



Posted 5/31/2024

Absolute Total Care Comprehensive Drug List (CDL) Updates – Q3 2024

Absolute Total Care (ATC) is required to align to the SCDHHS Single PDL effective July 1, 2024. Below is the list of changes to ATC’s published CDL this quarter. These changes are due to the move to the SCDHHS Single PDL.

Effective for all members on July 1, 2024					
Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes
ACETAMINOPHEN/ CODEINE	SOLN	120-12 MG/5ML	Covered	Not Covered	Removed from CDL
ACYCLOVIR	CREAM, OINT	Cream 5%, Ointment 5%	Covered	Not Covered	Removed from CDL
ADALIMUMAB-ADBIM	AUTO- INJECTOR, PEN KIT	40 MG/0.8ML, 10 MG/0.2ML, 20 MG/0.4ML	Covered w/criteria	Not Covered	Removed from CDL
ALBUTEROL SULFATE ER	TB12	4 MG, 8 MG	Covered	Not Covered	Removed from CDL
ALBUTEROL SULFATE HFA	AERS	108 MCG/ACT (90MCG Base Equiv)	Covered	Not Covered	Removed from CDL
ALENDRONATE SODIUM	SOLN	70 MG/75ML	Covered	Not Covered	Removed from CDL
AMPHETAMINE/ DEXTRAMPHETAMINE SR	CP24	5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Covered	Not Covered	Removed from CDL
AVITA (tretinoin)	CREAM	0.025%	Covered	Not Covered	Removed from CDL
BETAMETHASONE VALERATE	OINT	0.1%	Covered	Not Covered	Removed from CDL
BRINZOLAMIDE	OPHTH SUSP	1%	Covered	Not Covered	Removed from CDL

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BUDESONIDE/ FORMOTEROL FUMARATE DIHYDRATE	AERO	80-4.5 MCG/ACT, 160- 4.5 MCG/ACT	Covered	Not Covered	Removed from CDL
BUPRENORPHINE HYDROCHLORIDE/ NALOXONE HYDROCHLORIDE	SL FILM	2-0.5 MG, 4-1 MG, 8-2 MG, 12-3 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
BYDUREON BCISE	AUTO- INJECTOR	2 MG/0.85ML	Covered w/criteria	Not Covered	Removed from CDL
BYETTA	SOPN	5 MCG/0.02ML, 10 MCG/0.04ML	Covered w/criteria	Not Covered	Removed from CDL
CANDESARTAN CILEXETIL	TABS	4 MG, 8 MG, 16 MG, 32 MG	Covered	Not Covered	Removed from CDL
CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE	TABS	16-12.5 MG, 32-12.5 MG, 32-25 MG	Covered	Not Covered	Removed from CDL
CAPTOPRIL/ HYDROCHLOROTHIAZIDE	TABS	25-15 MG, 25-25 MG, 50-15 MG, 50-25 MG	Covered	Not Covered	Removed from CDL
CARBAMAZEPINE	SUSP	100 MG/5ML	Covered	Not Covered	Removed from CDL
CARBAMAZEPINE ER	TB12	100 MG, 200 MG, 400 MG	Covered	Not Covered	Removed from CDL
CARVEDILOL PHOSPHATE ER	CP24	10 MG, 20 MG, 40 MG, 80 MG	Covered	Not Covered	Removed from CDL
CEFADROXIL	CAPS	500 MG	Covered	Not Covered	Removed from CDL
CILOXAN	OPHTH OINT	0.3%	Covered	Not Covered	Removed from CDL
CIMETIDINE	TABS	200 MG, 300 MG, 400 MG, 800 MG	Covered	Not Covered	Removed from CDL
CLARITHROMYCIN ER	TB24	500 MG	Covered	Not Covered	Removed from CDL
CLINDAMYCIN PHOSPHATE	GEL, LOTION	1%	Covered	Not Covered	Removed from CDL

