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## Absolute Total Care Preferred Drug List (PDL) Updates – Q2 2023

Absolute Total Care routinely reviews the medications available in the Preferred Drug List (PDL). 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.

Effective for all members on March 1, 2023					
Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
ADLYXIN	INJ	20 MCG/0.2ML, 10 MCG/0.2ML	Non-PDL (non- preferred)	PDL (preferred)	Added to PDL, prior authorization required
FASENRA	INJ	30 MG/ML	PDL (preferred)	Non-PDL (non- preferred)	Existing members will not be grandfathered, removed from PDL
HEMANGEOL	SOLN	4.28 MG/ML	PDL (preferred)	Non-PDL (non- preferred)	Existing members will not be grandfathered, removed from PDL
MVASI	INJ	100 MG/4ML, 400 MG/16ML	Non-PDL (non- preferred)	PDL (preferred)	Added to PDL, prior authorization required
PROMETHAZINE BULK POWDER	POWD	N/A	PDL (preferred)	Non-PDL (non- preferred)	Existing members will be grandfathered, removed from PDL
ROFLUMILAST	TAB	250 MCG, 500 MCG	Non-PDL (non- preferred)	PDL (preferred)	Added to PDL, QL (1/day)
TRULICITY	INJ	4.5 MG/0.5ML, 3 MG/0.5ML, 1.5 MG/0.5ML, 0.75 MG/0.5ML	Non-PDL (non- preferred)	PDL (preferred)	Added to PDL, prior authorization required

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

VUMERITY	CAP	231 MG	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered, removed from PDL
ZIEXTENZO	INJ	6 MG/0.6ML	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered, removed from PDL
ZOMACTON	INJ	10 MG	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered, removed from PDL
ISOPTO ATROPINE	SOLN	1%	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered, removed from PDL
ACCURETIC	TAB	10-12.5 MG	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered, removed from PDL
SOAANZ	TAB	20 MG	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered, removed from PDL

For the most current program description, you may call Provider Services at 1-866-433-6041 (TTY: 711) or visit the Absolute Total Care website at [absolutetotalcare.com](http://absolutetotalcare.com).