

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

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

## Fibromyalgia Medications

Target Medication	Step Medication
Lyrica Lyrica CR Savella	duloxetine gabapentin

## 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	bimatoprost 0.03% ophthalmic solution latanoprost 0.005 ophthalmic solution Xelpros

## Over Active Bladder Medications

Target Medication	Step Medication
Myrbetriq Vesicare Toviaz	darifenacin ER oxybutynin oxybutynin ER tolterodine trospium trospium ER

## 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