

Effective date: 11/01/2017

# Absolute Total Care Preferred Drug List (PDL) Updates – Q3 2017

**A**bsolute 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                                                                 |
|----------------------|---------------------------------|-----------------|----------------------------------------------------|--------|-----------------------------------------------------------------------|
| *Micardis            | Telmisartan                     | Tablet          | ALL                                                | ADD    | *Add to PDL; MDD = 1 tablet/day                                       |
| *Micardis HCT        | Telmisartan-Hydrochlorothiazide | Tablet          | ALL                                                | ADD    | *Add to PDL; MDD = 1 tablet/day                                       |
| *Accuretic           | Quinapril-Hydrochlorothiazide   | Tablet          | 10-12.5 mg                                         | ADD    | *Add to PDL; MDD = 3 tablets/day                                      |
| *Accuretic           | Quinapril-Hydrochlorothiazide   | Tablet          | 20-12.5 mg                                         | ADD    | *Add to PDL; MDD = 4 tablets/day                                      |
| *Accuretic           | Quinapril-Hydrochlorothiazide   | Tablet          | 20-25 mg                                           | ADD    | *Add to PDL; MDD = 2 tablets/day                                      |
| *Intuniv             | Guanfacine Hydrochloride ER     | Tablet          | ALL                                                | ADD    | *Add to PDL; MDD = 1 tablet/day                                       |
| *Niaspan             | Niacin ER                       | Tablet; Capsule | ALL                                                | ADD    | *Add to PDL                                                           |
| *Strattera           | Atomoxetine Hydrochloride       | Capsule         | ALL                                                | ADD    | *Add to PDL; Add ST for use after one amphetamine and methylphenidate |
| Jardiance            | Empagliflozin                   | Tablet          | ALL                                                | ADD    | Add to PDL; MDD = 1 tablet/day                                        |
| Emverm               | Mebendazole                     | Chewable Tablet | 100 mg                                             | ADD    | Add to PDL; QL = 1 tablet/claim                                       |
| Desmopressin acetate | Desmopressin acetate            | Tablet          | ALL                                                | CHANGE | MDD = 6 tablets/day                                                   |
| Advair Diskus        | Fluticasone-Salmeterol          | Powder          | ALL                                                | CHANGE | AL = 4 to 5 years old                                                 |
| Tradjenta            | Linagliptin                     | Tablet          | 5 mg                                               | ADD    | Add to PDL; PA                                                        |
| Jentadueto           | Lingaliptin-Metformin           | Tablet          | 2.5 mg/500 mg;<br>2.5 mg/850 mg;<br>2.5 mg/1000 mg | ADD    | Add to PDL; PA                                                        |

**\*Changes will be effective 09/01/2017**

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](http://absolutetotalcare.com).