

Responsible Steps Program Information*

Current 7/1/15

[Link to Authorization forms for all drugs in the Responsible Steps Program](#)
at the following page, search for the document matching the therapeutic category of the drug
(example for Beconase AQ, select the Nasal Steroids document)

Therapeutic Category	Drugs Included in Program (Target Drug)	Prerequisite Drugs
Allergy		
Nasal Steroids	Beconase AQ, Dymista, Flonase, Flunisolide, Nasacort AQ, Nasonex, Omnaris, Qnasl, Rhinocort Aqua, Veramyst, Zetonna	Previous use of generic fluticasone or triamcinolone containing nasal inhaler
Anti-Infectives		
Doxycycline/Minocycline	Acticlate, Adoxa, Adoxa CK, Adoxa TT, Alodox, Avidoxy, Avidoxy DK, Doryx, Doxycycline single source branded products, Monodox, Oracea, Oraxyl, Periostat, Vibramycin	Previous use of generic doxycycline monohydrate or doxycycline hyclate capsules or tablets
	Dynacin, Minocin, Minocin PAC, Minocin pellets, minocycline ER, Solodyn	Previous use of generic minocycline capsules or tablets minocycline ER is not a prerequisite
Central Nervous System		
Antidepressant/Fibromyalgia Agents	Aplenzin, Brintellix, Celexa, Effexor XR, Fetzima, Fluoxetine 60mg, Forfivo XL, Khedezla, Lexapro, Luvox CR, Maprotiline, Mirtazipine 7.5, Oleptro, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Remeron, Remeron SolTab, Venlafaxine ER tabs, Viibryd, Wellbutrin, Wellbutrin SR, Wellbutrin XL, Zoloft	Previous use of any of the following: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, mirtazipine, paroxetine, sertraline, venlafaxine, venlafaxine ER (other than 225mg tabs), trazodone or trazodone ER.
	Cymbalta, desvelafaxine ER, Savella	Previous use of any of the following: bupropion, citalopram, duloxetine, fluoxetine, mirtazipine, paroxetine, trazodone, or sertraline OR previous use of gabapentin, amitriptyline, nortriptyline, desipramine, imipramine, tramadol, or cyclobenzaprine
	Brintellix, Lyrica	Previous use of amitriptyline, cyclobenzaprine, desipramine, imipramine, gabapentin, nortriptyline, Savella, tramadol, or anticonvulsant

Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Central Nervous System (continued)		
Gabapentin ER	Gralise, Horizant	Previous use of generic gabapentin
Insomnia Agents	Ambien, Ambien CR, Belsomra, Edluar, Intermezzo, Lunesta, Rozerem, Silenor, Sonata, Zolpimist	Previous use of a generic version of the drug targeted or zaleplon or zolpidem if no generic
Heart and Circulatory		
Angiotensin Receptor Blockers/Renin Inhibitors	Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Teveten, Teveten HCT, Tribenzor, Twynsta,	Previous use of any of the following generic drugs either alone or as a component of a combination product:
	Amturnide, Tekamlo, Tekturna, Tekturna HCT, Valturna	eprosartan, irbesartan, losartan, telmisartan, or valsartan
Statins	Advicor, Altoprev, Crestor, Lipitor, Liptruzet, Livalo, Mevacor, Pravachol, Simcor, Vytorin, Zocor	Previous use of a generic version of atorvastatin, lovastatin, pravastatin or simvastatin either as a single entity or combination product
Fibrates	Antara, Fenofibric Acid, Fenoglide, Fibricor, Lipofen, Lofibra, Lopid, Tricor, Triglide, Trilipix	Previous use of a generic fibrate product such as fenofibrate, or fenofibrate micronized Previous gemfibrozil use NOT required
Zetia	Zetia	Previous or current use of any of the following either single entity or combination product: lovastatin, pravastatin, simvastatin, Advicor, Altoprev, Crestor, Lipitor, Mevacor, Pravachol, Simcor, Vytorin, Zocor, fenofibrate, Antara, Fenofibric Acid, Fenoglide, Fibricor, Lipofen, Lofibra, Lopid, Tricor, Triglide, Trilipix
Gastrointestinal		
Proton Pump Inhibitors	Aciphex, Aciphex sprinkles, Dexilant, Nexium, omeprazole/sodium bicarbonate, rabeprazole, Prevacid, Prilosec, Protonix, Zegerid	Previous use of lansoprazole, omeprazole, pantoprazole or Prilosec OTC Nexium granules allowed for children <18 years

