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 18.

This step therapy criteria was updated on 11/30/2020. 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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