

Responsible Steps Program Information*

Current 1/1/19

[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, Xhance, Zetonna	Previous use of generic budesonide, fluticasone, mometasone or triamcinolone containing nasal spray
Anti-Infectives		
Oral Tetracycline Derivatives	Acticlate, Adoxa, Doryx, Doryx MPC, doxycycline single-source branded products, Monodox, Oracea, Targadox, Vibramycin	Previous use of both generic doxycycline AND minocycline capsules or tablets
	Minocin, minocycline extended-release (ER), minocycline single-source branded products, Minolira, Solodyn, Ximino	Previous use of both generic doxycycline AND minocycline capsules or tablets minocycline ER is NOT a prerequisite
Central Nervous System		
Antidepressants	Aplenzin, Celexa, desvenlafaxine ER (generic Khedezla), Effexor, Effexor XR, Fetzima, fluoxetine 60 mg, fluvoxamine ER, Forfivo XL, Khedezla, Lexapro, maprotiline, Oleptro, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Prozac Weekly, Remeron, Remeron SolTab, Trintellix, venlafaxine ER brands, Viibryd, Wellbutrin, Wellbutrin SR, Wellbutrin XL, Zoloft	Previous use of a generic version of ANY of the following: bupropion, citalopram, desvenlafaxine succinate ER (generic Pristiq), duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazadone, venlafaxine, or venlafaxine ER
	Cymbalta	Previous use of generic bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazadone, venlafaxine, or venlafaxine ER; OR (if for neuropathic pain) previous use of generic amitriptyline, desipramine, gabapentin, imipramine, or nortriptyline; OR (if for fibromyalgia) previous use of generic amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, or tramadol; OR (if for chronic musculoskeletal pain) previous use of generic acetaminophen, amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, NSAID (oral or topical), or tramadol

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Antidepressants	Irenka	Previous use of generic bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine, or venlafaxine ER; OR (if for neuropathic pain) previous use of generic amitriptyline, desipramine, gabapentin, imipramine, or nortriptyline; OR (if for chronic musculoskeletal pain) previous use of generic acetaminophen, amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, NSAID (oral or topical), or tramadol
Atypical Antipsychotics	Abilify, Abilify Discmelt, aripiprazole ODT, clozapine ODT, Clozaril, Fanapt, FazaClo, Geodon, Invega, Latuda, Rexulti, Risperdal, Risperdal M-Tab, Saphris, Seroquel, Seroquel XR, Versacloz, Vraylar, Zyprexa, Zyprexa Zydys	Previous use of two or more* generic versions of aripiprazole, clozapine, olanzapine, paliperidone, quetiapine, risperidone, or ziprasidone *Latuda for the treatment of bipolar depression is an exception. For this indication only, the prerequisite drug is limited to either generic quetiapine OR olanzapine.
Fibromyalgia Agents	Lyrica, Savella	Previous use* of a generic version of amitriptyline, cyclobenzaprine, desipramine, duloxetine, gabapentin, imipramine, nortriptyline, tramadol, or venlafaxine *Lyrica for treatment of a seizure disorder is excluded from the prerequisite drug requirement
Gabapentin Extended-Release (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 non-benzodiazepine hypnotic such as eszopiclone, zaleplon, or zolpidem
Eye (Ophthalmic)		
Antiglaucoma Agents (Rho Kinase Inhibitors)	Rhopressa	Previous use of a generic ophthalmic prostaglandin (e.g., latanoprost eye drops)
Heart and Circulatory		
Angiotensin Receptor Blockers (ARB)/Renin Inhibitors	Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Byvalson, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Teveten, Tribenzor, Twynsta	Previous use of ANY of the following generic angiotensin receptor blockers either alone or as a component of a combination product: candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, or valsartan

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Angiotensin Receptor Blockers (ARB)/Renin Inhibitors	Tekturna, Tekturna HCT	Previous use of EITHER a generic angiotensin converting enzyme inhibitor (ACEI) (e.g., benazepril, captopril, lisinopril, quinapril, ramipril) OR a generic angiotensin receptor blocker (i.e., candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, or valsartan) either alone or as a component of a combination product
Statins	Altoprev, FloLipid, Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Vytorin, Zocor, Zypitamag	Previous use of a generic version of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, 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 generic fenofibrate or fenofibrate micronized
Gastrointestinal		
Proton Pump Inhibitors	Aciphex, Aciphex Sprinkle, Dexilant, esomeprazole strontium, Nexium, omeprazole/sodium bicarbonate, Prevacid, Prevacid Solutab, Prilosec, Protonix, Zegerid	Previous use of two or more generic versions of: esomeprazole, lansoprazole, omeprazole, pantoprazole, or rabeprazole Nexium granules is allowed for children <18 years
Potassium Binders	Veltassa	Previous use of generic sodium polystyrene sulfonate powder
Hormones, Diabetes and Related		
Dipeptidyl-Peptidase 4 (DPP4) Inhibitors	Glyxambi, Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Qtern, Steglujan, Tradjenta	Current or previous use of brand or generic versions of insulin, metformin, chlorpropamide, glimepiride, glipizide, or glyburide alone or part of a combination product
Glucagon-Like Peptide 1 (GLP-1) Agonists	Adlyxin, Bydureon, Bydureon BCise, Byetta, Ozempic, Tanzeum, Trulicity, Victoza	Current or previous use of brand or generic versions of insulin, metformin, chlorpropamide, glimepiride, glipizide, or glyburide alone or part of a combination product
Glucose Monitor	Freestyle Libre System (reader and sensor)	Current use of rapid- or short-acting insulin

