

Effective date: 01/01/2021



Absolute Total Care Preferred Drug List (PDL) Updates – Q4 2020

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
XARELTO (Rivaroxaban)*	Tablet	2.5, 10, 15, 20 mg	PDL	Non-PDL	Eliquis preferred
ARUNITY ELLIPTA (Fluticasone)	Inhaler	50, 100, 200 mcg	Non-PDL	PDL	Replaces Flovent Diskus and Pulmicort
QVAR REDIHALER (Beclomethasone)	Inhaler	40, 80 mcg	Non-PDL	PDL	Replaces Flovent Diskus and Pulmicort
FLOVENT DISKUS (Fluticasone)	Inhaler	50, 100, 250 mcg	PDL	Non-PDL	Replaced with Arnuity Ellipta and QVAR
PULMICORT FLEXHALER (Budesonide)	Inhaler	90, 180 mcg	PDL	Non-PDL	Replaced with Arnuity Ellipta and QVAR
Flovent HFA (Fluticasone)	Inhaler	44, 110, 220 mcg	PDL	PDL with Age Limit	Age Limit: coverage limited to 12 years and under
TRUE METRIX BLOOD GLUCOSE TEST STRIP	Test strip	n/a	PDL	Non-PDL	Replaced with One Touch Ultra Blue and Verio
TRUETRACK TEST STRIP	Test strip	n/a	PDL	Non-PDL	Replaced with One Touch Ultra Blue and Verio
ONETOUCH ULTRA BLUE TEST STRIP	Test strip	n/a	Non-PDL	PDL	Replaces True Metrix and TrueTrack
ONETOUCH VERIO TEST STRIP	Test strip	n/a	Non-PDL	PDL	Replaces True Metrix and TrueTrack

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

***Change will be effective 11/01/2020.**

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