

09/01/2022

**TRIPLE-S ADVANTAGE FORMULARY UPDATE:  
Real, Contigo Plus, Magno, and Brillante**

---

This letter is to inform you of a change to our formulary. The Pharmacy and Therapeutics Committee of **Real (HMO), Contigo Plus (HMO SNP), Magno (HMO POS), and Brillante (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 September 1st, 2022 for all the enrollees under the Pharmacy Program of Real (HMO), Contigo Plus (HMO SNP), Magno (HMO POS), and Brillante (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
Antineoplastics	Retinoids	TARGRETIN EXTERNAL GEL 1 %	BEXAROTENE EXTERNAL GEL 1 %	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](mailto: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:

**Real (HMO)**

[Evidence of Coverage Real \(HMO\)](#)

**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 \(HMO-POS\)](#)

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-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).