

2/22/2021

**TRIPLE-S ADVANTATE FORMULARY UPDATE:
Platino Ultra, Platino Plus, Platino Blindao, Platino Enlace, Platino Advance and Platino Alcance**

This letter is to inform you of a change to our formulary. The Pharmacy and Therapeutics Committee of **Platino Ultra, Platino Plus, Platino Blindao, Platino Enlace, Platino Advance and Platino Alcance (HMO-SNP) 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, 2021 for all the enrollees under the Pharmacy Program of Platino Ultra, Platino Plus, Platino Blindao, Platino Enlace, Platino Advance and Platino Alcance (HMO-SNP) 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).

Category	Class	Product Name		Tier (for alternative drugs)	Requirement / Limits for alternative drugs
		Removed Drug	Alternative/s for Removed Drugs (In Formulary)		
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	ATRIPLA 600 MG/200 MG/300 MG ORAL TABLET	EFAVIRENZ 600 MG / EMTRICITABINE 200 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	5	
Cardiovascular Agents	Cardiovascular Agents, Other	DEMSEER 250 MG ORAL CAPSULE	METYROSINE 250 MG ORAL CAPSULE	5	

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Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	EMTRIVA 200 MG ORAL CAPSULE	EMTRICITABINE 200 MG ORAL CAPSULE	2	
Electrolytes / Minerals / Metals / Vitamins	Electrolyte / Mineral / Metal Modifiers	FERRIPROX 500 MG ORAL CAPSULE	DEFERIPRONE 500 MG ORAL TABLET	5	Prior Authorization
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	SYMFI 400 MG/300 MG/300 MG ORAL TABLET	EFAVIRENZ 400 MG / LAMIVUDINE 300 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	5	
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	SYMFI 600 MG/300 MG/300 MG ORAL TABLET	EFAVIRENZ 600 MG / LAMIVUDINE 300 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	5	
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TRUVADA 200 MG/300 MG ORAL TABLET	EMTRICITABINE 200 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	5	
Antineoplastics	Molecular Target Inhibitors	TYKERB 250 MG ORAL CAPSULE	LAPATINIB 250 MG ORAL TABLET	5	Prior Authorization

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:

Platino Ultra (HMO-SNP)

[Evidence of Coverage The Platino Ultra \(HMO-SNP\)](#)

Platino Plus (HMO-SNP)

[Evidence of Coverage The Platino Plus \(HMO-SNP\)](#)

Platino Blindao (HMO-SNP)

[Evidence of Coverage The Platino Blindao \(HMO-SNP\)](#)

Platino Enlace (HMO-SNP)

[Evidence of Coverage The Platino Enlace \(HMO-SNP\)](#)

Platino Advance (HMO-SNP)

[Evidence of Coverage The Platino Advance \(HMO-SNP\)](#)

Platino Alcance (HMO-SNP)

[Evidence of Coverage The Platino Advance \(HMO-SNP\)](#)

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.

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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-impeidos 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).