

Posted 8/30/2022

Absolute Total Care Preferred Drug List (PDL) Updates – Q3 2022

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 OCTOBER 1, 2022					
Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
ANDRODERM TD Patch	PATCH	2MG/24HR	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered, remove from PDL
ANDRODERM TD Patch	PATCH	4MG/24HR	PDL (preferred)	Non-PDL (non-preferred)	Existing members will not be grandfathered, remove from PDL
TESTOSTERONE CYPIONATE	INJ	100 MG/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, QL (0.2858 ml/day)
TESTOSTERONE ENANTHATE	INJ	200 MG/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, QL (0.1429 ml/day)
ORILISSA	TAB	150 MG	PDL (preferred), with prior authorization	Non-PDL (non-preferred)	Existing members will be grandfathered with prior authorization, remove from PDL
ORILISSA	TAB	200 MG	PDL (preferred), with prior authorization	Non-PDL (non-preferred)	Existing members will be grandfathered with prior authorization, remove from PDL
CEFIXIME	CAP	400 MG	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL

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

Effective for all members on October 1, 2022					
Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
AUSTEDO	TAB	6 MG	PDL (preferred)	Non-PDL (non-preferred)	Existing members will be grandfathered, removed from PDL
AUSTEDO	TAB	9 MG	PDL (preferred)	Non-PDL (non-preferred)	Existing members will be grandfathered, removed from PDL
AUSTEDO	TAB	12 MG	PDL (preferred)	Non-PDL (non-preferred)	Existing members will be grandfathered, removed from PDL
TETRABENAZINE	TAB	12.5 MG	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required
TETRABENAZINE	TAB	25 MG	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, prior authorization required
INSULIN GLARGINE-yfgn	INJ	100 Unit/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, QL (1ml/day)
INSULIN GLARGINE-yfgn Soln Pen-Injector	INJ	100 Unit/ML	Non-PDL (non-preferred)	PDL (preferred)	Added to PDL, QL (1ml/day)

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.