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COMPRO	SUPP	25 MG	Covered	Not Covered	Removed from CDL
CROTAN	LOTN	10%	Covered	Not Covered	Removed from CDL
DESOXIMETASONE	CREA	0.25%	Covered	Not Covered	Removed from CDL
DEXLANSOPRAZOLE	CPDR	30 MG, 60 MG	Covered	Not Covered	Removed from CDL
DICLOFENAC POTASSIUM	TABS	50 MG	Covered	Not Covered	Removed from CDL
DIFLUNISAL	TABS	500 MG	Covered	Not Covered	Removed from CDL
DILANTIN	CAPS	30 MG	Covered	Not Covered	Removed from CDL
DIMETHYL FUMARATE	CPDR	120 MG, 240 MG	Covered	Covered with criteria	Criteria added
DIPYRIDAMOLE	TABS	25 MG, 50 MG, 75 MG	Covered	Not Covered	Removed from CDL
DOXYCYCLINE MONOHYDRATE	TABS	50 MG	Covered w/criteria	Not Covered	Removed from CDL
ELETRIPTAN HYDROBROMIDE	TABS	20 MG, 40 MG (Base Equivalent)	Covered	Not Covered	Removed from CDL
EPINEPHRINE	AUTO-INJECTOR	0.15 MG/0.3ML (1:2000), 0.3 MG/0.3ML (1:1000)	Covered	Not Covered	Removed from CDL
ERYTHROMYCIN	TABS	250 MG, 500 MG	Covered	Not Covered	Removed from CDL
ETODOLAC	TABS	400 MG	Covered	Not Covered	Removed from CDL
EXTAVIA	KIT	0.3 MG	Covered w/criteria	Not Covered	Removed from CDL
FAMCICLOVIR	TABS	125 MG, 250 MG, 500 MG	Covered	Not Covered	Removed from CDL
FENOFIBRATE	TABS	54 MG, 160 MG	Covered	Not Covered	Removed from CDL

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FLAVOXATE HCL	TABS	100 MG	Covered	Not Covered	Removed from CDL
FLUOCINONIDE	OINT	0.05%	Covered	Not Covered	Removed from CDL
FLURBIPROFEN	TABS	100 MG	Covered	Not Covered	Removed from CDL
FLUTICASONE PROPIONATE	CREAM, OINT	Cream 0.05%, Oint 0.005%	Covered	Not Covered	Removed from CDL
FLUTICASONE PROPIONATE/ SALMETEROL	AEPB	100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Covered	Not Covered	Removed from CDL
GALANTAMINE HYDROBROMIDE	TABS, SOLN	Tab 4 MG, Oral Soln 4 MG/ML	Covered	Not Covered	Removed from CDL
GILENYA	CAPS	0.5 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
GLATIRAMER ACETATE	SOSY	20 MG/ML, 40 MG/ML	Covered	Not Covered	Removed from CDL
GLIPIZIDE/METFORMIN HYDROCHLORIDE	TABS	2.5-250 MG, 2.5-500 MG, 5-500 MG	Covered	Not Covered	Removed from CDL
GRISEOFULVIN MICROSIZED	TABS	500 MG	Covered	Not Covered	Removed from CDL
HUMULIN N	SUSP	100 Unit/ML	Covered	Not Covered	Removed from CDL
HUMULIN N KWIKPEN	SUPN	100 Unit/ML	Covered	Not Covered	Removed from CDL
IOPIDINE	SOLN	1% (Base Equivalent)	Covered	Not Covered	Removed from CDL
IPRATROPIUM BROMIDE	SOLN	0.02%	Covered	Not Covered	Removed from CDL
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	0.5-2.5(3) MG/3ML	Covered	Not Covered	Removed from CDL
KETOPROFEN ER	CP24	200 MG	Covered	Not Covered	Removed from CDL

