Effective date: April 1, 2014

Absolute Total Care
Preferred Drug List (PDL) Updates – Q1 2014

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

Drug Name	Ingredients	Dosage Form	Strength	UPDATE	Notes
All Controlled Substance Medications	All Class 1 – Class 5 (CI-CV)	All	All	CHANGE	CHANGE Refill Threshold to 90%
All other NON-Controlled Substance Medications	All Legend Drugs (except those CI-CV)	All	All	CHANGE	CHANGE Refill Threshold to 80%
Irbesartan-Hydrochlorothiazide	Irbesartan-Hydrochlorothiazide	Tab	150mg - 12.5mg	ADD	Add tp PDL with QL = 1/day
Irbesartan-Hydrochlorothiazide	Irbesartan-Hydrochlorothiazide	Tab	300mg - 12.5mg	ADD	Add tp PDL with QL = 1/day
Vitamin D3	cholecalciferol	Cap	5,000 U	ADD	Add to PDL with QL = 2/day
Vitamin D3	cholecalciferol	Cap	50,0000 U	ADD	Add to PDL with QL = 8/30 days
dexamethasone sodium phosphate	dexamethasone sodium phosphate	Inj	4mg/ML	ADD	Add to PDL with QL = 1 dispense/month
Combivent Respimat	albuterol/ipratropium	Aero	100mcg/20mcg	ADD	Add to PDL with QL= 4/30
Escitalopram	Escitalopram Oxalate	Tab	5MG	ADD	Add to PDL with QL= 1/day
Escitalopram	Escitalopram Oxalate	Tab	10MG	ADD	Add to PDL with QL= 1/day
Escitalopram	Escitalopram Oxalate	Tab	20MG	ADD	Add to PDL with QL= 1/day
Estradiol & Norethindrone Acetate	Estradiol & Norethindrone Acetate	Tab	0.5MG; 0.1MG	ADD	Add to PDL with QL= 1/day
Irbesartan	Irbesartan	Tab	75MG	ADD	Add to PDL with QL= 1/day
Irbesartan	Irbesartan	Tab	150MG	ADD	Add to PDL with QL= 1/day
Irbesartan	Irbesartan	Tab	300MG	ADD	Add to PDL with QL= 1/day
Trospium Chloride	TROSPIUM CHLORIDE	Tab	20mg	ADD	Add to PDL with QL = 2/day

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy POS=Point Of Sale message

Plan B, Next Choice, My Way	Levonorgestrel Tab 1.5 MG	Tab	1.5MG	CHANGE	Change QL to 1 tablet per dispense per 21 days up to a maximum of 4 fills per year AND remove the age limit
Plan B etc.	Levonorgestrel Tab 0.75 MG	Tab	0.75MG	CHANGE	Remove age limits
Quetiapine Fumarate Tab 25 MG		Tab	25MG	CHANGE	Remove ST programming
Quetiapine Fumarate Tab 50 MG		Tab	50MG	CHANGE	Remove ST programming
Quetiapine Fumarate Tab 100 MG		Tab	100MG	CHANGE	Remove ST programming
Quetiapine Fumarate Tab 200 MG		Tab	200MG	CHANGE	Remove ST programming
Quetiapine Fumarate Tab 300 MG		Tab	300MG	CHANGE	Remove ST programming
Quetiapine Fumarate Tab 400 MG		Tab	400MG	CHANGE	Remove ST programming
Olanzapine Tab 2.5 MG		Tab	2.5MG	CHANGE	Remove ST programming
Olanzapine Tab 5 MG		Tab	5MG	CHANGE	Remove ST programming
Olanzapine Tab 7.5 MG		Tab	7.5MG	CHANGE	Remove ST programming
Olanzapine Tab 10 MG		Tab	10MG	CHANGE	Remove ST programming
Olanzapine Tab 15 MG		Tab	15MG	CHANGE	Remove ST programming
Olanzapine Tab 20 MG		Tab	20MG	CHANGE	Remove ST programming
Ziprasidone HCl Cap 20 MG		Cap	20MG	CHANGE	Remove ST programming
Ziprasidone HCl Cap 40 MG		Cap	40MG	CHANGE	Remove ST programming
Ziprasidone HCl Cap 60 MG		Cap	60MG	CHANGE	Remove ST programming
Ziprasidone HCl Cap 80 MG		Cap	80MG	CHANGE	Remove ST programming
Abilify	Aripiprazole Tab 2 MG	Tab	2MG	CHANGE	Remove ST programming. Apply PA criteria guidelines.
Abilify	Aripiprazole Tab 5 MG	Tab	5MG	CHANGE	Remove ST programming. Apply PA criteria guidelines.
Abilify	Aripiprazole Tab 10 MG	Tab	10MG	CHANGE	Remove ST programming. Apply PA criteria guidelines.
Abilify	Aripiprazole Tab 15 MG	Tab	15MG	CHANGE	Remove ST programming. Apply

