

The criteria for medications that require prior authorization or step therapy for the Premium Formulary are based on current medical information and the recommendations of the Pharmacy and Therapeutics Committee. During periodic reviews of medical necessity criteria, the committee may recommend changes that result in updates to medication policies.

When a policy for a medication on the Premium Formulary is updated, we'll add a row for the medication at the top of the following table. The row will outline the current criteria, changes to the criteria, the date on which the changes were approved by the Pharmacy and Therapeutics Committee and the date on which the changes will go into effect. With the exception of any changes listed in this document, existing medication policy requirements will continue to apply.

To view the complete criteria for medications on the Premium Formulary, see the document titled [Prior Authorization and Step Therapy Guidelines for the Premium Drug List](#).

New coverage criteria

Drug name	Current Premium Formulary criteria	Changes to Premium Formulary criteria	Publish date for new criteria	Effective date for new criteria
There are no changes to coverage criteria at this time. Please check back monthly for updates.				