

**CHRISTUS Health Plan Generations (HMO)
CHRISTUS Health Plan Generations Plus (HMO)**

2020 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 00020074, Version Number 8.

This step therapy criteria was updated on 01/30/2020. For questions, please contact CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations 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>

COLCHICINE-PST

Products Affected

Step 1:

- Mitigare 0.6 mg capsule

Step 2:

- Colcrys 0.6 mg tablet

Details

Criteria	If the patient has tried one Step 1 product, authorization for a Step 2 product may be given. Exceptions can be made for a step 2 drug (without a trial of a step 1 drug) for the treatment of Familial Mediterranean Fever and for the treatment of gout flares (i.e, prophylaxis of gout flares requires a trial of a step 1 drug).
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Mitigare 0.6 mg capsule..... 2

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