

Absolute Total Care

Preferred Drug List (PDL) Updates – Q1* 2015

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.

Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Sivextro	Tedizolid Phosphate Tab 200 MG	oral tablet	200 mg	Add	Add PA criteria (new) Add Max DS/Dosage=6/claim
Byetta	Exenatide Soln Pen-injector 5 MCG/0.02ML	SC Pen-Injector	5 MCG/0.02ML	Add with \$0.00 copay	Add Max DS/Dosage=1.2/30 days Add AL=18 and older Add ST for use after metformin
Byetta	Exenatide Soln Pen-injector 10 MCG/0.04ML	SC Pen-Injector	10 MCG/0.04ML	Add with \$0.00 copay	Add Max DS/Dosage=2.4/30 days Add AL=18 and older Add ST for use after metformin
Bydureon	Exenatide Extended Release for Susp Pen-injector 2 MG	SC Pen-Injector	2 MG	Add with \$0.00 copay	Add Max DS/Dosage=4/28 days Add AL=18 and older Add ST for use after metformin
Bydureon	Exenatide Extended Release for Inj Susp 2 MG	Vial for SC injection	2 MG	Add with \$0.00 copay	Add Max DS/Dosage=4/28 days Add AL=18 and older Add ST for use after metformin
Invokana	Canagliflozin Tab 100 MG	oral tablet	100 MG	Add with \$0.00 copay	Add DD=1/day Add AL=18 and older Add ST for use after metformin
Invokana	Canagliflozin Tab 300 MG	oral tablet	300 MG	Add with \$0.00 copay	Add DD=1/day Add AL=18 and older Add ST for use after metformin

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



Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Farxiga	Dapagliflozin 5 MG	oral tablet	5 MG	Add with \$0.00 copay	Add DD=1/day Add AL=18 and older Add ST for use after metformin
Farxiga	Dapagliflozin 10 MG	oral tablet	10 MG	Add with \$0.00 copay	Add DD=1/day Add AL=18 and older Add ST for use after metformin
Mirapex	Pramipexole Dihydrochloride Tab 0.125 MG	oral tablet	0.125 MG	Add	Add generic to PDL; Add DD=3/day Add AL=18 and older
Mirapex	Pramipexole Dihydrochloride Tab 0.25 MG	oral tablet	0.25 MG	Add	Add generic to PDL; Add DD=3/day Add AL=18 and older
Mirapex	Pramipexole Dihydrochloride Tab 0.5 MG	oral tablet	0.5 MG	Add	Add generic to PDL; Add DD=3/day Add AL=18 and older
Mirapex	Pramipexole Dihydrochloride Tab 0.75 MG	oral tablet	0.75 MG	Add	Add generic to PDL; Add DD=3/day Add AL=18 and older
Mirapex	Pramipexole Dihydrochloride Tab 1 MG	oral tablet	1 MG	Add	Add generic to PDL; Add DD=3/day Add AL=18 and older
Mirapex	Pramipexole Dihydrochloride Tab 1.5 MG	oral tablet	1.5 MG	Add	Add generic to PDL; Add DD=3/day Add AL=18 and older
Oxycodone	Oxycodone HCl Tab 10 MG	oral tablet	10 MG	Add	Add generic to PDL; Add DD=6/day
Oxycodone	Oxycodone HCl Tab 20 MG	oral tablet	20 MG	Add	Add generic to PDL; Add DD=6/day
Xarelto	Rivaroxaban Tab 15 MG	oral tablet	15 MG	Add	Add DD=2/day Add Max Days Supply/Period=21 (DAYS)/180 (DAYS)
Xarelto	Rivaroxaban Tab 20 MG	oral tablet	20 MG	Add	Add DD=1/day
SymlinPen 60	Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML)	SC Pen-Injector	1500 MCG/1.5ML	Add	Add ST criteria (new) Add Max DS/Dosage=6/30 days
SymlinPen 120	Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)	SC Pen-Injector	2700 MCG/2.7ML	Add	Add ST criteria (new) Add Max DS/Dosage=10.8/30 days
Levemir	Insulin Detemir Inj 100 Unit/ML	Vial for SC injection	100 Unit/ML	Add with \$0.00 copay	Add Max Qty=30 (units)/30 days
Levemir FlexTouch	Insulin Detemir Soln Pen-injector 100 Unit/ML	SC Pen-Injector	100 Unit/ML	Add with \$0.00 copay	Add Max DS/Dosage=30 (units)/30 days

