

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/		120-12		Not	Removed	
CODEINE	SOLN	MG/5ML	Covered	Covered	from CDL	
	CREAM,	Cream 5%,		Not	Removed	
ACYCLOVIR	OINT	Ointment 5%	Covered	Covered	from CDL	
	AUTO-	40 MG/0.8ML,				
	INJECTOR,	10 MG/0.2ML,	Covered	Not	Removed	
ADALIMUMAB-ADBM	PEN KIT	20 MG/0.4ML	w/criteria	Covered	from CDL	
				Not	Removed	
ALBUTEROL SULFATE ER	TB12	4 MG, 8 MG	Covered	Covered	from CDL	
		108 MCG/ACT				
		(90MCG Base		Not	Removed	
ALBUTEROL SULFATE HFA	AERS	Equiv)	Covered	Covered	from CDL	
				Not	Removed	
ALENDRONATE SODIUM	SOLN	70 MG/75ML	Covered	Covered	from CDL	
		5 MG, 10 MG,				
AMPHETAMINE/		15 MG, 20 MG,		Not	Removed	
DEXTROAMPHETAMINE SR	CP24	25 MG, 30 MG	Covered	Covered	from CDL	
				Not	Removed	
AVITA (tretinoin)	CREAM	0.025%	Covered	Covered	from CDL	
BETAMETHASONE				Not	Removed	
VALERATE	OINT	0.1%	Covered	Covered	from CDL	
	OPHTH			Not	Removed	
BRINZOLAMIDE	SUSP	1%	Covered	Covered	from CDL	

AERO	MCG/ACT, 160-		Not	Dame :
AERO			INOL	Removed
	4.5 MCG/ACT	Covered	Covered	from CDL
	2-0.5 MG,			
	4-1 MG,			
	8-2 MG,			
	12-3 MG (Base		Not	Removed
SL FILM	Equiv)	Covered	Covered	from CDL
AUTO-		Covered	Not	Removed
NJECTOR	2 MG/0.85ML	w/criteria	Covered	from CDL
	5 MCG/0.02ML,			
	10	Covered	Not	Removed
SOPN	MCG/0.04ML	w/criteria	Covered	from CDL
	4 MG, 8 MG,		Not	Removed
TABS	16 MG, 32 MG	Covered	Covered	from CDL
	16-12.5 MG,			
	32-12.5 MG,		Not	Removed
TABS	32-25 MG	Covered	Covered	from CDL
	25-15 MG,			
	25-25 MG,			
	50-15 MG,		Not	Removed
TABS	50-25 MG	Covered	Covered	from CDL
			Not	Removed
SUSP	100 MG/5ML	Covered	Covered	from CDL
	100 MG,			
	200 MG,		Not	Removed
TB12	400 MG	Covered	Covered	from CDL
	10 MG, 20 MG,		Not	Removed
CP24	40 MG, 80 MG	Covered	Covered	from CDL
			Not	Removed
CAPS	500 MG	Covered	Covered	from CDL
OPHTH			Not	Removed
OINT	0.3%	Covered	Covered	from CDL
	400 MG,		Not	Removed
TABS	800 MG	Covered	Covered	from CDL
			Not	Removed
TB24	500 MG	Covered	Covered	from CDL
				Removed
	1%	Covered	I	from CDL
	AUTO-NJECTOR SOPN TABS TABS TABS SUSP TB12 CP24 CAPS OPHTH OINT	8-2 MG, 12-3 MG (Base Equiv) AUTO- NJECTOR 2 MG/0.85ML 5 MCG/0.02ML, 10 SOPN MCG/0.04ML 4 MG, 8 MG, 16 MG, 32 MG 16-12.5 MG, 32-12.5 MG, 32-12.5 MG, 25-15 MG, 25-25 MG, 50-15 MG, 50-15 MG, 50-15 MG, TABS 50-25 MG SUSP 100 MG/5ML 100 MG, 200 MG, 400 MG CP24 400 MG CAPS 500 MG CAPS 500 MG OPHTH OINT 0.3% COPHTH OINT 0.3% 200 MG, 300 MG, 400 MG, 300 MG, 400 MG, 300 MG, 400 MG, 800 MG TB24 500 MG TB24 500 MG	S-2 MG, 12-3 MG (Base Equiv) Covered	S-2 MG, 12-3 MG (Base SL FILM Equiv) Covered Covered Covered AUTO-NJECTOR 2 MG/0.85ML w/criteria Covered Not MCG/0.02ML, 10 Covered Covered Covered Not MCG/0.04ML w/criteria Covered Covered A MG, 8 MG, Not Covered Covered

