

XXXXXXXX XX, 2021

Dear Insured:

Greetings from Triple-S Salud. These drug list changes were reviewed and approved by the Pharmacy and Therapeutics (P & T) Committee. The drugs will be added in the drug list based on the pharmacy policy.

The addition of drug (s) will be effective on July 19, 2021 for Triple-S Commercials Plans.

[Change]	[Drug Name]	[Tier]	[Requirements]
[Addition-New Dosage]	[Taliaia]	[Brand Non-Preferred]	
[Addition-New Dosage]	[Xeljanz XR]	[Specialty Preferred]	[Prior Authorization]
[Addition-New Dosage]	[Riomet ER]	[Brand Non-Preferred]	
[Addition-New Dosage]	[Ibrance]	[Specialty Preferred]	[Prior Authorization]
[Addition]	[Trijardy XR]	[Brand Preferred]	
[Addition]	[Tabrecta]	[Specialty Preferred]	[Prior Authorization]
[Addition]	[Pemazyre]	[Specialty Preferred]	[Prior Authorization]
[Addition]	[Koselugo]	[Specialty Preferred]	[Prior Authorization]
[Addition]	[Zeposia]	[Specialty Preferred]	[Prior Authorization]
[Addition-New Dosage]	[Emgality]	[Brand Preferred]	[Prior Authorization]
[Addition-New Dosage]	[Halog]	[Brand Non-Preferred]	
[Addition]	[Kynmobi]	[Specialty Preferred]	[Prior Authorization]
[Addition-New Dosage]	[Tivicay PD]	[Brand Non-Preferred]	
[Addition-New Dosage]	[Sirturo]	[Specialty Non-Preferred]	[Prior Authorization]
[Addition-New Dosage]	[Enbrel]	[Specialty Preferred]	[Prior Authorization]
[Addition-New Dosage]	[Trulicity]	[Brand Preferred]	[Step Therapy]
[Addition-New Dosage]	[Aimovig]	[Brand Preferred]	[Prior Authorization]
[Addition]	[Inqovi]	[Specialty Preferred]	[Prior Authorization]
[Addition]	[Retacrit]	[Specialty Preferred]	[Prior Authorization]
[Addition-New Dosage]	[Trelegy Ellipta]	[Brand Preferred]	
[Addition]	[Lupkynis]	[Specialty Non-Preferred]	[Prior Authorization]

<b>[Addition]</b>	[Verquvo]	[Brand Non-Preferred]	[Prior Authorization]
<b>[Addition]</b>	[Gemtesa]	[Brand Non-Preferred]	[Prior Authorization]
<b>[Addition-New Dosage]</b>	[Dificid]	[Brand Non-Preferred]	
<b>[Addition-New Dosage]</b>	[Vesicare LS]	[Brand Non-Preferred]	
<b>[Addition-New Dosage]</b>	[Iclusig]	[Specialty Preferred]	[Prior Authorization]
<b>[Addition-New Dosage]</b>	[Plegridy]	[Specialty Preferred]	[Prior Authorization]

**IMPORTANT** these changes do not apply to:

- Triple-S Advantage Programs
- Some Commercial Plans
- Plan de Salud Vital Beneficiaries

If you need help or have questions about these changes, please call 787-774-6081 or 1-800-716-6081 (toll free). TTY/TDD user should call 787-792-1370 or 1-866-215-9999. Our call center is available Monday thru Friday 7:30 AM to 8:00 PM, Saturdays from 9:00 AM to 6:00 PM and Sundays from 11:00 AM to 5:00 PM – AST (Atlantic Standard Time)

Cordially,

**Pharmacy Department**