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LANSOPRAZOLE	CPDR	30 MG	Covered	Not Covered	Removed from CDL
LEVALBUTEROL TARTRATE HFA	AERO	45 MCG/ACT (Base Equiv)	Covered	Not Covered	Removed from CDL
LISDEXAMFETAMINE DIMESYLATE	CAPS	10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Covered	Not Covered	Removed from CDL
MECLIZINE HCL	TABS	12.5 MG, 25 MG	Covered	Not Covered	Removed from CDL
MEMANTINE HCL TITRATION PAK	TABS	5 MG (28) & 10 MG (21) Titration Pak	Covered	Not Covered	Removed from CDL
MESALAMINE DR	TBEC	1.2 GM, 400 MG	Covered	Not Covered	Removed from CDL
MESALAMINE ER	CP24	0.375 GM	Covered	Not Covered	Removed from CDL
METHYLPHENIDATE HYDROCHLORIDE ER	TBCR	27 MG, 36 MG, 54 MG	Covered	Not Covered	Removed from CDL
METOPROLOL/ HYDROCHLOROTHIAZIDE	TABS	50-25 MG, 100-25 MG, 100-50 MG	Covered	Not Covered	Removed from CDL
MORPHINE SULFATE	SOLN	10 MG/5ML	Covered	Not Covered	Removed from CDL
MOXIFLOXACIN HYDROCHLORIDE	SOLN	0.5% (Base Equiv)	Covered	Not Covered	Removed from CDL
NALOXONE HYDROCHLORIDE	LIQD NASAL SPRAY	4 MG/0.1ML	Covered	Not Covered	Removed from CDL
NARATRIPTAN HCL	TABS	1 MG, 2.5 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
NEOMYCIN SULFATE	TABS	500 MG	Covered	Not Covered	Removed from CDL
NIFEDIPINE	CAPS	10 MG, 20 MG	Covered	Not Covered	Removed from CDL
NOVOLIN 70/30	SUSP	100 Unit/ML (70-30)	Covered	Not Covered	Removed from CDL
NOVOLIN 70/30 FLEXPEN	SUPN	100 Unit/ML (70-30)	Covered	Not Covered	Removed from CDL
NOVOLIN R	SOLN	100 Unit/ML	Covered	Not Covered	Removed from CDL

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NYSTATIN	TABS	500000 Unit	Covered	Not Covered	Removed from CDL
OLMESARTAN MEDOXOMIL/ AMLODIPINE/ HYDROCHLOROTHIAZIDE	TABS	20-5-12.5 MG, 40-5-12.5 MG, 40-5-25 MG, 40-10-12.5 MG, 40-10-25 MG	Covered	Not Covered	Removed from CDL
OXAPROZIN	TABS	600 MG	Covered	Not Covered	Removed from CDL
OXCARBAZEPINE	SUSP	300 MG/5ML (60 MG/ML)	Covered	Not Covered	Removed from CDL
PIMECROLIMUS	CREA	1%	Covered w/criteria	Not Covered	Removed from CDL
PINDOLOL	TABS	5 MG, 10 MG	Covered	Not Covered	Removed from CDL
PODOFILOX	SOLN	0.5%	Covered	Not Covered	Removed from CDL
PREDNISONE INTENSOL	CONC	5 MG/ML	Covered	Not Covered	Removed from CDL
PREVALITE	PACK	4 GM	Covered	Not Covered	Removed from CDL
RALOXIFENE HYDROCHLORIDE	TABS	60 MG	Covered	Not Covered	Removed from CDL
RISEDRONATE SODIUM	TABS	5 MG, 30 MG, 35 MG	Covered w/criteria	Not Covered	Removed from CDL
RIVASTIGMINE TRANSDERMALSYSTEM	PT24	4.6 MG/24HR, 9.5 MG/24HR	Covered w/criteria	Not Covered	Removed from CDL
ROFLUMILAST	TABS	500 MCG	Covered	Not Covered	Removed from CDL
SAVELLA	TABS	12.5 MG, 25 MG, 50 MG, 100 MG	Covered w/criteria	Not Covered	Removed from CDL
SAVELLA TITRATION PACK	MISC	12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	Covered	Not Covered	Removed from CDL
SAXAGLIPTIN HYDROCHLORIDE	TABS	2.5 MG, 5 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
SAXAGLIPTIN HYDROCHLORIDE/ METFORMIN	TB24	2.5-1000 MG, 5-500 MG, 5-1000 MG	Covered	Not Covered	Removed from CDL