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Insulin Combinations	Soliqua, Xultophy	BOTH of the following: Current or previous use of metformin alone or part of a combination product AND Current or previous use of EITHER : <ul style="list-style-type: none"> Basal insulin [e.g., insulin degludec (Tresiba), insulin detemir (Levemir), insulin glargine (Basaglar, Lantus, Toujeo)], OR GLP-1 agonist [e.g., dulaglutide (Trulicity), exenatide (Bydureon, Byetta), liraglutide (Victoza), lixisenatide (Adlyxin), semaglutide (Ozempic)]
Sodium-Glucose Co-Transport 2 (SGLT-2) Inhibitors	Farxiga, Invokamet, Invokana, Invokamet XR, Jardiance, Segluromet, Steglatro, Synjardy, Synjardy XR, Xigduo XR	Current or previous use of brand or generic versions of insulin, metformin, chlorpropamide, glimepiride, glipizide, or glyburide alone or part of a combination product
Pain Relief		
Diclofenac Products	Cambia, diclofenac sodium 1.5% topical solution, Flector, Pennsaid, Zipsor, Zorvolex	All oral brands: Previous use of generic oral diclofenac Solaraze only: previous use of BOTH generic fluorouracil cream AND imiquimod cream
Gout Agents (Xanthine Oxidase Inhibitors)	Uloric	Previous use of generic allopurinol 300 mg
Renal Drugs		
Phosphate Binders	Fosrenol, lanthanum carbonate, Renagel, Renvela, Velphoro	Previous use of a non-targeted generic phosphate binder such as calcium acetate, calcium carbonate, calcium carbonate-magnesium acetate, or sevelamer carbonate
	Auryxia	Previous use of EITHER an iron supplement, OR a non-targeted generic calcium-containing phosphate binder such as calcium acetate, calcium carbonate, or calcium carbonate-magnesium acetate, or sevelamer carbonate
Topical Drugs		
Atopic Dermatitis Agents	doxepin cream, Elidel, Eucrisa, Protopic, Prudoxin, tacrolimus ointment, Zonalon	Previous use of a topical corticosteroid or topical corticosteroid combination product including but not limited to ANY of the following products: betamethasone, clobetasol, desonide,

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		desoximetasone, fluocinolone, fluocinonide, hydrocortisone, triamcinolone, diflorasone, or mometasone.
Topical Corticosteroids	Clodan Kit 0.05%, Cordran tape, Olux/Olux-E aerosol/foam 0.05%, Olux/Olux-E Complete Pack, Ultravate lotion 0.05%, Vanos cream 0.1%	Previous use of a generic version of ANY of the following: betamethasone dipropionate augmented gel/lotion/ointment 0.05%, clobetasol propionate cream/foam/gel/lotion/ointment/shampoo 0.05%, diflorasone acetate ointment 0.05%, fluocinonide cream 0.1%, halobetasol propionate cream/ointment 0.05%
	diflorasone cream 0.05%, Halog cream 0.1%, Topicort spray 0.25%	Previous use of a generic version of ANY of the following: augmented betamethasone dipropionate cream 0.05%, desoximetasone cream/ointment 0.25%, desoximetasone gel 0.05% fluocinonide cream/gel/ointment 0.05% halcinonide cream/ointment 0.1%, mometasone furoate ointment 0.1%
	Cutivate ointment 0.005%, Halog ointment 0.1%	Previous use of a generic version of ANY of the following: amcinonide cream 0.1%, fluocinonide cream/gel/ointment 0.05%, fluticasone propionate ointment 0.005%, halcinonide ointment 0.1% triamcinolone cream 0.5%
	Cordran 0.05% ointment, desoximetasone cream 0.05% (authorized generic of Topicort 0.05%), Luxiq foam 0.12%, Sernivo spray 0.05%	Previous use of a generic version of ANY of the following: betamethasone valerate cream /lotion 0.1%, desoximetasone cream 0.05% fluocinolone acetamide ointment 0.025%, hydrocortisone valerate ointment 0.2%, mometasone furoate cream/lotion 0.1%, triamcinolone acetamide ointment 0.1%
	Cloderm cream/cream with pump 0.1%, Cordran 0.05% cream/lotion, Cutivate cream/lotion 0.05%, Locoid cream/lotion/ointment/solution 0.1%, Locoid lipocream 0.1%	Previous use of a generic version of ANY of the following: fluocinolone acetamide cream 0.025%, fluticasone propionate cream/lotion 0.05%, hydrocortisone butyrate cream/lipocream/lotion/ointment/solution 0.1%, hydrocortisone valerate cream 0.2%, prednicarbate cream 0.1%,

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Topical Corticosteroids		triamcinolone acetonide cream/lotion 0.1%, triamcinolone acetonide cream/lotion 0.025%
	Desonate cream/gel/lotion/ointment 0.05%, Verdeso aerosol 0.05%	Previous use of a generic version of ANY of the following: alclometasone dipropionate cream/ointment 0.05%, desonide cream/gel/foam/lotion/ointment 0.05%, flucinolone acetonide cream 0.01%

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