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Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Protonix	Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	oral delayed release tablets	20 MG	Add	Add generic to PDL ; Add DD=1/day
Protonix	Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	oral delayed release tablets	40 MG	Add	Add generic to PDL ; Add DD=2/day
Nexium 24HR	Esomeprazole Magnesium Cap Delayed Release 20 MG	oral delayed release capsules	20 MG	Add	Add OTC version to PDL; Add DD=2/day
Astelin	Azelastine HCl Nasal Spray 137 MCG/SPRAY (1 MG/ML)	nasal solution	137 MCG/SPRAY	Add	Add generic to PDL; Qty Limit=1/30 days
Astepro	Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	nasal solution	0.15%	Add	Add generic to PDL; Qty Limit=1/30 days
Suboxone	Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)	SL Film	2-0.5 MG	Add	Add to PDL; Keep PA; Add DD=1
Suboxone	Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv)	SL Film	4-1 MG	Add	Add to PDL; Keep PA; Add DD=1
Suboxone	Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)	SL Film	8-2 MG	Add	Add to PDL; Keep PA; Add DD=2
Suboxone	Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG (Base Equiv)	SL Film	12-3 MG	Add	Add to PDL; Keep PA; Add DD=2
Atelvia	Risedronate Sodium Tab Delayed Release 35 MG	oral tablet	35 MG	Add	Add to PDL; Add PA Add Max Qty=4/28 days
Victrelis	Boceprevir Cap 200 MG	oral capsules	200 MG	Remove	Remove from PDL; Keep PA restriction
Multiple	Acetaminophen-Isometheptene-Dichloral Cap 325-65-100 MG	oral capsules	325-65-100 MG	Remove	Remove from PDL (DESI drug)
Anusol-HC	Hydrocortisone Acetate Suppos 25 MG	suppository	25 MG	Remove	Remove from PDL (DESI drug)
Donnatal	Belladonna Alkaloids-	oral tablet	16.2 MG	Remove	Remove from PDL (DESI drug)

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Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
	Phenobarbital Tab 16.2 MG				
Donnatal	Belladonna Alkaloids- Phenobarbital Elixir 16.2 MG/5ML	oral elixir	16.2 MG/5ML	Remove	Remove from PDL (DESI drug)
Analpram- HC	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%	rectal cream	1-1%	Remove	Remove from PDL (DESI drug)
Analpram- HC	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%	rectal cream	2.5-1%	Remove	Remove from PDL (DESI drug)
Benaphen Plus	Diphenhydramine & Pseudoephedrine Cap CR 25-60 MG	oral capsules	25-60 MG	Remove	Remove from PDL (no active NDCs)
Multiple	Chlorphen Tan- Pyrilamine Tan-PE Tan Susp 2-12.5- 5 MG/5ML	oral suspension	2-12.5-5 MG/5ML	Remove	Remove from PDL (no active NDCs)
Multiple	Aspirin Suppos 60 MG	suppository	60 MG	Remove	Remove from PDL (no active NDCs)
Lipitor	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	oral tablet	10 MG	Change	Keep DD; Remove ST restriction
Lipitor	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	oral tablet	20 MG	Change	Keep DD; Remove ST restriction
Allegra	Fexofenadine HCl Tab 30 MG	oral tablet	30 MG	Change	Keep DD; Remove ST restriction
Allegra	Fexofenadine HCl Tab 60 MG	oral tablet	60 MG	Change	Keep DD; Remove ST restriction
Allegra	Fexofenadine HCl Tab 180 MG	oral tablet	180 MG	Change	Keep DD; Remove ST restriction
Nasacort Allergy 24HR	Triamcinolone Acetonide Nasal Aerosol Suspension 55 MCG/ACT	nasal aerosol	55 MCG/ACT	Change	Keep AL and Max Qty; Remove ST restriction
Optivar	Azelastine HCl Ophth Soln 0.05%	ophthalmic solution	0.05%	Change	Keep Max Qty; Remove ST restriction

