PO Box 11320
San Juan PR 00922

5/17/2021

TRIPLE-S ADVANTATE FORMULARY UPDATE:
ELA Royal Plus, ELA Titán Plus, ELA Titán and ELA Selecto

This letter is to inform you of a change to our formulary. The Pharmacy and Therapeutics Committee of **ELA Royal Plus, ELA Titán Plus, ELA Titán and ELA Selecto (HMO-POS) 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 May 1st, 2021 for all the enrollees under the Pharmacy Program of ELA Royal Plus, ELA Titán Plus, ELA Titán and ELA Selecto (HMO-POS) 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**
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TRUVADA 100 MG/150 MG ORAL TABLET	EMTRICITABINE 100 MG / TENOFOVIR DISOPROXIL FUMARATE 150 MG ORAL TABLET	5	
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TRUVADA 133 MG/200 MG ORAL TABLET	EMTRICITABINE 133 MG / TENOFOVIR DISOPROXIL FUMARATE 200 MG ORAL TABLET	5	

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Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	TRUVADA 167 MG/250 MG ORAL TABLET	EMTRICITABINE 167 MG / TENOFOVIR DISOPROXIL FUMARATE 250 MG ORAL TABLET	5	

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 **1-855-7106727**, 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:

ELA Titán (HMO- POS)
Evidence of Coverage ELA Titán (HMO- POS)

ELA Royal Plus (HMO- POS)
Evidence of Coverage ELA Royal Plus (HMO- POS)

ELA Titán Plus (HMO- POS)
Evidence of Coverage ELA Titán Plus (HMO- POS)

ELA Selecto (HMO- POS)
Evidence of Coverage ELA Selecto (HMO- POS)

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.

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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).