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## Absolute Total Care Preferred Drug List (PDL) Updates – Q4 2023

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 October 1, 2023

Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
AMJEVITA SOAJ & SOSY	INJ	40 MG/0.8ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
CIMZIA KIT, PSKT, & STARTER KIT PSKT	INJ	200 MG/ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
ENBREL SOLN, SOLR & SOSY	INJ	25 MG/0.5ML 50 MG/ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
ENBREL MINI	INJ	50 MG/ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
ENBREL SURECLICK	INJ	50 MG/ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL

HUMIRA PSKT	INJ	10 MG/0.1ML 20 MG/0.2ML 40 MG/0.8ML 40 MG/0.4ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	INJ	80 MG/0.8ML; 80 MG/0.8ML & 40 MG/0.4ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
HUMIRA PEN PNKT	INJ	40 MG/0.8ML 40 MG/0.4ML 80 MG/0.8ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
HUMIRA PEN- CD/UC/HS STARTER PNKT	INJ	40 MG/0.8ML 80 MG/0.8ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
HUMIRA PEN- PEDIATRIC UC STARTER PACK PNKT	INJ	80 MG/0.8ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
HUMIRA PEN- PS/UV STARTER PNKT	INJ	40 MG/0.8ML; 80 MG/0.8ML & 40 MG/0.4ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
SIMPONI SOSY & SOAJ	INJ	50 MG/0.5ML 100 MG/ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL
SIMPONI ARIA	IV	50 MG/4ML	PDL (preferred), prior authorization required	Non-PDL (non-preferred)	Existing members will be grandfathered, drug removed from PDL

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

ADALIMUMAB- ADAZ AUTO- INJECTOR	INJ	40 MG/0.4ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required
ADALIMUMAB- ADAZ PSKT	INJ	40 MG/0.4ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required
ADALIMUMAB- FKJP AUTO- INJECTOR	INJ	40 MG/0.8ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required
ADALIMUMAB- FKJP PSKT	INJ	20 MG/0.4ML 40 MG/0.8ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required
HADLIMA	INJ	40 MG/0.4ML 40 MG/0.8ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required
HADLIMA PUSHTOUCH	INJ	40 MG/0.4ML 40 MG/0.8ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required
YUSIMRY	INJ	40 MG/0.8ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required

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](http://absolutetotalcare.com).