the *Complaints and Appeals Procedure* in the Member's Certificate of Insurance.

Member - The Subscriber and, if another Class of Coverage is in force, the Subscriber's Eligible Dependents.

Non-Participating Pharmacy - A pharmacy that does not have a contract with Express Scripts Inc., on behalf of Sanford Health Plan. **NOTE: If a Member receives Prescription Medications from a Non-participating Pharmacy, the Member is responsible for payment of the Prescription Order or refill in full at the time it is dispensed and to submit appropriate reimbursement information to Sanford Health Plan. Payment for covered Prescription Medications will be sent to the Subscriber. Any charges in excess of the Allowed Charge are the Subscriber's responsibility.**

Over-the-Counter (OTC) Medication - A medication that does not require a prescription order under Federal or State law. Sanford Health Plan does not cover any medications that can be obtained over-the-counter.

Participating Pharmacy - A pharmacy that has contracted with Express Scripts Inc., on behalf of the Plan to deliver prescription medication services to Members. The Participating Pharmacy may be a hospital, pharmacy or other facility that has contractually accepted the terms and conditions set forth by the Health Plan. Refer to the Participating Pharmacy Listing or Express Scripts website found on www.sanfordhealthplan.com/memberlogin. **NOTE: If a Member receives Prescription Medications from a Non-participating Pharmacy, the Member is responsible for payment of the Prescription Order or refill in full at the time it is dispensed and to submit appropriate reimbursement information to Sanford Health Plan. Payment for covered Prescription Medications will be sent to the Subscriber. Any charges in excess of the Allowed Charge are the Subscriber's responsibility.**

Preauthorization - The process of the Member or the Member's representative notifying Sanford Health Plan to request approval for specified services. Eligibility for benefits for services requiring Preauthorization is contingent upon compliance with the provisions in Sections 2, 4 and 5. Preauthorization does not guarantee payment of benefits.

Prescription Medication Product - A medication, product or device approved by the Food and Drug Administration (FDA) and dispensed under Federal or State law only, pursuant to a prescription order or refill.

Prior Approval - The process of the Member or Member's representative providing information to Sanford Health Plan substantiating medical necessity of services in order to receive benefits for the requested service. Sanford Health Plan reserves the right to deny or pay benefits at the Basic Plan level if Prior Approval is not obtained.

Reasonable Costs - Those costs that do not exceed the lesser of (a) negotiated schedules of payment developed by the Plan, which are accepted by Participating Practitioners and/or Providers; or (b) the prevailing marketplace charges.

Self-Injectable - Self-administered injectable medications can be given at home by the patient or caregiver. Typically these medications are covered under the pharmacy benefit.

Specialty Medications - Specialty medications are defined as injectable and non-injectable medications that have one or more of several key characteristics, including:

- Requirement for frequent dosing adjustments and intensive clinical monitoring to decrease the potential for drug toxicity and increase the probability for beneficial treatment outcomes.
- Need for intensive patient training and compliance assistance to facilitate therapeutic goals.
- Limited or exclusive product availability and distribution.
- Specialized product handling and/or administration requirements.
- Cost in excess of \$500 for a 34-day supply

Step Therapy Program - Program using protocols that specify the order in which different medications for a given condition are prescribed. If a Member does not obtain the desired clinical effect or experiences side effects at one step, then the medication choice at another step may be tried. Step therapy requires the use of first-line alternatives before more expensive second-line medications are covered by the pharmacy benefit.

Supply and Dispensing limitations - One (1) Copayment Amount, plus any applicable coinsurance amount, applies per Prescription Order or refill for a 1-34 day supply. Two (2) Copayment Amounts, plus any applicable coinsurance amounts, apply per Prescription Order or refill for 35-100 day supply. Prescription Medications and nonprescription diabetes supplies are subject to a dispensing limit of a 100-day supply.