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Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Omnicef	Cefdinir Cap 300 MG	oral capsules	300 MG	Change	Keep Max Qty; Remove ST restriction
Omnicef	Cefdinir For Susp 125 MG/5ML	oral suspension	125 MG/5ML	Change	Keep Package Limit; Remove ST restriction
Omnicef	Cefdinir For Susp 250 MG/5ML	oral suspension	250 MG/5ML	Change	Keep Package Limit; Remove ST restriction
Diovan	Valsartan Tab 40 MG	oral tablet	40 MG	Change	Keep DD; Modify ST restriction to allow use for diagnosis of HF or post-MI
Diovan	Valsartan Tab 80 MG	oral tablet	80 MG	Change	Keep DD; Modify ST restriction to allow use for diagnosis of HF or post-MI
Diovan	Valsartan Tab 160 MG	oral tablet	160 MG	Change	Keep DD; Modify ST restriction to allow use for diagnosis of HF or post-MI
Diovan	Valsartan Tab 320 MG	oral tablet	320 MG	Change	Keep DD; Modify ST restriction to allow use for diagnosis of HF or post-MI
Diovan HCT	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	oral tablet	80-12.5 MG	Change	Keep DD; Remove ST restriction
Diovan HCT	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	oral tablet	160-12.5 MG	Change	Keep DD; Remove ST restriction
Diovan HCT	Valsartan-Hydrochlorothiazide Tab 160-25 MG	oral tablet	160-25 MG	Change	Keep DD; Remove ST restriction
Diovan HCT	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	oral tablet	320-12.5 MG	Change	Keep DD; Remove ST restriction
Diovan HCT	Valsartan-Hydrochlorothiazide Tab 320-25 MG	oral tablet	320-25 MG	Change	Keep DD; Remove ST restriction
Zanaflex	Tizanidine HCl Tab 2 MG	oral tablet	2 MG	Change	Remove ST restriction (clinical edit)
Zanaflex	Tizanidine HCl Tab 4 MG	oral tablet	4 MG	Change	Remove ST restriction (clinical edit)
Sonata	Zaleplon Cap 5 MG	oral capsules	5 MG	Change	Keep AL and DD; Remove ST restriction
Sonata	Zaleplon Cap 10 MG	oral capsules	10 MG	Change	Keep AL and DD; Remove ST restriction

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Absolute Total Care Preferred Drug List (PDL) Updates – Q2 2015

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.

Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Abilify	Aripiprazole	Tablets	All	Add	Add generic to PDL
Epaned	Enalapril	Powder for Solution	1mg/ml	Add	Add AL= for 8 and under
First Vancomycin Solution Kit	Vancomycin	Solution	25mg/ml and 50mg/ml	Add	Add QL = TBD
Bupropion HCL SR	Bupropion HCl (Smoking Deterrent) SR	Tablets	150mg	Add	Add QL = 2 per day
Nicotrol	Nicotine Nasal Spray (0.5 MG/SPRAY)	Nasal Spray	10mg/ml	Add	Add to PDL Add QL = 120/30 days
Nicotrol	Nicotine Inhaler System (4 MG Delivered)	Inhaler	10mg	Add	Add to PDL Add QL = 504/30 days
Nicoderm	Nicotine TD Patch 24 HR Kit 21-14-7 MG/24HR	Transdermal Patch	21-14-7MG/24HR	Add	Add OTC version to PDL Add QL = 2 per year
Nicoderm	Nicotine TD Patch 24HR 7 MG/24HR	Transdermal Patch	7MG/24HR	Add	Add OTC version to PDL Add QL = 1 per day
Nicoderm	Nicotine TD Patch 24HR 11 MG/24HR	Transdermal Patch	11MG/24HR	Add	Add OTC version to PDL Add QL = 1 per day
Nicoderm	Nicotine TD Patch 24HR 14 MG/24HR	Transdermal Patch	14MG/24HR	Add	Add OTC version to PDL Add QL = 1 per day
Nicoderm	Nicotine TD Patch 24HR 21 MG/24HR	Transdermal Patch	21MG/24HR	Add	Add OTC version to PDL Add QL = 1 per day

