

Responsible Steps Program Information*

Current 1/1/25

[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		
Ophthalmic Anti-infectives	Xdemvy	Previous use of oral ivermectin
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, Sertraline capsules, Trintellix, Venlafaxine ER 112.5 mg tablet, Viibryd, 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, venlafaxine, or venlafaxine ER
	Auvelity	Previous use of two or more* generic versions of bupropion, citalopram, desvenlafaxine succinate ER (generic Pristiq), duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine, or venlafaxine ER
Antidepressants	Cymbalta, Drizalma Sprinkle	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 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
Atypical Antipsychotics	Abilify, Abilify MyCite, Caplyta, Cobenfy, 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 two or more* generic versions of aripiprazole, clozapine, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, or ziprasidone * Caplyta and Lybalvi requires only one generic

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Gabapentin Extended-Release (ER)	Gabapentin once-daily (generic Gralise), 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 BOTH a generic version of amitriptyline, desipramine, duloxetine, gabapentin, imipramine, nortriptyline, or venlafaxine AND pregabalin IR
Triptans	almotriptan, Frova, frovatriptan, Imitrex Statdose, Imitrex, Maxalt, Maxalt-MLT, Onzetra Xsail, Relpax, sumatriptan/naproxen, Tosymra, Treximet, Zembrace Syntouch, Zolmitriptan spray, Zomig, Zomig nasal spray	Previous use of ANY of the following generic triptans: eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan or zolmitriptan ODT
Gastrointestinal		
Antiemetic	Ondansetron 16 mg ODT, Sancuso patch	Previous use of ANY of the following generic oral agents: granisetron tablet, ondansetron tablet, ondansetron solution, ondansetron ODT 4 mg or 8 mg
Hormones, Diabetes and Related		
Dipeptidyl-Peptidase 4 (DPP4) Inhibitors	Alogliptin (authorized generic for Nesina), Alogliptin/Metformin (authorized generic for Kazano), Alogliptin/Pioglitazone (authorized generic for Oseni), Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Sitagliptin, Sitagliptin/Metformin, Tradjenta, Zituvio, Zituvimet, Zituvimet XR	Current or previous use of brand or generic versions of insulin or metformin, alone or part of a combination product

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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 or insulin combination product
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
Renal Drugs		
Phosphate Binders	Fosrenol, lanthanum carbonate, Renagel, Renvela,	Previous use of BOTH a non-targeted generic phosphate binder (such as calcium acetate, calcium carbonate, calcium carbonate-magnesium acetate, sevelamer HCl, or sevelamer carbonate) AND Velphoro
	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 EITHER a generic iron supplement, OR BOTH a non-targeted generic calcium-containing phosphate binder (such as calcium acetate, calcium carbonate, calcium carbonate-magnesium acetate, sevelamer HCl, or sevelamer carbonate) AND 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 ANY of the following products: betamethasone, clobetasol, desonide, desoximetasone, fluocinolone, fluocinonide, hydrocortisone, triamcinolone, diflorasone, or mometasone.

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Topical Corticosteroids	<p><u>Super-High Potency (Group 1)</u> Betamethasone dipropionate (augmented) 0.05% gel Clobex 0.05% lotion/shampoo/spray, Cordran 4 mcg/cm² tape, Diprolene 0.05% ointment, Impeklo 0.05% lotion, Lexette 0.05% foam, Olux 0.05% foam, Olux E 0.05% emulsion foam, Ultravate 0.05% lotion, Vanos 0.1% cream</p>	<p>Previous use of two or more generic versions of ANY 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/ointment</p>
Topical Corticosteroids	<p><u>High Potency (Group 2)</u> Amcinonide 0.1% ointment, ApexiCon E 0.05% emollient cream, Bryhali 0.01% lotion, Fluocinonide 0.05% gel HALOG 0.1% cream/ointment/solution, Impoyz 0.025% cream, Topicort 0.05% gel, Topicort 0.25% cream/ointment/spray</p>	<p>Previous use of two or more generic versions of ANY 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% ointment, fluocinonide 0.05% cream/ointment/solution, halcinonide 0.1% cream</p>
Topical Corticosteroids	<p><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</p>	<p>Previous use of two or more generic versions of ANY 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</p>

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Topical Corticosteroids	<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 two or more generic versions of ANY of the following: betamethasone dipropionate 0.05% spray, clocortolone 0.1% cream fluocinolone acetonide 0.025% ointment, 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 0.1% cream/ointment triamcinolone acetonide 0.05% ointment
Topical Corticosteroids	<u>Lower-Mid Potency (Group 5)</u> Cordran 0.025% cream, Flurandrenolide 0.05% cream/lotion Fluticasone propionate 0.05% lotion (NDC 45802-0441-02 only) HC Butyrate 0.1% solution/cream/ointment, Locoid 0.1% lotion, Locoid Lipocream 0.1% cream, Pandel 0.1% cream, Prednicarbate 0.1% ointment, Synalar 0.025% cream	Previous use of two or more generic versions of ANY of the following: betamethasone dipropionate 0.05% lotion, betamethasone valerate 0.1% cream, desonide 0.05% gel/ointment, fluocinolone acetonide 0.025% cream, fluticasone propionate 0.05% cream/lotion/ointment, hydrocortisone butyrate 0.1% lotion hydrocortisone valerate 0.2% cream, triamcinolone acetonide 0.1% lotion, triamcinolone acetonide 0.025% ointment
Topical Corticosteroids	<u>Low Potency (Group 6)</u> 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 two or more generic versions of ANY of the following: alclometasone dipropionate 0.05% cream/ointment, betamethasone valerate 0.1% lotion, desonide 0.05% cream/lotion, fluocinolone acetonide 0.01% cream/oil/solution, triamcinolone acetonide 0.025% cream/lotion
Topical Corticosteroids	<u>Lowest Potency (Group 7)</u> Ala Scalp 2% lotion, Hydrocortisone lotion Texacort 2.5% solution	Previous use of two or more generic versions of ANY of the following: hydrocortisone 0.5% to 2.5%, hydrocortisone acetate 0.5% to 2.5% cream/ointment

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