PO Box 11320
San Juan PR 00922

02/01/2023

TRIPLE-S ADVANTATE FORMULARY UPDATE:
Basic, Real, AhorroMax, Enlace Plus, Contigo Plus, Magno, Brillante, Óptimo, Óptimo Plus and Óptimo Xtra

This letter is to inform you of a change to our formulary. The Pharmacy and Therapeutics Committee of **Basic (HMO), Real (HMO), AhorroMax (HMO), Enlace Plus (HMO), Contigo Plus (HMO-SNP), Magno (HMO-POS), Brillante (HMO-POS), Óptimo (PPO), Óptimo Plus (PPO) and Óptimo Xtra (PPO) for Medicare Part D,** in its effort to promote cost effective therapies, has selected some products among the different therapeutic categories to provide high quality alternatives that have demonstrated to be clinically effective.

The following change(s) will be effective on February 1st, 2023 for all the enrollees under the Pharmacy Program of Basic (HMO), Real (HMO), AhorroMax (HMO), Enlace Plus (HMO), Contigo Plus (HMO-SNP), Magno (HMO-POS), Brillante (HMO-POS), Óptimo (PPO), Óptimo Plus (PPO) and Óptimo Xtra (PPO) for Medicare Part D.

The change(s) are for Removed Drug(s), these changes apply for the drugs included in this table (see table below).

		Product Name			
Category	**Class**	**Removed Drug**	**Alternative/s for Removed Drugs (In Formulary)**	**Tier (for alternative drugs)**	**Requirement / Limits for alternative drugs**
Respiratory Tract / Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	DALIRESP ORAL TABLET 0.5 MG	ROFLUMILAST ORAL TABLET 0.5 MG	2	
Central Nervous System Agents	Multiple Sclerosis Agents	GILENYA ORAL CAPSULE 0.5 MG	FINGOLIMOD ORAL CAPSULE 0.5 MG	5	Prior Authorization

Inflammatory Bowel Disease Agents	Aminosalicylates	PENTASA EXTENDED RELEASE ORAL CAPSULE 500 MG	MESALAMINE ORAL CAPSULE 500 MG	2	
Dermatological Agents	Dermatological Agents	TAZORAC TOPICAL GEL 0.0005 MG/MG	TAZAROTENE TOPICAL GEL 0.0005 MG/MG	2	Prior Authorization
Dermatological Agents	Dermatological Agents	TAZORAC TOPICAL GEL 0.001 MG/MG	TAZAROTENE TOPICAL GEL 0.001 MG/MG	2	Prior Authorization
Cardiovascular Agents	Dyslipidemics, Other	VASCEPA ORAL CAPSULE 500 MG	ICOSAPENT ETHYL ORAL CAPSULE 500 MG	2	

Remember if you, your Authorized Representative or Physician needs to request a Prior Authorization or Exception, you can send the request through the following fax **1-855-710-6727**, email **preauthorization@abarcahealth.com**, mail **650 Ave. Muñoz Rivera, Suite 701, San Juan, PR 00918-4115** or walk in (central or regional office), please include the following information:

- Member name, Member ID number, Phone number
- Physician name, Address, phone & fax number
- Copy of your Prescription
- For certain pre authorization we may require diagnosis, laboratory test, or other information.

For more information consult your Evidence of Coverage (EOC) for details on the applicable copayments and the corresponding levels. To see your Evidence of Coverage, click on the appropriate link:

Basic (HMO)
Evidence of Coverage Basic (HMO)

Real (HMO)
Evidence of Coverage Real (HMO)

AhorroMax (HMO)
Evidence of Coverage AhorroMax (HMO)

Enlace Plus (HMO)
Evidence of Coverage Enlace Plus (HMO)

Contigo Plus (HMO-SNP)
Evidence of Coverage Contigo Plus (HMO-SNP)

Magno (HMO- POS)
Evidence of Coverage Mango (HMO-POS)

Brillante (HMO- POS)
Evidence of Coverage Brillante (HMO-POS)

Óptimo (PPO)
Evidence of Coverage Óptimo (PPO)

Óptimo Plus (PPO)
Evidence of Coverage Óptimo Plus (PPO)

Óptimo Xtra (PPO)
Evidence of Coverage Óptimo Xtra (PPO)

If you have any questions you can call our Member Service Center at 1-888-620-1919 from Monday to Sunday from 8:00 am to 8:00 pm. TTY/TDD users should call 1-866-620-2520.

Thanks,

Pharmacy Department
Triple-S Advantage

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, Premiums, copayments and coinsurance may change on January 1 of each year.

The Formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.

Triple-S Advantage, Inc. is a health maintenance organization (HMO) and preferred provider organization (PPO) with a Medicare contract, and a contract with the Puerto Rico Government Health Plan (GHP). Enrollment in Triple-S Advantage, Inc. depends on contract renewal. Triple-S Advantage, Inc. is an independent Licensee of the Blue Cross and Blue Shield Association.

This information is available for free in other languages. Please call our Member Service Center at 1-888-620-1919, from Monday to Sunday from 8:00 am to 8:00 pm TTY users should call 1866-620-2520.

Esta información está disponible libre de costo en otros idiomas. Por favor, comuníquese con nuestro Centro de Servicio al Afiliado al 1-888-620-1919, de lunes a domingo de 8:00 am a 8:00 pm Audio-impedidos con equipo especializado de TTY deben llamar al 1-866-620-2520. Triple-S Advantage Inc. cumple con las leyes federales aplicables de derechos civiles y no discrimina en base a raza, color, origen de nacionalidad, edad, discapacidad, o sexo.

Triple-S Advantage Inc. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Triple-S Advantage Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si usted habla español, servicios de asistencia lingüística están disponibles libre de cargos para usted. Llame al: 1-888-620-1919 (TTY: 1-866-620-2520).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-620-1919 (TTY: 1-866-620-2520) 。

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-620-1919 (TTY: 1-866-620-2520).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-620-1919 (TTY/TDD 1-866-620-2520). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-620-1919 (TTY/TDD 1-866-620-2520). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-620-1919 (TTY/TDD 1-866-620-2520)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-620-1919 (TTY/TDD 1-866-620-2520)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-620-1919 (TTY/TDD 1-866-620-2520). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-620-1919 (TTY/TDD 1-866-620-2520). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi vềchương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-888-620-1919 (TTY/TDD 1-866-620-2520) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-620-1919 (TTY/TDD 1-866-620-2520). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:당사는의료보험또는약품보험에관한질문에답해드리고자무료통역서비스를제공하고있습니다. 통역서비스를이용하려면전화 1-888-620-1919 (TTY/TDD 1-866-620-2520)

번으로문의해주십시오. 한국어를하는담당자가도와드릴것입니다.
이서비스는무료로운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (1-888-620-1919 (TTY/TDD 1-866-620-2520). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabicإننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على. سيقوم شخص ما يتحدث العربيةبمساعدتك.هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के किए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया प्राप्त करने के किए, बस हमें (1-888-620-1919 (TTY/TDD1-866-620-2520)पर फोन करें. कोई व्यक्ति जो कहन्दी बोिता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-620-1919 (TTY/TDD 1-866-620-2520). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-620-1919 (TTY/TDD 1-866-620-2520). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (1-888-620-1919 (TTY/TDD 1-866-620-2520). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-620-1919 (TTY/TDD 1-866-620-2520) Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-888-620-1919 (TTY/TDD 1-866-620-2520) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。