				Not	Removed
COMPRO	SUPP	25 MG	Covered	Covered	from CDL
		200	0010100	Not	Removed
CROTAN	LOTN	10%	Covered	Covered	from CDL
				Not	Removed
DESOXIMETASONE	CREA	0.25%	Covered	Covered	from CDL
				Not	Removed
DEXLANSOPRAZOLE	CPDR	30 MG, 60 MG	Covered	Covered	from CDL
				Not	Removed
DICLOFENAC POTASSIUM	TABS	50 MG	Covered	Covered	from CDL
				Not	Removed
DIFLUNISAL	TABS	500 MG	Covered	Covered	from CDL
				Not	Removed
DILANTIN	CAPS	30 MG	Covered	Covered	from CDL
				Covered	
		120 MG,		with	Criteria
DIMETHYL FUMARATE	CPDR	240 MG	Covered	criteria	added
	_	25 MG, 50 MG,		Not	Removed
DIPYRIDAMOLE	TABS	75 MG	Covered	Covered	from CDL
DOXYCYCLINE			Covered	Not	Removed
MONOHYDRATE	TABS	50 MG	w/criteria	Covered	from CDL
		20 MG, 40 MG			
ELETRIPTAN	TARC	(Base	Covered	Not	Removed
HYDROBROMIDE	TABS	Equivalent) 0.15 MG/0.3ML	Covered	Covered	from CDL
		(1:2000),			
	AUTO-	0.3 MG/0.3ML		Not	Removed
EPINEPHRINE	INJECTOR	(1:1000)	Covered	Covered	from CDL
2		250 MG,		Not	Removed
ERYTHROMYCIN	TABS	500 MG	Covered	Covered	from CDL
				Not	Removed
ETODOLAC	TABS	400 MG	Covered	Covered	from CDL
			Covered	Not	Removed
EXTAVIA	KIT	0.3 MG	w/criteria	Covered	from CDL
		125 MG,			
		250 MG,		Not	Removed
FAMCICLOVIR	TABS	500 MG	Covered	Covered	from CDL
				Not	Removed
FENOFIBRATE	TABS	54 MG, 160 MG	Covered	Covered	from CDL

				Not	Removed
FLAVOXATE HCL	TABS	100 MG	Covered	Covered	from CDL
				Not	Removed
FLUOCINONIDE	OINT	0.05%	Covered	Covered	from CDL
				Not	Removed
FLURBIPROFEN	TABS	100 MG	Covered	Covered	from CDL
	CREAM,	Cream 0.05%,		Not	Removed
FLUTICASONE PROPIONATE	OINT	Oint 0.005%	Covered	Covered	from CDL
		100-50			
		MCG/DOSE,			
		250-50			
FLUTICASONE		MCG/DOSE,			_
PROPIONATE/		500-50		Not	Removed
SALMETEROL	AEPB	MCG/DOSE	Covered	Covered	from CDL
CALANITARAINE		Tab 4 MG,		NI - I	Dame
GALANTAMINE	TARC COLN	Oral Soln 4	Carranad	Not	Removed
HYDROBROMIDE	TABS, SOLN	MG/ML	Covered	Covered	from CDL
CHENIVA	CADC	0.5 MG (Base	Carranad	Not	Removed
GILENYA	CAPS	Equiv)	Covered	Covered	from CDL
CLATIDANAED ACETATE	COCV	20 MG/ML,	Covered	Not	Removed
GLATIRAMER ACETATE	SOSY	40 MG/ML 2.5-250 MG,	Covered	Covered	from CDL
GLIPIZIDE/METFORMIN		2.5-250 MG, 2.5-500 MG,		Not	Removed
HYDROCHLORIDE	TABS	5-500 MG,	Covered	Covered	from CDL
TIT DITO CITE ON IDE	17.03	3 300 1410	Covered	Not	Removed
GRISEOFULVIN MICROSIZE	TABS	500 MG	Covered	Covered	from CDL
GIUSESI SEVIIVIVII IVII ENGSIZE	17.03	300 1110	Covered	Not	Removed
HUMULIN N	SUSP	100 Unit/ML	Covered	Covered	from CDL
			2210.00	Not	Removed
HUMULIN N KWIKPEN	SUPN	100 Unit/ML	Covered	Covered	from CDL
		1% (Base		Not	Removed
IOPIDINE	SOLN	Equivalent)	Covered	Covered	from CDL
		,		Not	Removed
IPRATROPIUM BROMIDE	SOLN	0.02%	Covered	Covered	from CDL
IPRATROPIUM					
BROMIDE/ALBUTEROL		0.5-2.5(3)		Not	Removed
SULFATE	SOLN	MG/3ML	Covered	Covered	from CDL
				Not	Removed
KETOPROFEN ER	CP24	200 MG	Covered	Covered	from CDL

