Effective date: 01/01/2017

Absolute Total Care
Preferred Drug List (PDL) Updates – Q3 2016

Absolute Total Care routinely reviews the medications available on 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	Ingredients	Dosage Form	Strength	Update	Notes
Alogliptin	Alogliptin	Tablet	ALL	ADD	Add to PDL; QL = 1 tablet/day
Alogliptin/Pioglitazone	Alogliptin/Pioglitazone	Tablet	ALL	ADD	Add to PDL; QL = 1 tablet/day
Alogliptin/Metformin	Alogliptin/Metformin	Tablet	ALL	ADD	Add to PDL; QL = 1 tablet/day
Plegridy	Peginterferon beta-1a	Pen; Pre-filled syringe	ALL	ADD	Add to PDL; PA
Plegridy	Peginterferon beta-1a	Starter Kit	ALL	ADD	Add to PDL; PA
Tecfidera	Dimethyl fumarate	Capsule	ALL	ADD	Add to PDL; PA
Tecfidera	Dimethyl fumarate	Starter Kit	ALL	ADD	Add to PDL; PA
Gilenya	Fingolimod	Capsule	ALL	ADD	Add to PDL; PA
Avonex	Interferon beta-1a	Pen; Pre-filled syringe	ALL	ADD	Add to PDL; PA
Victoza	Liraglutide	Pen	ALL	ADD	Add to PDL; QL = 1.8 mg (0.3 ml)/day; PA
Nuplazid	Pimavanserin tartrate	Tablet	ALL	ADD	Add to PDL; QL = 2 tablets/day; PA

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy CL=Claim Limit

Lidocaine	Lidocaine	Cream	4%	ADD	Add to PDL; QL = 1 package/claim
Lidocaine HCL	Lidocaine HCL	Cream	4%	ADD	Add to PDL; QL = 1 package/claim
HPC	Hydroxyprogesterone caproate	Injection	250 mg/ml	ADD	Add to PDL; QL = 5 ml/30 days; AL = 16 years and older; PA
Onglyza	Saxagliptin	Tablet	ALL	REMOVE	Remove from PDL; Remove from $0 copay exemption
Kombiglyze XR	Saxagliptin/Metformin	Tablet	ALL	REMOVE	Remove from PDL; Remove from $0 copay exemption
TRUEresult	Blood Glucose Monitoring System	Meter	N/A	REMOVE	Remove from PDL
True2go	Blood Glucose Monitoring System	Meter	N/A	REMOVE	Remove from PDL
TRUEtest Test Strips – 25 count	Test strips	Strips	N/A	REMOVE	Remove from PDL
TRUEtest Test Strips – 50 count	Test strips	Strips	N/A	REMOVE	Remove from PDL
TRUEtest Test Strips – 100 count	Test strips	Strips	N/A	REMOVE	Remove from PDL
Extavia	Interferon beta-1b	Injection; Injection Kit	ALL	REMOVE	Remove from PDL
Lidocaine	Lidocaine	Ointment Kit	5%	REMOVE	Remove from PDL
Endometrin	Progesterone	Vaginal Insert	100 mg	REMOVE	Remove from PDL
Trandolapril	Trandolapril	Tablet	1mg and 2mg	CHANGE	QL = 1 tablet /day
Trandolapril	Trandolapril	Tablet	4mg	CHANGE	QL = 2 tablet /day
Nevirapine XR	Nevirapine	Tablet	100 mg	CHANGE	QL = 3 tablets/day
Lidocaine	Lidocaine	Ointment	5%	CHANGE	CL=3 claims/month
Spinosad	Spinosad	Suspension	0.9%	CHANGE	AL= 6 months and older
Tazorac	Tazarotene	Cream	ALL	CHANGE	*AL = 0 to 18 years old
Tazorac	Tazarotene	Gel	ALL	CHANGE	*AL = 0 to 18 years old
Drospirenone/Ethinyl estradiol	Drosperinone/Ethinyl estradiol	Tablet	3.0 mg/0.02 mg	CHANGE	QL = 1 tablet/day
Estrace	Estradiol	Vaginal cream	0.1 mg	CHANGE	Females only

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy CL=Claim Limit

Zovia	Ethynodiol diacetate/Ethinyl estradiol	Tablet	1 mg/50 mcg	CHANGE	Females only; QL = 1 tablet/day
Ella	Ulipristal acetate	Tablet	30 mg	CHANGE	Females only
Tradjenta	Linagliptin	Tablet	5 mg	REMOVE	Remove from PDL; Remove from $0 copay exemption
Jentadeuto	Linagliptin/Metformin	Tablet	ALL	REMOVE	Remove from PDL; Remove from $0 copay exemption
Apidra Solostar	Insulin glulisine	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humalog KwikPen	Insulin lispro (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humalog Mix 50/50 KwikPen	Insulin lispro protamine & lispro (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humalog Mix 50/50 Pen	Insulin lispro protamine & lispro (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humalog Mix 75/25 KwikPen	Insulin lispro protamine & lispro (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humalog Mix 75/25 Pen	Insulin lispro protamine & lispro (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humalog Pen	Insulin lispro (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humulin 70/30 KwikPen	Insulin isophane & regular (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humulin 70/30 Pen	Insulin isophane & regular (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humulin N KwikPen	Insulin isophane (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Humulin N Pen	Insulin isophane (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Lantus Solostar	Insulin glargine	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Levemir Flexpen	Insulin detemir	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Levemir FlexTouch	Insulin detemir	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Novolog Flexpen	Insulin detemir	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Novolog Mix 70/30 Flexpen	Insulin aspart protamine & aspart (human)	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Novolog Pen Fill	Insulin aspart	Insulin pen	100 units/ml	CHANGE	*AL = 0 to 18 years old
Omeprazole OTC	Omeprazole OTC	Tablet	20 mg	CHANGE	QL = 1 tablet/day

*PA required for any individual 19 years or older

For the most current program description you may call Member 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 ST=Step Therapy CL=Claim Limit