#### **Responsible Steps Program Information\***

Current 4/1/24

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
Anti Infectives		
Oral Tetracycline Derivatives	Acticlate, Doryx, Doryx MPC, doxycycline single-source branded products, Doxycycline 40 mg capsule (authorized generic for Oracea) Doxycycline ER 80 mg capsule, Oracea, Targadox, Vibramycin	Previous use of both generic doxycycline <b>AND</b> minocycline capsules or tablets
	Coremino, Minocin, minocycline extended-release (ER), minocycline single-source branded products, Minolira, Solodyn, Ximino	Previous use of both generic doxycycline <b>AND</b> minocycline capsules or tablets [minocycline ER is <b>NOT</b> a prerequisite]
	Seysara	Previous use of both generic doxycycline <b>AND</b> minocycline capsules or tablets
	Tetracycline tablet	Previous use of both generic doxycycline <b>AND</b> minocycline capsules or tablets
Ophthalmic Anti-infectives	Xdemvy	Previous use of oral ivermectin
Anti Rheumatics		
Methotrexate Injection	Otrexup, Rasuvo, Reditrex	Previous use of a generic methotrexate solution for injection
Central Nervous System		
Antidepressants	Aplenzin, Bupropion 450 mg XL (authorized generic for Forfivo XL), Celexa, Desvenlafaxine ER, Effexor XR, Fetzima, Fluoxetine 60 mg, Fluoxetine 90 mg weekly, Forfivo XL, Lexapro, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Remeron, Remeron SolTab, Trintellix, Venlafaxine ER 112.5 mg tablet, Viibryd, Wellbutrin SR, Wellbutrin XL, Zoloft	Previous use of a generic version of <b>ANY</b> of the following: bupropion, citalopram, desvenlafaxine succinate ER (generic Pristiq), duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine, or venlafaxine ER
	Auvelity	Previous use of <b>two or more</b> <sup>*</sup> generic versions of bupropion, citalopram, desvenlafaxine succinate ER (generic Pristiq), duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine, or venlafaxine ER

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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
Antidepressants	Cymbalta	Previous use of generic bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine, or venlafaxine ER; <b>OR</b> (if for neuropathic pain) previous use of generic amitriptyline; <b>OR</b> (if for fibromyalgia) previous use of generic amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, or tramadol; <b>OR</b> (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 MyCite, Caplyta, Fanapt, Geodon, Invega, Lybalvi, Quetiapine 150 mg IR tablet, Risperdal, Risperidone 0.25 mg ODT, Saphris, Secuado, Seroquel, Seroquel XR, Symbyax, Versacloz, Zyprexa, Zyprexa Zydis	Previous use of <b>two or more</b> * generic versions of aripiprazole, clozapine, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, or ziprasidone * Caplyta requires only <b>one</b> generic
Gabapentin Extended- Release (ER)	Gralise, Horizant	Previous use of generic gabapentin
Insomnia Agents	Ambien, Ambien CR, Belsomra, Dayvigo, Edluar, Intermezzo, Lunesta, Quviviq, Rozerem, Silenor, Zolpidem tartrate sublingual tablet, Zolpidem tartrate 7.5 mg capsule, Zolpimist	Previous use of a generic non-benzodiazepine hypnotic such as eszopiclone, zaleplon, or zolpidem IR or ER tablet
Lyrica and Savella	Lyrica, Savella	Previous use* of a generic version of amitriptyline, cyclobenzaprine, desipramine, duloxetine, gabapentin, imipramine, nortriptyline, pregabalin IR, tramadol, or venlafaxine *Lyrica for treatment of a seizure disorder is excluded from the prerequisite drug requirement
	Lyrica CR and pregabalin ER	Previous use of <b>BOTH</b> a generic version of amitriptyline, desipramine, duloxetine, gabapentin, imipramine, nortriptyline, or venlafaxine <b>AND</b> pregabalin IR

