# Keystone 65 Rx HMO, Personal Choice 65℠ Rx PPO, and Select Option® Rx PDP Plans

## 2027 Step Therapy Guidelines

*This document contains important information about some of the drugs we cover in your health plan.*

At Independence Blue Cross (IBX), we try to help keep your medications as affordable as possible.

One way we do this is by asking you to use pharmacies in our network. Another way is through a process called **step therapy**.

### This document explains:

- What step therapy is
- Which drugs it applies to
- What to do if your drug is affected

### This document was last updated on 10/5/2026. For the most up-to-date information, or if you have questions, we're here to help.

You can call **1-888-678-7009** (TTY/TDD: **711**) **seven days a week, 8 a.m. to 8 p.m.** From April 1 through September 30, calls on weekends and holidays may go to voicemail.

You can also visit **ibxmedicare.com** to search your drug list (formulary) or view and download any other plan documents.

### What is step therapy?

For some health conditions, there may be more than one drug that can help. It often makes sense to start with a drug that costs less but is still safe and may work well for you.

Step therapy means:

- You may need to try **drug A** before we cover **drug B**.
- If **drug A** works for you, you can keep using it.
- If **drug A** does not work, your doctor can ask us to cover **drug B**.
- If we approve that request, we will cover **drug B**.

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If you or your doctor believes that **drug A** doesn't make sense for you, you can ask us:

- To make an exception, or
- About other drugs that may work for you

You can find a list of drugs that require step therapy in this document.

You can also find more details in your plan's *Formulary* (drug list) and your *Evidence of Coverage*.

## How to use this document

Find your drug in the index on page **15**. Then read all the information listed for that drug.

If your drug has "ST" in the "Requirements" column of your health plan's drug formulary, you can find more details in this document.

## In this document:

- "We," "us," and "our" mean Independence Blue Cross.
- "Plan" and "our plan" mean Select Option Rx.

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal. Select Option is a PDP plan with a Medicare contract. Enrollment in Select Option PDP depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries and affiliates including Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

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IBX16998 (04/26)

# AMPYRA 2027

**Products Affected**

- AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL

| Details | |
|---|---|
| **Criteria** | Trial of formulary generic dalfampridine. Always applies. |

# ANTIDEPRESSANTS [SNRIS] 2027

**Products Affected**

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

| Details | |
|---|---|
| **Criteria** | Trial of two of the following generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI): desvenlafaxine tablet, duloxetine capsules, venlafaxine hydrochloride ER tablets, venlafaxine hydrochloride immediate release tablets, and venlafaxine hydrochloride ER capsules. Applies to new starts. |

# BRAND ANTIPSYCHOTICS 2027

**Products Affected**

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK A TABLET 1 & 2 & 4 & 6 MG ORAL
- FANAPT TITRATION PACK B TABLET 1 & 2 & 6 & 8 MG ORAL
- FANAPT TITRATION PACK C TABLET 1 & 2 & 6 MG ORAL
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 MG ORAL
- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL

| Details | |
|---|---|
| **Criteria** | Trial of two formulary generic antipsychotics : aripiprasole, asenapine, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Applies to new starts. |

# DRIZALMA 2027

**Products Affected**

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL

| Details | |
|---|---|
| **Criteria** | Trial of generic formulary duloxetine. Applies to new starts. |

# EXXUA 2027

**Products Affected**

- EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL
- EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL

| Details | |
|---|---|
| **Criteria** | Trial of two of the following formulary generics: bupropion, citalopram tablets, desvenlafaxine extended-release (ER), duloxetine capsules, escitalopram tablets, fluoxetine, mirtazepine tablet, paroxetine IR/ER, sertraline tablets, venlafaxine IR/ER. Applies to new starts. |

# INSULIN GLARGINE 2027

**Products Affected**

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS

| Details | |
|---|---|
| **Criteria** | Trial of two of the following: Lantus, Toujeo,. Always applies. |

# PROTON PUMP INHIBITORS (PPIs) 2027

**Products Affected**

- *rabeprazole sodium tablet delayed release 20 mg oral*

| Details | |
|---|---|
| **Criteria** | Trial of two generic formulary proton pump inhibitors: esomeprazole capsule, lansoprazole capsule, omeprazole capsule, pantoprazole tablet . Always applies. |

# SANCUSO 2027

**Products Affected**

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

| Details | |
|---|---|
| **Criteria** | Trial of one formulary generic ondansetron or granisetron and one formulary generic aprepitant. Always applies. |

# SAVELLA 2027

**Products Affected**

- *milnacipran hcl tablet 100 mg oral*
- *milnacipran hcl tablet 12.5 mg oral*
- *milnacipran hcl tablet 25 mg oral*
- *milnacipran hcl tablet 50 mg oral*
- SAVELLA TABLET 100 MG ORAL
- SAVELLA TABLET 12.5 MG ORAL
- SAVELLA TABLET 25 MG ORAL
- SAVELLA TABLET 50 MG ORAL

| Details | |
|---|---|
| **Criteria** | Trial of generic formulary duloxetine. Applies to new starts. |

# XCOPRI 2027

**Products Affected**

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL

| Details | |
|---|---|
| **Criteria** | UNDER CMS REVIEW |

# ZONISADE 2027

**Products Affected**

- ZONISADE SUSPENSION 100 MG/5ML ORAL

| Details | |
|---|---|
| **Criteria** | Trial of generic zonisamide capsule. Applies to new starts. |

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