

Commercial Select Formulary Updates Effective 11-1-17

Beginning 11-1-17, the following medications will **no** longer be covered on the Commercial Select formulary:

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|-----------------|--------------|----------------|----------------|---------------|
| Absorica | Amrix | Gralise | Onexton | Acanya |
|-----------------|--------------|----------------|----------------|---------------|

Beginning 11-1-17, the following medications will require prior authorization (PA) (new starts only):

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|---------------|----------------|---------------|---------------|
| Jublia | Kerydin | Livalo | Aczone |
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Information must be provided on indication for treatment and include what other medications have been tried in order to determine if there is medical necessity over other formulary alternatives.

A PA will also be added to Livalo on the commercial **open** formulary.

Beginning 11-1-17, the Paramount Commercial Select formulary will have limited coverage of topical steroids. The following chart represents the covered choices within each potency class. Although this only applies to the Commercial select formulary, most choices are covered across the other Paramount formularies, except for clobetasol and HC butyrate solution.

| LOW POTENCY | MEDIUM POTENCY | HIGH POTENCY | VERY HIGH POTENCY |
|--|---|---|--|
| -hydrocortisone 1% cr. & oint. -hydrocortisone 2.5% cr. & oint. | -fluticasone 0.05% cr. -fluticasone 0.005% oint. -HC Butyrate 0.1% soln. -Mometasone 0.1% cr., oint, lotion -triamcinolone 0.25% & 0.1% cr., oint., lotion -Triamcinolone 0.5% cr. | -betamethasone 0.05% AUG cr. -fluocinonide 0.05% cr., oint., gel, soln. -triamcinolone 0.5% oint. | -betamethasone 0.05% AUG oint., lotion -clobetasol 0.05% cr, oint., soln., shampoo -halobetasol 0.05% cr., oint. |