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Heart and Circulatory		
Angiotensin Receptor Blockers (ARB)/Renin Inhibitors	Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Telmisartan/Amlodipine, Tribenzor, Valsartan oral solution 20 mg/5 ml	Previous use of <b>ANY</b> of the following generic angiotensin receptor blockers either alone or as a component of a combination product: candesartan, irbesartan, losartan, olmesartan, telmisartan, or valsartan
	Tekturna, Tekturna HCT	<ul> <li>Previous use of ANY of the following either alone or as a component of a combination product:</li> <li>generic angiotensin converting enzyme inhibitor (ACEI) (e.g., benazepril, captopril, lisinopril, quinapril, ramipril)</li> <li>generic angiotensin receptor blocker (e.g., candesartan, irbesartan, losartan, olmesartan, telmisartan, or valsartan)</li> <li>generic renin inhibitor (e.g., aliskiren)</li> </ul>
Statins	Altoprev, Atorvaliq oral suspension, Crestor, Ezallor Sprinkle, Ezetimibe/Rosuvastatin (authorized generic for Roszet), Flolipid, Lescol XL, Lipitor, Livalo, Roszet, Vytorin, Zocor, Zypitamag	Previous use of any generic statin or statin combination
Gastrointestinal		
Proton Pump Inhibitors	Aciphex, Dexilant, dexlansoprazole, esomeprazole strontium, Konvomep oral suspension, Nexium, omeprazole/sodium bicarbonate capsule, omeprazole/sodium bicarbonate powder, Prevacid, Prevacid Solutab, Prilosec, Protonix, Rabeprazole (authorized generic for Aciphex sprinkle), Voquenza, Zegerid	Previous use of <b>two or more</b> generic versions of: esomeprazole, lansoprazole, omeprazole, pantoprazole, or rabeprazole Nexium granules is allowed for children <18 years
Hormones, Diabetes and Rel	lated	
Dipeptidyl-Peptidase 4 (DPP4) Inhibitors	Alogliptin (authorized generic for Nesina), Aloglipitn/Metformin (authorized generic for Kazano), Alogliptin/Pioglitazone (authorized generic for Oseni), Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Tradjenta, Zituvio	Current or previous use of brand or generic versions of insulin or metformin, alone or part of a combination product
Glucose Monitor	Dexcom G6 and G7 Systems (receiver, sensor, and transmitter), Freestyle Libre, Freestyle Libre 2 and Freestyle Libre 3 Systems (reader and sensor)	Current use of insulin
Insulin Combinations	Soliqua, Xultophy	Current or previous use of brand or generic versions of insulin or metformin, alone or part of a combination product

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Sodium-Glucose Co- Transport (SGLT) Inhibitors	Bexagliflozin, Brenzavvy, Glyxambi, Invokamet, Invokamet XR, Invokana, Qtern, Segluromet, Steglatro, Steglujan, Synjardy, Synjardy XR, Trijardy XR, Xigduo XR	Current or previous use of brand or generic versions of insulin or metformin, alone or part of a combination product
	Dapagliflozin, Farxiga, Inpefa, Jardiance	Current or previous use of brand or generic versions of insulin, metformin, ACE inhibitor, angiotensin receptor blocker (ARB), angiotensin receptor-neprilysin inhibitor (ANRI) (e.g., Entresto), If channel inhibitor (e.g., Corlanor), aldosterone antagonist, beta blocker, isosorbide dinitrate, or hydralazine alone or part of a combination product
Pain Relief		
Diclofenac Products	Cambia, Diclofenac capsule (authorized generic for Zorvolex), diclofenac potassium liquid filled capsule, diclofenac potassium (migraine) packet, Diclofenac 1.3% patch (authorized generic for Flector patch), diclofenac 2% solution, Flector, Licart patch, Pennsaid, Zipsor, Zorvolex	Previous use of one of the following generic oral diclofenac products: diclofenac sodium delayed release 25 mg, 50 mg and 75 mg tablets or diclofenac potassium 50 mg tablet or diclofenac 1.5% topical solution
Renal Drugs		
	Fosrenol, lanthanum carbonate, Renagel, Renvela,	Previous use of <b>BOTH</b> a non-targeted generic phosphate binder (such as calcium acetate, calcium carbonate, calcium carbonate-magnesium acetate, sevelamer HCI, or sevelamer carbonate) <b>AND</b> Velphoro
Phosphate Binders	Velphoro	Previous use a non-targeted generic phosphate binder (such as calcium acetate, calcium carbonate, calcium carbonate-magnesium acetate, sevelamer HCl, or sevelamer carbonate)
	Auryxia	Previous use of <b>EITHER</b> a generic iron supplement, <b>OR</b> BOTH a non-targeted generic calcium-containing phosphate binder (such as calcium acetate, calcium carbonate, calcium carbonate-magnesium acetate, sevelamer HCI, or sevelamer carbonate) <b>AND</b> Velphoro
Topical Drugs		
Atopic Dermatitis Agents	Elidel cream, Eucrisa ointment, pimecrolimus cream, tacrolimus ointment	Previous use of a topical corticosteroid or topical corticosteroid combination product including but not limited to <b>ANY</b> of the following products: betamethasone, clobetasol, desonide, desoximetasone, fluocinolone, fluocinonide, hydrocortisone, triamcinolone, diflorasone, or mometasone.

