

**CHRISTUS Health Organization (HMO)**  
**CHRISTUS Health Organization Plus (HMO)**

**2024 Premier Performance Standard Step Therapy**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT  
SOME OF THE DRUGS WE COVER IN THIS PLAN.**

HPMS Approved Formulary File Submission ID 00024261, Version Number 11.

This step therapy criteria was updated on 05/01/2024. For questions, please contact CHRISTUS Health Organization (HMO) / CHRISTUS Health Organization Plus (HMO) Member Services, at 1-844-282-3026 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, seven days a week, from October 1 – March 31, and 8 a.m. – 8 p.m. local time, Monday – Friday, from April 1 - September 30, or visit <https://www.christushealthplan.org>

# CONSTIPATION AGENTS - PST

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## Products Affected

### Step 1:

- Trulance 3 mg tablet

### Step 2:

- Linzess 145 mcg capsule
- Linzess 290 mcg capsule
- Linzess 72 mcg capsule

**Details**

**Criteria**

If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Linzess without a trial of a Step 1 drug if it is being prescribed for the treatment of functional constipation in a pediatric patient ages 6-17 years of age.

# DEXTROMETHORPHAN/BUPROPION

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## Products Affected

### Step 1:

- bupropion HCl 100 mg tablet
- bupropion HCl 75 mg tablet
- bupropion HCl SR 100 mg tablet, 12 hr sustained-release
- bupropion HCl SR 150 mg tablet, 12 hr sustained-release
- bupropion HCl SR 200 mg tablet, 12 hr sustained-release
- bupropion HCl XL 150 mg 24 hr tablet, extended release
- bupropion HCl XL 300 mg 24 hr tablet, extended release
- citalopram 10 mg tablet
- citalopram 10 mg/5 mL oral solution
- citalopram 20 mg tablet
- citalopram 40 mg tablet
- desvenlafaxine succinate ER 100 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 25 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 50 mg tablet, extended release 24 hr
- duloxetine 20 mg capsule, delayed release
- duloxetine 30 mg capsule, delayed release
- duloxetine 60 mg capsule, delayed release
- escitalopram 10 mg tablet
- escitalopram 20 mg tablet
- escitalopram 5 mg tablet
- escitalopram 5 mg/5 mL oral solution
- fluoxetine 10 mg capsule
- fluoxetine 20 mg capsule
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- fluvoxamine 100 mg tablet
- fluvoxamine 25 mg tablet
- fluvoxamine 50 mg tablet
- nefazodone 100 mg tablet
- nefazodone 150 mg tablet
- nefazodone 200 mg tablet
- nefazodone 250 mg tablet
- nefazodone 50 mg tablet
- paroxetine 10 mg tablet
- paroxetine 10 mg/5 mL oral suspension
- paroxetine 20 mg tablet
- paroxetine 30 mg tablet
- paroxetine 40 mg tablet
- sertraline 100 mg tablet
- sertraline 20 mg/mL oral concentrate
- sertraline 25 mg tablet
- sertraline 50 mg tablet
- venlafaxine 100 mg tablet
- venlafaxine 25 mg tablet
- venlafaxine 37.5 mg tablet
- venlafaxine 50 mg tablet
- venlafaxine 75 mg tablet
- venlafaxine ER 150 mg capsule, extended release 24 hr
- venlafaxine ER 37.5 mg capsule, extended release 24 hr
- venlafaxine ER 75 mg capsule, extended release 24 hr
- vilazodone 10 mg tablet
- vilazodone 20 mg tablet
- vilazodone 40 mg tablet

### Step 2:

- Auvelity 45 mg-105 mg tablet, extended release

**Details**

<b>Criteria</b>	Approve if the patient has tried a generic SSRI OR SNRI AND separately tried bupropion. Approve Auvelity if the patient has suicidal ideation without a trial of a Step 1 drug. Approve Auvelity if the patient is currently receiving Auvelity or has taken Auvelity in the past.
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# PULMONARY ANTIINFLAMMATORY - PST

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## Products Affected

### Step 1:

- Asmanex HFA 100 mcg/actuation aerosol inhaler
- Asmanex HFA 200 mcg/actuation aerosol inhaler
- Asmanex HFA 50 mcg/actuation aerosol inhaler
- Asmanex Twisthaler 110 mcg/actuation(30 doses) breath activated inhalr
- Asmanex Twisthaler 220 mcg/actuation(120 doses) breath activated inhlr
- Asmanex Twisthaler 220 mcg/actuation(30 doses) breath activated inhalr
- Asmanex Twisthaler 220 mcg/actuation(60 doses) breath activated inhalr
- Qvar RediHaler 40 mcg/actuation HFA breath activated aerosol
- Qvar RediHaler 80 mcg/actuation HFA breath activated aerosol

### Step 2:

- fluticasone propionate 110 mcg/actuation HFA aerosol inhaler
- fluticasone propionate 220 mcg/actuation HFA aerosol inhaler
- fluticasone propionate 44 mcg/actuation HFA aerosol inhaler

## Details

<b>Criteria</b>	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug. If the patient is 4 years of age or younger and has a low inspiratory flow rate and is unable to use a dry powder inhaler, approve fluticasone propionate HFA (AA to Flovent HFA) if the patient has tried Qvar RediHaler.
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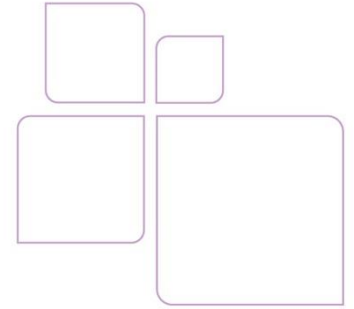
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[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

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This formulary was updated on 05/01/2024. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) Member Services, at 1-844-282-3026 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, seven days a week, from October 1 – March 31, and 8 a.m. – 8 p.m. local time, Monday-Friday, from April 1- September 30, or visit [christushealthplan.org](https://christushealthplan.org).

