

Posted 01/08/2024

Absolute Total Care Preferred Drug List (PDL) Updates – Q1 2024

Absolute Total Care routinely reviews the medications available in the Preferred Drug List (PDL). Items are sometimes added, removed, or changed. This is because of industry standards, market availability, and/or assessment of use. Below is the list of changes to the published PDL this quarter.

Effective for all members on March 1, 2024					
Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
TIOTROPIUM BROMIDE	INH	18 MCG	Non-PDL (Non-Preferred)	PDL (Preferred)	Added to PDL
ADLYXIN	INJ	20 MCG/ 0.2ML	PDL (Preferred) w/PA, QL	Non-PDL (Non-preferred)	Removed from PDL
ADLYXIN STARTER PACK	INJ	10 MCG/ 0.2ML	PDL (Preferred) w/PA, QL	Non-PDL (Non-preferred)	Removed from PDL
OLUMIANT	TAB	1 MG 2 MG 4 MG	PDL (Preferred) w/PA	Non-PDL (Non-preferred)	Removed from PDL

KEVZARA	INJ	150 MG/1.14ML 200 MG/1.1 ML	PDL (Preferred) w/PA	Non-PDL (Non-preferred)	Removed from PDL
SAXAGLIPTIN	TAB	2.5MG 5MG	Non-PDL (Non-preferred)	PDL (Preferred), w/QL	Added to PDL w/QL
SAXAGLIPTIN/ METFORMIN HCI ER	TAB	2.5MG-1000MG 5-500MG 5-1000MG	Non-PDL (Non-preferred)	PDL (Preferred) w/QL	Added to PDL w/QL
ADALIMUMAB- ADBIM	INJ	10MG/0.2ML 20MG/0.4ML 40MG/0.8ML	Non-PDL (Non-preferred)	PDL (Preferred) w/PA	Added to PDL, w/PA

For the most current program description, you may call Provider Services at 1-866-433-6041 (TTY: 711) or visit the Absolute Total Care website at absolutetotalcare.com

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit MDD= Max Daily Dosage CL=Claim Limit

Based on Q1 2024 P&T