BlueCross BlueShield of Illinois

Step Therapy Programs for Members on the Performance Select Biosimilar Drug List

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

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

**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.*

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