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Absolute Total Care Preferred Drug List (PDL) Updates – Q2 2016



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.

Brand Name	Ingredients	Dosage Form	Strength	Update	Notes
Dextroamphetamine Sulfate	Dextroamphetamine Sulfate	Tablet	ALL	CHANGE	AL=6-18 years old
Dextroamphetamine Sulfate SR 24 HR	Dextroamphetamine Sulfate SR 24 HR	Capsule	ALL	CHANGE	AL=6-18 years old
Amphetamine-Dextroamphetamine	Amphetamine-Dextroamphetamine	Tablet	ALL	CHANGE	AL=3-18 years old
Amphetamine-Dextroamphetamine SR 24 HR	Amphetamine-Dextroamphetamine SR 24 HR	Capsule	ALL	CHANGE	AL=6-18 years old
Dexmethylphenidate	Dexmethylphenidate	Tablet	ALL	CHANGE	AL=6-18 years old
Methylphenidate HCl Cap CR (CD)	Methylphenidate HCl Cap CR	Capsule	ALL	CHANGE	AL=6-18 years old
Methylphenidate HCl	Methylphenidate HCl	Tablet	ALL	CHANGE	AL=3-18 years old
Methylphenidate HCl Tab CR	Methylphenidate HCl Tab CR	Tablet	ALL	CHANGE	AL=6-18 years old
Methylphenidate HCl SA OSM	Methylphenidate HCl SA OSM	Tablet	ALL	CHANGE	AL=6-18 years old
Advair Diskus	Fluticasone propionate/salmeterol xinafoate	Inhalation powder	ALL	CHANGE	AL=4-11 years old; Remove \$0 copay exemption
Isentress	Raltegravir	Chewable tablet	25 mg	ADD	Add to PDL; QL=12 tablets/day
Isentress	Raltegravir	Chewable tablet	100 mg	ADD	Add to PDL; QL=6 tablets/day
Isentress	Raltegravir	Suspension	100 mg	ADD	Add to PDL; QL=2 packets/day

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

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Nevirapine XR	Nevirapine	Tablet	100 mg	ADD	Add to PDL; QL=1 tablet per day
Reyataz	Atazanavir	Suspension	50 mg	ADD	Add to PDL; QL=6 packets/day
Prezista	Darunavir	Suspension	100 mg	ADD	Add to PDL; QL=12 mL/day
Evotaz	Atazanavir/Cobicistat	Tablet	300mg/150mg	ADD	Add to PDL; QL=1 tablet/day
Tybost	Cobicistat	Tablet	150 mg	ADD	Add to PDL; QL=1 tablet/day
Xulane	Norelgestromin-ethinyl estradiol	Patch	150-35 mcg	ADD	Add to PDL; QL=1 packet/30 days; Females ONLY
Descovy	Emtricitabine/tenofovir alafenamide	Tablet	200mg/25mg	ADD	Add to PDL; QL=1 tablet/day
Makena	Hydroxyprogesterone caproate	Injection	250 mg/mL	ADD	Add to PDL; PA
Cortane-B Aqueous Otic	Hydrocortisone/chloroxylenol/ pramoxine hydrochloride	Solution	0.1%/1%/1%	REMOVE	Remove from PDL
Reyataz	Atazanavir	Capsule	100 mg	REMOVE	Remove from PDL
Prezista	Darunavir	Tablet	400 mg	REMOVE	Remove from PDL
Norelgestromin- ethinyl estradiol	Norelgestromin-ethinyl estradiol	Patch	150-20 mcg	REMOVE	Remove from PDL
Levemir	Insulin detemir	Pen; Vial	100 units/mL	REMOVE	Remove from PDL; Remove copay exemption
Advair HFA	Fluticasone propionate/salmeterol xinafoate	Inhalation powder	ALL	REMOVE	Remove from PDL; Remove \$0 copay exemption
Breo Ellipta	Fluticasone furoate/vilanterol	Inhalation powder	100-25 mcg	REMOVE	Remove from PDL; Remove copay exemption
Acyclovir	Acyclovir	Tablet	400 mg	CHANGE	QL=3 tablets/day
Valacyclovir	Valacyclovir	Tablet	500 mg	CHANGE	QL=60 tablets/30 days

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Desmopressin	Desmopressin	Nasal Spray; Nasal Solution	10 mcg/0.1 mL	REMOVE	Remove PA
Valsartan	Valsartan	Tablet	ALL	REMOVE	Remove ST
Valsartan HCTZ	Valsartan HCTZ	Tablet	ALL	REMOVE	Remove ST
Omeprazole DR	Omeprazole DR	Capsule	ALL	CHANGE	QL=1 capsule/day
Celecoxib	Celecoxib	Capsule	50 mg; 100 mg; 200 mg	CHANGE	QL=2 capsules/day
Venlafaxine SR	Venlafaxine SR	Capsule	ALL	CHANGE	QL=1 capsule/day
Latuda	Lurasidone	Tablet	20 mg; 40 mg; 60 mg; 120 mg	CHANGE	QL=1 tablet/day
Latuda	Lurasidone	Tablet	80 mg	CHANGE	QL=2 tablets/day
Amphetamine- Dextroamphetamine SR	Amphetamine- Dextroamphetamine SR	Capsule	20 mg	CHANGE	QL=1 capsule/day
Lamotrigine SR	Lamotrigine SR	Tablet	ALL	CHANGEs	QL=1 tablet/day
Dexmethylphenidate SR	Dexmethylphenidate SR	Capsule	ALL	CHANGE	QL=1 capsule/day
Focalin XR	Dexmethylphenidate SR	Capsule	25 mg; 35 mg	CHANGE	QL=1 capsule/day
Seroquel XR	Quetiapine fumarate SR	Tablet	ALL	CHANGE	QL=1 tablet/day
Northera	Droxidopa	Capsule	100 mg; 200 mg	CHANGE	Max Days Supply=14 days/365 days; QL=3 capsules/day
Northera	Droxidopa	Capsule	300 mg	CHANGE	Max Days Supply=14 days/365 days; QL=6 capsules/day

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 www.absolutetotalcare.com