BlueCross BlueShield of Illinois

Step Therapy Programs for Members on the Performance Biosimilar Drug List

Drug Category*	Prescription Drugs within the Category*	
	Non-Specialty Step Therapy	
Atopic Dermatitis	Elidel/ pimecrolimus Eucrisa	tacrolimus
Atypical Antipsychotics	Abilify Clozapine ODT Clozaril Cobenfy Fanapt Geodon Invega Latuda Lybalvi Opipza	Risperdal Risperidone ODT Saphris Secuado Seroquel Seroquel XR Versacloz Zyprexa Zyprexa Zydis
Depression	Auvelity Bupropion ER 450 mg Celexa Citalopram Cymbalta Desvenlafaxine ER tabs Drizalma Sprinkle Effexor Effexor XR Fetzima Fluoxetine 60 mg tabs Fluoxetine delayed release Forfivo XL Lexapro	Paxil Paxil CR Pexeva Pristiq Prozac Remeron Remeron SolTab Sertraline Trintellix Venlafaxine ER Viibryd Wellbutrin SR Zoloft
Gabapentin ER	Gralise/ gabapentin	Horizant
Insomnia	Ambien Ambien CR Belsomra Dayvigo Edluar	Lunesta Quviviq Rozerem Silenor Zolpidem
Kerendia	Kerendia	
Topical NSAIDs	Flector Licart	Pennsaid/ diclofenac 2% solution

If you have any questions, call the number listed on your member ID card.

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**Third-party brand names are the property of their respective owners. These programs are subject to change from time to time and additional drugs may be added to the categories listed. These are only examples of drug categories and specific medications for which a step therapy program may be included as part of your prescription drug benefit plan. If your drug is not on the Drug List, you, or your prescribing health care provider, can ask for an exception review. As part of the review, you may have to meet the drug's step therapy program criteria before your request may be approved. To start the review process, you can call the number on your Member ID card or ask your doctor to visit bcbsil.com/provider.*