

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

2023 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 00023054, Version Number 6.

This step therapy criteria was updated on 08/26/2022. 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>

PULMONARY ANTIINFLAMMATORY - PST

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

Criteria	Under CMS Review
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Index

A

Asmanex HFA 100 mcg/actuation aerosol inhaler	2
Asmanex HFA 200 mcg/actuation aerosol inhaler	2
Asmanex HFA 50 mcg/actuation aerosol inhaler	2
Asmanex Twisthaler 110 mcg/actuation(30 doses) breath activated inhalr.....	2
Asmanex Twisthaler 220 mcg/actuation(120 doses) breath activated inhrlr	2
Asmanex Twisthaler 220 mcg/actuation(30 doses) breath activated inhalr.....	2

Asmanex Twisthaler 220 mcg/actuation(60 doses) breath activated inhalr.....	2
---	---

F

fluticasone propionate 110 mcg/actuation HFA aerosol inhaler	2
fluticasone propionate 220 mcg/actuation HFA aerosol inhaler	2
fluticasone propionate 44 mcg/actuation HFA aerosol inhaler	2

Q

Qvar RediHaler 40 mcg/actuation HFA breath activated aerosol.....	2
Qvar RediHaler 80 mcg/actuation HFA breath activated aerosol.....	2

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