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Hormones, Diabetes and related		
Actos/Avandia	Actos, ActoPlus Met, ActoPlus Met XR, Duetact, pioglitazone	Current or previous use of brand or generic versions of at least one of the following products: metformin, chlorpropamide, glimepiride, glipizide, glyburide or insulin
	Avandia, Avandamet, Avandaryl	Current or previous use of brand or generic version of at least one of the following products: metformin, chlorpropamide, glimepiride, glipizide, glyburide, rosiglitazone AND previous trial, failure or contraindication of a pioglitazone (Actos) containing product
	Avandia, Avandamet, Avandaryl Safety Edit	No concurrent use of insulin or nitrates
Bisphosphonates	Actonel, Alendronate 40mg, Atelvia, Binosto, Boniva, Fosamax, Fosamax Plus D	Previous use of alendronate, ibandronate or risedronate
Dipeptidyl-Peptidase 4 (DPP4) Inhibitors	Glyxambi, Januvia, Janumet, Janumet XR, Jentadueto, Juvisync, Kombiglyze XR, Nesina, Kazano, Onglyza, Oseni, Tradjenta	Current or previous use of brand or generic versions of insulin, metformin, chlorpropamide, glimepiride, glipizide, glyburide, pioglitazone or rosiglitazone alone or part of a combination product
Glucagon-Like Peptide 1 (GLP1) Agonists	Bydureon, Byetta, Tanzeum, Trulicity, Victoza	Current or previous use of brand or generic version of metformin, Lantus, Levemir, chlorpropamide, glimepiride, glipizide, glyburide alone or part of a combination product
Sodium-Glucose co-transport 2 (SGLT2) Inhibitors	Invokana, Farxiga, Jardiance, Xigduo XR	Current or previous use of brand or generic versions of insulin, metformin, chlorpropamide, glimepiride, glipizide, glyburide, pioglitazone or rosiglitazone alone or part of a combination product
Pain Relief		
Diclofenac brands	Cambia, Flector, Pennsaid, Zipsor (diclofenac products), Zorvolex	Previous use of generic oral diclofenac
NSAID / GI protectant	Duexis, Vimovo	Duexis: previous use of generic oral NSAID plus generic misoprostol Vimovo: previous use of generic oral NSAID plus generic omeprazole, lansoprazole, or pantoprazole
Respiratory		
Daliresp	Daliresp	Concurrent use of any of the following products: Serevent, Foradil, Spiriva, Advair, Anoro Ellipta, Arcapta neohaler, Breo Ellipta, Symbicort, Tudorza, Dulera, or inhaled corticosteroid

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Topical Drugs		
Atopic Dermatitis	Elidel, Protopic	Previous use of a topical corticosteroid or topical corticosteroid combination product including but not limited to any of the following brand or generic products: betamethasone, clobetasol, desonide, desoximetasone, fluocinolone, fluocinonide, hydrocortisone, triamcinolone, diflorasone, or mometasone.
Topical Corticosteroids	Vanos cream 0.1% Olux/Olux-E Aerosol 0.05% Olux/Olux-E Complete Pack	betamethasone dipropionate augmented 0.05%, clobetasol 0.05%, diflorasone acetate 0.05%, halobetasol propionate 0.05%
	Cutivate ointment 0.005%	amcinonide 0.1%, desoximetasone 0.05%, fluocinonide 0.05%, fluticasone propionate 0.005%, triamcinolone 0.5%
	Topicort Spray 0.25%	Augmented betamethasone dipropionate 0.05% cream, mometasone furoate ointment 0.1%, halcinonide cream 0.1% cream/ointment, fluocinonide cream 0.05%, fluocinonide gel 0.05%, fluocinonide ointment 0.05%, desoximetasone cream/ointment 0.25%, desoximetasone gel 0.05%
	Luxiq Foam 0.12%	betamethasone valerate, fluocinolone acetonide 0.025%, hydrocortisone valerate, 0.2%, mometasone furoate 0.1%, triamcinolone acetonide 0.1%
	Cloderm cream/cream with pump 0.1% Cutivate cream/lotion 0.05% Locoid cream/lotion/ointment/solution 0.1% Locoid lipo cream 0.1%	fluticasone propionate 0.05%, hydrocortisone butyrate 0.1%, hydrocortisone valerate, 0.2%, prednicarbate, 0.1%, fluocinolone acetonide 0.025%, triamcinolone acetonide 0.1%, 0.25%
	Desonate gel 0.05% Verdeso Aerosol 0.05%	alclometasone dipropionate 0.05%, desonide 0.05%, fluocinolone acetonide 0.01%