

Step Therapy

Sanford Health Plan maintains a list of medications that require step therapy. These guidelines are in place so lower cost medications that have the same clinical effect are tried first. Medical records indicating the member has tried and failed at least a 30-day supply of one or more of the step medications before the plan will cover the target medication. This policy only pertains to medications on the formulary, any non-formulary medications will be reviewed as a formulary exception.

To request a step therapy override or formulary exception, contact Pharmacy Management at (855) 305-5062 or complete the Prescription Drug Authorization Request and Formulary Exception form located at sanfordhealthplan.com.

| Diabetic (GLP-1) Medications | | |
|---|----------------------------------|-----------------------|
| Target Medication | Step Medication | |
| Bydureon | metformin | repaglinide |
| Byetta | chlorpropamide | repaglinide/metformin |
| Victoza | glimepiride | tolazamide |
| Xultophy | glyburide | tobutamine |
| Tanzeum | glyburide/ metformin | acarbose |
| Adlyxin | glipizide | Invokamet |
| Trulicity | glipizide/ metformin | Invokamet XR |
| Soliqua | metformin | Segluromet |
| Bydureon Bcise | miglitol | Synjardy |
| Ozempic | pioglitazone | Synjardy XR |
| Rybelsus | pioglitazone/ metformin | Xigduo XR |
| | pioglitazone/ glimepiride | |
| Antidepressant Medications (SSRI/SNRI) | | |
| Target Medication | Step Medication | |
| Viibryd | citalopram | |
| Fetzima | desvenlafaxine (Pristiq generic) | |
| Trintellix | duloxetine | |
| Desvenlafaxine ER (Khedezla authorized generic) | escitalopram | |
| Desvenlafaxine Fumerate | fluoxetine | |
| Khedezla | fluvoxamine | |
| Pexeva | paroxetine | |
| | sertraline | |
| | venlafaxine | |
| | venlafaxine ER | |

Fibromyalgia Medications

| Target Medication | Step Medication |
|----------------------|--|
| Lyrica CR Savella | duloxetine gabapentin pregabalin |

Gout Medications

| Target Medication | Step Medication |
|-------------------|-----------------|
| Uloric | allopurinol |

COPD Medications

| Target Medication | Step Medication |
|--------------------|---|
| Lonhala Yupreli | Incruse Ellipta Spiriva Spiriva Respimat Tudorza |

Atypical Antipsychotic Medications

| Target Medication | Step Medication |
|---|--|
| Vraylar Fanapt Latuda Rexulti Saphris | aripiprazole clozapine clozapine odt olanzapine olanzapine odt olanzapine/fluoxetine paliperidone ER quetiapine quetiapine ER risperidone risperidone odt Ziprasidone |

Glaucoma (ophthalmic prostaglandin) Medications

| Target Medication | Step Medication |
|--|---|
| Lumigan 0.01% Zioptan Travatan Z Vyzulta Rocklatan | bimatoprost 0.03% ophthalmic solution latanoprost 0.005 ophthalmic solution Xelpros |

Over Active Bladder Medications

| Target Medication | Step Medication |
|---------------------|--|
| Myrbetriq Toviaz | darifenacin ER oxybutynin oxybutynin ER tolterodine trospium trospium ER solifenacin |

Hyperhidrosis Medications

| Target Medication | Step Medication |
|-------------------|--------------------|
| Qbrexza | Drysol Xarac AC |

Ophthalmic Steroid Medications

| Target Medication | Step Medication |
|--|---|
| FML Forte Pred Mild Lotemax (loteprednol) SUS Lotemax Gel Lotemax Oint Alrex Durezol | Prednisolone Acetate 1% Dexamethasone 0.1% Fluometholone 0.1% Inveltys Lotemax SM |

Chronic Idiopathic Constipation

| Target Medication | Step Medication |
|-----------------------|--------------------|
| Motegrity Trulance | Amitiza Linzess |

Gout

| Target Medication | Step Medication |
|---|-----------------|
| Cholchicine 0.6 mg capsule Cholchicine 0.6 mg tablet Mitigare Gloperba | Colcrys |

Parkinson's

| Target Medication | Step Medication |
|-------------------|--|
| Rytary | Carbidopa/Levodopa Carbidopa/Levodopa ER Carbidopa/Levodopa ODT Carbidopa/Levodopa/Entacapone |