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## Absolute Total Care Preferred Drug List (PDL) Updates – Q1 2022

Absolute Total Care reviews the medications available in the Preferred Drug List (PDL) often. 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.

Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
Humalog Mix 50/50	Vial and pen	50/50 (100 unit/ml)	PDL (preferred)	Non-PDL (non-preferred)	Existing members will be grandfathered; remove from PDL
Humalog Mix 75/25	Vial and pen	75/25 (100 unit/ml)	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered; remove from PDL
Novolog Mix 70/30	Vial and pen	70/30 (100 unit/ml)	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered; remove from PDL
Soliqua	Pen	100/33 Unit- mcg/ml	Non-PDL (non-preferred)	PDL (preferred)	Add to PDL with Step Therapy (ST)
Asmanex HFA	Aero	100 mcg/act, 200 mcg/act, 50 mcg/act	Non-PDL (non-preferred)	PDL (preferred)	Add to PDL with QL
Betaseron	Kit	0.3 mg	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered; remove from PDL; Extavia added to PDL
Extavia	Kit	0.3 mg	Non-PDL (non-preferred)	PDL (preferred)	Add to PDL with prior authorization
FreeStyle Libre/Sensor/Monit oring system/Reader	Misc	N/A	Non-PDL (non-preferred)	PDL (preferred)	Add to PDL with prior authorization

For the more information, call Member Services at 1-866-433-6041 (TTY: 711) or visit the Absolute Total Care website at [absolutetotalcare.com](http://absolutetotalcare.com).

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