

## **Absolute Total Care** Preferred Drug List (PDL) Updates - Q3 2021

**Effective date: 10/01/2021** 

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

Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
BAQSIMI	INH POWDER	3mg	On PDL (preferred)	Not on PDL (non-preferred)	Existing members will not be grandfathered
GVOKE	INJ	0.5mg, 1mg	On PDL (preferred)	Not on PDL (non-preferred)	Existing members will not be grandfathered
GLUCAGEN	INJ	1mg	On PDL (preferred)	Not on PDL (non-preferred)	Existing members will not be grandfathered
COMPLERA	ТАВ	N/A	On PDL w/ ST	On PDL (preferred)	Removed Step Therapy (ST) requirement
DELSTRIGO	ТАВ	N/A	On PDL w/ ST	On PDL (preferred)	Removed Step Therapy (ST) requirement
ODEFSEY	ТАВ	N/A	On PDL w/ ST	On PDL (preferred)	Removed Step Therapy (ST) requirement
SYMTUZA	ТАВ	N/A	On PDL w/ ST (preferred)	Not on PDL (non-preferred)	All existing members will be grandfathered

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

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