				Not	Domoved
LANSOPRAZOLE	CPDR	30 MG	Covered	Not Covered	Removed from CDL
LEVALBUTEROL TARTRATE	CLDIK	45 MCG/ACT	COVERCU	Not	Removed
HFA	AERO	(Base Equiv)	Covered	Covered	from CDL
1117	ALKO	10 MG, 20 MG,	Covered	Covered	HOM CDE
		30 MG, 40 MG,			
LISDEXAMFETAMINE		50 MG, 60 MG,		Not	Removed
DIMESYLATE	CAPS	70 MG	Covered	Covered	from CDL
		12.5 MG,		Not	Removed
MECLIZINE HCL	TABS	25 MG	Covered	Covered	from CDL
		5 MG (28) &			
MEMANTINE HCL		10 MG (21)		Not	Removed
TITRATION PAK	TABS	Titration Pak	Covered	Covered	from CDL
		1.2 GM,		Not	Removed
MESALAMINE DR	TBEC	400 MG	Covered	Covered	from CDL
				Not	Removed
MESALAMINE ER	CP24	0.375 GM	Covered	Covered	from CDL
METHYLPHENIDATE		27 MG, 36 MG,		Not	Removed
HYDROCHLORIDE ER	TBCR	54 MG	Covered	Covered	from CDL
		50-25 MG,			
METOPROLOL/		100-25 MG,		Not	Removed
HYDROCHLOROTHIAZIDE	TABS	100-50 MG	Covered	Covered	from CDL
				Not	Removed
MORPHINE SULFATE	SOLN	10 MG/5ML	Covered	Covered	from CDL
MOXIFLOXACIN		0.5% (Base		Not	Removed
HYDROCHLORIDE	SOLN	Equiv)	Covered	Covered	from CDL
NALOXONE	LIQD NASAL			Not	Removed
HYDROCHLORIDE	SPRAY	4 MG/0.1ML	Covered	Covered	from CDL
		1 MG, 2.5 MG		Not	Removed
NARATRIPTAN HCL	TABS	(Base Equiv)	Covered	Covered	from CDL
				Not	Removed
NEOMYCIN SULFATE	TABS	500 MG	Covered	Covered	from CDL
				Not	Removed
NIFEDIPINE	CAPS	10 MG, 20 MG	Covered	Covered	from CDL
		100 Unit/ML		Not	Removed
NOVOLIN 70/30	SUSP	(70-30)	Covered	Covered	from CDL
		100 Unit/ML		Not	Removed
NOVOLIN 70/30 FLEXPEN	SUPN	(70-30)	Covered	Covered	from CDL
				Not	Removed
NOVOLIN R	SOLN	100 Unit/ML	Covered	Covered	from CDL
NARATRIPTAN HCL NEOMYCIN SULFATE NIFEDIPINE NOVOLIN 70/30 NOVOLIN 70/30 FLEXPEN	TABS TABS CAPS SUSP SUPN	1 MG, 2.5 MG (Base Equiv) 500 MG 10 MG, 20 MG 100 Unit/ML (70-30) 100 Unit/ML (70-30)	Covered Covered Covered Covered	Not Covered	Removed from CDL Removed from CDL Removed from CDL Removed from CDL Removed from CDL

