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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 January 1, 2024					
Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
UNBRANDED INSULIN ASPART SOLN	INJ	100U/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL w/QL
UNBRANDED INSULIN ASPART SOLN CARTRIDGE	INJ	100U/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL w/QL
UNBRANDED INSULIN ASPART SOLN PEN	INJ	100U/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL w/QL
UNBRANDED INSULIN LISPRO SOLN	INJ	100U/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL w/QL
UNBRANDED INSULIN LISPRO SOLN PEN	INJ	100U/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL w/QL
UNBRANDED INSULIN DEGLUDEC	INJ	100U/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL w/QL
UNBRANDED INSULIN DEGLUDEC SOLN PEN	INJ	100U/ML 200U/ML	NON-PDL (non-preferred)	PDL (preferred)	Added to PDL w/QL

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

Based on Q4 2023 P&T

ADMELOG	INJ	100U/ML	PDL (preferred) w/QL	Non-PDL (non-preferred)	Removed from PDL
ADMELOG SOLOSTAR	INJ	100U/ML	PDL (preferred) w/QL	Non-PDL (non-preferred)	Removed from PDL
NOVOLIN R RELION	INJ	100U/ML	PDL (preferred)	Non-PDL (non-preferred)	Removed from PDL
NOVOLIN N RELION	INJ	100U/ML	PDL (preferred)	Non-PDL (non-preferred)	Removed from PDL
NOVOLIN 70/30 RELION	INJ	100U/ML	PDL (preferred)	Non-PDL (non-preferred)	Removed from PDL
NOVOLIN 70/30 FLEXPEN	INJ	100U/ML	PDL (preferred)	Non-PDL (non-preferred)	Removed from PDL
NOVOLOG 70/30 MIX FLEXPEN	INJ	100U/ML	PDL (preferred)	Non-PDL (non-preferred)	Removed from PDL
BASAGLAR KWIKPEN	INJ	100U/ML	PDL (preferred)	Non-PDL (non-preferred)	Removed from PDL
DABIGATRAN ETEXILATE	CAP	75MG 150MG	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL
DIMETHYL FUMARATE DR	CAP	120MG 240MG	PDL (preferred) w/PA	PDL (preferred)	PDL (preferred), prior authorization removed
DIMETHYL FUMARATE DR STARTER PACK	CAP	120MG 240MG	PDL (preferred) w/PA	PDL (preferred)	PDL (preferred), prior authorization removed
FINGOLIMOD HCL (MYLAN)	CAP	0.5MG	PDL (preferred) w/PA	PDL (preferred)	PDL (preferred), prior authorization removed

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Based on Q4 2023 P&T

GLATIRAMER ACETATE SOLN	INJ	20MG/ML 40MG/ML	PDL (preferred) w/PA	PDL (preferred)	PDL (preferred), prior authorization removed
TERIFLUNOM IDE	TAB	7MG 14MG	PDL (preferred) w/PA	PDL (preferred)	PDL (preferred), prior authorization removed

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.