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Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Nicoderm	Nicotine TD Patch 24HR 22 MG/24HR	Transdermal Patch	22MG/24HR	Add	Add OTC version to PDL Add QL = 1 per day
Nicorette	Nicotine Polacrilex Gum 2 MG	Gum	2mg	Add	Add OTC version to PDL Add QL = 24/day (cumulative)
Nicorette	Nicotine Polacrilex Gum 4 MG	Gum	4mg	Add	Add OTC version to PDL Add QL = 24/day (cumulative)
Commit	Nicotine Polacrilex Lozenge 2 MG	Gum	2mg	Add	Add OTC version to PDL Add QL = 20/day (cumulative)
Commit	Nicotine Polacrilex Lozenge 4 MG	Lozenge	4mg	Add	Add OTC version to PDL Add QL = 20/day (cumulative)
Chantix	Varenicline Tartrate Tab 0.5 MG (Base Equiv)	Tablets	0.5mg	Add	Add to PDL Add QL = 2 per day
Chantix	Varenicline Tartrate Tab 1 MG (Base Equiv)	Tablets	1mg	Add	Add to PDL Add QL = 2 per day
Chantix	Varenicline Tartrate Tab 0.5 MG X 11 & Tab 1 MG X 14 Pack	Tablets	0.5mg-1mg	Add	Add to PDL Add QL = 2 per year
Grastek	Timothy Grass Pollen Allergen Ext	Sublingual Tablet	2800 BAU	Add	ST; AL = ≥ 5 and ≤ 65 years of age; QL=1/day
Ragwitek	Short Ragweed Pollen Allergen	Sublingual Tablet	12 Amb a 1- U	Add	ST; AL = ≥ 18 and ≤ 65 years of age; QL=1/day
Oralair	Grass Mixed Pollen	Sublingual Tablet	100 IR & 300 IR	Add	ST; AL = ≥ 10 and ≤ 65 years of age; QL=300 IR/day
Tevtropin	Somatropin	Inj	All	Remove	Remove from PDL
Clomipramine	Clomipramine	Tablets	25mg, 50mg	Remove	Remove from PDL
Tetracycline	Tetracycline	Capsules	250mg, 500mg	Remove	Remove from PDL

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Absolute Total Care Preferred Drug List (PDL) Updates – Q3 2015

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
Cholbam	Cholic acid	capsule	50 mg and 250 mg	Add	Add to PDL; PA; QL = 5/day
Orkambi	Lumacaftor/Ivacaftor	tablet	200mg/125mg	Add	Add to PDL; PA
Avonex	Interferon beta-1a	injection	30mcg/0.5ml	Add	Add to PDL; PA
Plegridy	Peginterferon beta-1a	injection	125mcg/0.5ml	Add	Add to PDL; PA
Tecfidera	Dimethyl fumarate	capsule	120 mg and 240 mg	Add	Add to PDL; PA
Gilenya	Fingolimod	capsule	0.5 mg	Add	Add to PDL; PA
Tev-Tropin	Somatropin	vial	5 mg	Remove	Remove from PDL
Invokana	Canagliflozin	tablet	All	Remove	Remove from PDL
Invokamet	Canagliflozin/Metformin	tablet	All	Remove	Remove from PDL
Extavia	Interferon beta-1b	vial	0.3 mg	Remove	Remove from PDL
Copaxone 20mg (brand)	Glatiramer acetate	injection	20 mg/ml	Remove	Remove from PDL

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