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					PA criteria guidelines.
Abilify	Aripiprazole Tab 20 MG	Tab	20MG	CHANGE	Remove ST programming. Apply PA criteria guidelines.
Abilify	Aripiprazole Tab 30 MG	Tab	30MG	CHANGE	Remove ST programming. Apply PA criteria guidelines.
Abilify	Aripiprazole Oral Solution 1 MG/ML	Soln	I MG/ML	CHANGE	Remove ST programming. Apply PA criteria guidelines.
Abilify ODT	Aripiprazole Orally Disintegrating Tab 10 MG	ODT	10MG	CHANGE	Remove ST programming. Apply PA criteria guidelines.
Abilify ODT	Aripiprazole Orally Disintegrating Tab 15 MG	ODT	15MG	CHANGE	Remove ST programming. Apply PA criteria guidelines.
Rimantadine Hydrochloride	Rimantadine Hydrochloride	TAB	100 MG	REMOVE	Remove from PDL. No COC applies
Prevacid Solutabs	lansoprazole	Tab	15MG	REMOVE	Remove from PDL. No COC applies. Apply POS messaging: Use First omeprazole
Prevacid Solutabs	lansoprazole	Tab	3f0MG	REMOVE	Remove from PDL. No COC applies. Apply POS messaging: Use First omeprazole
Ketoconazole	Ketoconazole	Tab	200MG	REMOVE	Remove from PDL due to safety warning

For the most current program description you may call Member Services at 1-866-433-6041 (TTY/TTD 1-866-912-3609) or visit the Absolute Total Care website at www.absolutetotalcare.com

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy POS=Point Of Sale message

Effective date: July 1, 2014

Absolute Total Care
Preferred Drug List (PDL) Updates – Q2 2014

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.

Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Fluoxetine	Fluoxetine	Capsule	40mg	ADD	Add to PDL
Mag Oxide	Magnesium Oxide	Tab	400 mg	ADD	Add to PDL
Fexofenadine	Fexofenadine	All	All	CHANGE	REMOVE Step Therapy Criteria Add to PDL

For the most current program description you may call Member Services at 1-866-433-6041 (TTY/TTD 1-866-912-3609) or visit the Absolute Total Care website at www.absolutetotalcare.com

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Effective date: September 01, 2014

ABSOLUTE TOTAL CARE TOTAL Healthy Connections

Absolute Total Care
Preferred Drug List (PDL) Updates – Q3 2014

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.

Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Spinosad	spinosad	Topical, Suspension	0.90%	Add	Add to PDL; QL
Hemangeol	propranolol	Solution	4.28mg/ml	Add	Add to PDL; infants < 2 months of age, PA
Hydrocodone/APAP Elixir	hydrocodone; acetaminophen	All	7.5mg/325mg/5ml	Add	Add to PDL; QL
Cefadroxil	cefadroxil	All	All	Add	Add to PDL
Prednisolone sodium phosphate	prednisolone sodium phosphate	Solution	1%	Add	Add to PDL; QL
Humalog (Kwik/Pen/Cartridge) Humalog Mix 75/30 (Pen) Humalog Mix 50/50 (Pen) Humulin (Regular/N) Novolog (Mix/Pen/Cartridge) Lantus Solostar Apidra Solostar	Insulin Analog	Solution	U-100	Add	Add to PDL
Sitagliptin phosphate monohydrate	Sitagliptin	Tablet		Add	Add to PDL; QL *Product not on the market yet. It will be covered once available.
Aerospan	flunisolide aerosol	Inhalation		Add	Add to PDL
Montelukast	montelukast	All	All	Change	Remove Step Edit
QVAR	beclomethasone dipropionate	Inhalation		Remove	Delete - new PDL Preferred (Aerospan)

For the most current program description you may call Member Services at 1-866-433-6041 (TTY/TTD 1-866-912-3609) or visit the Absolute Total Care website at www.absolutetotalcare.com

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy POS=Point Of Sale message

Effective date: 12/15/2014

Absolute Total Care
Preferred Drug List (PDL) Updates – Q4 2014

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.

Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Nateglinide	Nateglinide	Tablets	60mg, 120mg	Add	Add generic to PDL; QL of 3 per day
Cefdinir	Cefdinir	Caps, Susp.	300mg Cap, 125mg/5ml, 250mg/5ml	Add	Add generic to PDL; remove step therapy
Purixan	Mercaptopurine	Susp.	20mg/ml	Add	Add to PDL; AL= 8 years and under
Tudorza	Aclidinium	Inh	400mcg/actuation	Add	Add to PDL; QL=1 inhaler per month
Duloxetine	Duloxetine	Caps	20mg, 30mg, 60mg	Add	Step Therapy; AL= allow for 18 or over; QL= 1 capsule per day
Spiriva	Tiotropium	Inh	18mcg powder for inh	Remove	Remove from PDL
EpiPen & Epipen Jr.	Epinephrine	Auto-Injector	0.15mg/0.3ml (2-Pak), 0.3mg/0.3ml (2-Pak)	Change	Add QL; Max 2 fills*/365 days *1 fill= 1 box of 2 pens (2-Pak)

For the most current program description you may call Member Services at 1-866-433-6041 (TTY/TTD 1-866-912-3609) or visit the Absolute Total Care website at www.absolutetotalcare.com.

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