

Effective date: 01/01/2021



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

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
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 most current program description you may call Provider Services at 1-866-433-6041 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