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HYDROCHLORIDE ER					
SEGLUOMET	TABS	2.5-500 MG, 2.5-1000 MG, 7.5-500 MG, 7.5-1000 MG	Covered	Not Covered	Removed from CDL
SFROWASA	ENEMA	4 GM/60ML	Covered	Not Covered	Removed from CDL
SILIQ	SOSY	210 MG/1.5ML	Covered w/criteria	Not Covered	Removed from CDL
SOLIQUA 100/33	SOPN	100-33 Unit-MCG/ML	Covered w/criteria	Not Covered	Removed from CDL
STEGLATRO	TABS	5 MG, 15 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
SUMATRIPTAN	SOLN	5 MG/ACT, 20 MG/ACT	Covered	Not Covered	Removed from CDL
TACROLIMUS	OINT	0.03%, 0.1%	Covered w/criteria	Not Covered	Removed from CDL
TALTZ	AUTO-INJECTOR, SYRINGE	80 MG/ML	Covered w/criteria	Not Covered	Removed from CDL
TAZAROTENE	CREAM, GEL	Cream 0.1%, Gel 0.05%, Gel 0.1%	Covered	Not Covered	Removed from CDL
TELMISARTAN/ AMLODIPINE	TABS	40-5 MG, 40-10 MG, 80-5 MG, 80-10 MG	Covered	Not Covered	Removed from CDL
TERBUTALINE SULFATE	TABS	2.5 MG, 5 MG	Covered	Not Covered	Removed from CDL
TERIFLUNOMIDE	TABS	7 MG, 14 MG	Covered	Not Covered	Removed from CDL
TIAGABINE HYDROCHLORIDE	TABS	2 MG, 4 MG, 12 MG, 16 MG	Covered	Not Covered	Removed from CDL
TIMOLOL MALEATE	TABS	5 MG, 10 MG, 20 MG	Covered	Not Covered	Removed from CDL
TOBEX	OINT	0.3%	Covered	Not Covered	Removed from CDL
TOLTERODINE TARTRATE	TABS	1 MG, 2 MG	Covered	Not Covered	Removed from CDL

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TOLTERODINE TARTRATE ER	CP24	2 MG, 4 MG	Covered	Not Covered	Removed from CDL
TRANLYCYPROMINE SULFATE	TABS	10 MG	Covered	Not Covered	Removed from CDL
TRETINOIN	CREAM, GEL	Cream 0.05%, Cream 0.1%, Gel 0.01%, Gel 0.025%	Covered	Not Covered	Removed from CDL
TRIAZOLAM	TABS	0.125 MG, 0.25 MG	Covered	Not Covered	Removed from CDL
TROSPIUM CHLORIDE	TABS	20 MG	Covered	Not Covered	Removed from CDL
TUDORZA PRESSAIR	AEPB	400 MCG/ACT	Covered	Not Covered	Removed from CDL
VALSARTAN	TABS	40 MG, 80 MG, 160 MG, 320 MG	Covered	Not Covered	Removed from CDL
VARENICLINE STARTING MONTH BOX	TBPK	11 x 0.5 MG & 42 x 1 MG Start Pack	Covered	Not Covered	Removed from CDL
VARENICLINE TARTRATE	TABS	0.5 MG, 1 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
VENLAFAXINE HYDROCHLORIDE ER	TB24	75 MG, 150 MG, 225 MG (Base Equivalent)	Covered	Not Covered	Removed from CDL
XELJANZ	TABS	5 MG, 10 MG (Base Equivalent)	Covered w/criteria	Not Covered	Removed from CDL
XELJANZ XR	TB24	11 MG, 22 MG (Base Equivalent)	Covered w/criteria	Not Covered	Removed from CDL
ZALEPLON	CAPS	5 MG, 10 MG	Covered	Not Covered	Removed from CDL

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

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