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Topical Corticosteroids	Super-High Potency (Group 1) Betamethasone dipropionate (augmented) 0.05% gel, Clobex 0.05% lotion/shampoo/spray, Cordran 4 mcg/cm <sup>2</sup> tape, Diprolene 0.05% ointment, Impeklo 0.05% lotion, Lexette 0.05% foam, Olux 0.05% foam, Olux E 0.05% emulsion foam, Temovate 0.05% cream/ointment, Ultravate 0.05% lotion, Vanos 0.1% cream	Previous use of <b>two or more</b> generic versions of <b>ANY</b> of the following: betamethasone dipropionate (augmented) 0.05% lotion/ointment, clobetasol propionate 0.05% cream/foam/gel/lotion/ ointment/shampoo/solution/spray, fluocinonide 0.1% cream, halobetasol propionate 0.05% cream/lotion/ ointment halobetasol propionate 0.01% lotion
	High Potency (Group 2) Amcinonide 0.1% ointment, ApexiCon E 0.05% emollient cream, Bryhali 0.01% lotion, Diprolene AF 0.05% cream, Halog 0.1% cream/ointment/solution, Impoyz 0.025% cream, Topicort 0.05% gel, Topicort 0.25% cream/ointment/spray	Previous use of <b>two or more</b> generic versions of <b>ANY</b> of the following: betamethasone dipropionate (augmented) 0.05% cream, betamethasone dipropionate 0.05% ointment, clobetasol propionate 0.025% cream, desoximetasone 0.25% cream/ointment/spray, desoximetasone 0.05% gel, diflorasone diacetate 0.05% cream/ointment, fluocinonide 0.05% cream/gel/ointment/solution, halcinonide 0.1% cream/ointment
	<u>Medium-High Potency (Group 3)</u> amcinonide 0.1% cream/lotion, Diflorasone 0.05% cream, Luxiq 0.12% foam, Topicort 0.05% cream/ointment	Previous use of <b>two or more</b> generic versions of <b>ANY</b> of the following: betamethasone dipropionate 0.05% cream, betamethasone valerate 0.1% ointment, betamethasone valerate 0.12% foam, desoximetasone 0.05% cream/ointment, fluocinonide 0.05% emulsified base cream, fluticasone 0.005% propionate ointment, mometasone furoate 0.1% ointment, triamcinolone acetonide 0.5% cream/ointment
	<u>Medium Potency (Group 4)</u> Cloderm 0.1% cream, Cordran 0.05% ointment, Kenalog 0.147 mg/gm spray, Sernivo 0.05% spray, Synalar 0.025% ointment	Previous use of <b>two or more</b> generic versions of <b>ANY</b> of the following: betamethasone dipropionate 0.05% spray, fluocinolone acetonide 0.025% ointment, fluocinolone acetonide 0.1% cream, flurandrenolide 0.05% ointment, hydrocortisone valerate 0.2% ointment, mometasone furoate 0.1% cream/lotion/solution, triamcinolone acetonide 0.147 mg/g spray, triamcinolone acetonide 0.05% ointment triamcinolone acetonide 0.05% ointment

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Topical Corticosteroids	Lower-Mid Potency (Group 5) Cordran 0.025% cream, Cordran 0.05% cream/lotion, Cutivate 0.05% lotion, Fluticasone propionate 0.05% lotion (NDC 45802-0441-02 only) HC Butyrate 0.1% solution/cream, Locoid 0.1% lotion, Locoid 1.1% lotion, Locoid Lipocream 0.1% cream, Pandel 0.1% cream, Prednicarbate 0.1% ointment, Synalar 0.025% cream	Previous use of <b>two or more</b> generic versions of <b>ANY</b> of the following: betamethasone dipropionate 0.05% lotion, betamethasone valerate 0.1% cream, desonide 0.05% gel/ointment, fluocinolone acetonide 0.025% cream, flurandrenolide 0.025% cream, flurandrenolide 0.05% cream/lotion, fluticasone propionate 0.05% cream/lotion, hydrocortisone butyrate 0.1% cream/lotion/ointment/ solution, hydrocortisone probutate 0.1% cream, hydrocortisone valerate 0.2% cream, triamcinolone acetonide 0.025% ointment
	Low Potency (Group 6) Capex 0.01% shampoo, Derma-Smoothe 0.01% body oil/scalp oil, DesOwen 0.05% cream, Fluocinolone acetonide 0.01% cream (NDC 00713-0223- 15, 00713-0223-60 only) Synalar 0.1% solution, Tridesilon 0.05% cream, Verdeso 0.05% foam	Previous use of <b>two or more</b> generic versions of <b>ANY</b> of the following: alclometasone dipropionate 0.05% cream/ointment, betamethasone valerate 0.1% lotion, desonide 0.05% cream/foam/lotion, fluocinolone acetonide 0.01% cream/oil/shampoo/ solution, triamcinolone acetonide 0.025% cream/lotion
	Lowest Potency (Group 7) Ala Scalp 2% lotion, Texacort 2.5% solution	Previous use of <b>two or more</b> generic versions of <b>ANY</b> of the following: hydrocortisone 0.5% to 2.5%, hydrocortisone acetate 0.5% to 2.5%