				Not	Domesia
NYSTATIN	TABS	E00000 Uni+	Covered	Not Covered	Removed from CDL
INTOTATIN	IABS	500000 Unit	Covered	Covered	HOIH CDL
CLASCADTAN		20-5-12.5 MG,			
OLMESARTAN MEDOVONII /		40-5-12.5 MG,			
MEDOXOMIL/		40-5-25 MG,		Nat	Domonyod
AMLODIPINE/	TARC	40-10-12.5 MG,	Covered	Not	Removed
HYDROCHLOROTHIAZIDE	TABS	40-10-25 MG	Covered	Covered	from CDL
				Not	Removed
OXAPROZIN	TABS	600 MG	Covered	Covered	from CDL
		300 MG/5ML		Not	Removed
OXCARBAZEPINE	SUSP	(60 MG/ML)	Covered	Covered	from CDL
			Covered	Not	Removed
PIMECROLIMUS	CREA	1%	w/criteria	Covered	from CDL
				Not	Removed
PINDOLOL	TABS	5 MG, 10 MG	Covered	Covered	from CDL
				Not	Removed
PODOFILOX	SOLN	0.5%	Covered	Covered	from CDL
				Not	Removed
PREDNISONE INTENSOL	CONC	5 MG/ML	Covered	Covered	from CDL
				Not	Removed
PREVALITE	PACK	4 GM	Covered	Covered	from CDL
RALOXIFENE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Govered	Not	Removed
HYDROCHLORIDE	TABS	60 MG	Covered	Covered	from CDL
THEROCHEORIE	1705				
RISEDRONATE SODIUM	TABS	5 MG, 30 MG, 35 MG	Covered w/criteria	Not Covered	Removed from CDL
	IADS		-		
RIVASTIGMINE	DT2.4	4.6 MG/24HR,	Covered	Not	Removed
TRANSDERMALSYSTEM	PT24	9.5 MG/24HR	w/criteria	Covered	from CDL
				Not	Removed
ROFLUMILAST	TABS	500 MCG	Covered	Covered	from CDL
		12.5 MG,			
_	_	25 MG,	Covered	Not	Removed
SAVELLA	TABS	50 MG, 100 MG	w/criteria	Covered	from CDL
		12.5 MG (5) &			
		25 MG (8) &		Not	Removed
SAVELLA TITRATION PACK	MISC	50 MG (42) Pak	Covered	Covered	from CDL
SAXAGLIPTIN		2.5 MG, 5 MG		Not	Removed
HYDROCHLORIDE	TABS	(Base Equiv)	Covered	Covered	from CDL
SAXAGLIPTIN		2.5-1000 MG,			
HYDROCHLORIDE/		5-500 MG,		Not	Removed
METFORMIN	TB24	5-1000 MG	Covered	Covered	from CDL

HYDROCHLORIDE ER					
		2.5-500 MG, 2.5-1000 MG,		Nat	Dawa awa d
SEGLUROMET	TABS	7.5-500 MG, 7.5-1000 MG	Covered	Not Covered	Removed from CDL
SEGEOROWET	17103	7.5 1000 WG	COVERCE	Not	Removed
SFROWASA	ENEMA	4 GM/60ML	Covered	Covered	from CDL
			Covered	Not	Removed
SILIQ	SOSY	210 MG/1.5ML	w/criteria	Covered	from CDL
		100-33 Unit-	Covered	Not	Removed
SOLIQUA 100/33	SOPN	MCG/ML	w/criteria	Covered	from CDL
CTECLATRO	TABS	5 MG, 15 MG	Covered	Not	Removed from CDL
STEGLATRO	IABS	(Base Equiv)	Covered	Covered	Removed
SUMATRIPTAN	SOLN	5 MG/ACT, 20 MG/ACT	Covered	Not Covered	from CDL
301111111111111111	30211	20 1110/1101	Covered	Not	Removed
TACROLIMUS	OINT	0.03%, 0.1%	w/criteria	Covered	from CDL
	AUTO-				
	INJECTOR,		Covered	Not	Removed
TALTZ	SYRINGE	80 MG/ML	w/criteria	Covered	from CDL
		Cream 0.1%,		NI - I	D
TAZAROTENE	CREAM, GEL	Gel 0.05%, Gel 0.1%	Covered	Not Covered	Removed from CDL
TAZANOTENE	CREAIVI, GEE	40-5 MG,	Covered	Covered	HOIH CDL
		40-10 MG,			
TELMISARTAN/		80-5 MG,		Not	Removed
AMLODIPINE	TABS	80-10 MG	Covered	Covered	from CDL
				Not	Removed
TERBUTALINE SULFATE	TABS	2.5 MG, 5 MG	Covered	Covered	from CDL
T-01511111014105		7.40 44.40		Not	Removed
TERIFLUNOMIDE	TABS	7 MG, 14 MG	Covered	Covered	from CDL
TIAGABINE	TARC	2 MG, 4 MG,	Covered	Not	Removed
HYDROCHLORIDE	TABS	12 MG, 16 MG	Covered	Covered	from CDL
TIMOLOL MALEATE	TABS	5 MG, 10 MG, 20 MG	Covered	Not Covered	Removed from CDL
				Not	Removed
TOBREX	OINT	0.3%	Covered	Covered	from CDL
				Not	Removed
TOLTERODINE TARTRATE	TABS	1 MG, 2 MG	Covered	Covered	from CDL

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

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