CHRISTUS Health Medicare Complete (HMO)
CHRISTUS Health Medicare Plus (HMO)

2026 Premier Performance Standard Step Therapy

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

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This step therapy criteria was updated on 10/15/2025. For 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 https://www.christushealthplan.org

Last Updated 10/15/2026
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Step Therapy Criteria

Step Therapy Group	ARIPIPRAZOLE ODT
Drug Names	ARIPIPRAZOLE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.

Step Therapy Group	BARACLUDE SOL
Drug Names	BARACLUDE
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of generic entecavir tablets has been tried.

Step Therapy Group	BRINZOLAMIDE
Drug Names	BRINZOLAMIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.

Step Therapy Group	JARDIANCE
Drug Names	JARDIANCE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of dapagliflozin has been tried.

Step Therapy Group	LAMOTRIGINE
Drug Names	LAMOTRIGINE ER
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic lamotrigine immediate release tablets or generic lamotrigine chewable, dispersible tablet has been tried.

Step Therapy Group	LEVALBUTEROL
Drug Names	LEVALBUTEROL TARTRATE HFA
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of albuterol HFA or Ventolin HFA has been tried.

Step Therapy Group	OLANZAPINE ODT
Drug Names	OLANZAPINE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic olanzapine immediate release tablet has been tried.

Step Therapy Group	PPI
Drug Names	ESOMEPRAZOLE MAGNESIUM
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of two of the following generic alternatives: omeprazole capsules, pantoprazole tablets, or lansoprazole capsules have been tried.

Step Therapy Group	RISPERIDONE ODT
Drug Names	RISPERIDONE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.

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