Triple-S Optimo PSHB

2027 Enhanced Formulary

This formulary was updated on September 30, 2026. For more recent information or other questions, please contact us, Triple-S Optimo PSHB Customer Service at 1-833-201-9256 (TTY users should call 1-866-215-1999), Monday to Friday: 7:30am to 8:00pm (AST), Saturday 9:00am to 6:00pm (AST), Sunday 11:00am to5:00pm (AST) or visit www.ssspr.com/postal.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Triple-S Optimo PSHB. When it refers to “plan” or “our plan,” it means Triple-S Optimo PSHB.

Introduction: Triple-S Optimo PSHB Enhanced Formulary is a useful reference for drug product selection. Triple-S Optimo PSHB Enhanced Formulary has been reviewed by the Triple-S Salud Pharmacy and Therapeutics Committee.

Triple-S Optimo PSHB Enhanced Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

Preface: The formulary is organized by sections, which refer to either a drug class or disease state. Unless exceptions are noted, all dosage forms and strengths of the drug cited are included in the formulary.

The Triple-S Salud Pharmacy and Therapeutics Committee may impose restrictions or not reimburse for specific drug products or types of products. For example, certain drugs and supplies for hair removal and hair growth are excluded from the pharmacy benefit. In addition, over-the-counter (OTC) products, with the exception of diabetes monitoring products, are generally not included in the pharmacy benefit.

The formulary is separated by Tiers in the following manner:

Tier 1	Generic Drug
Tier 2	Preferred Brand Drug
Tier 3	Non-Preferred Drug
Tier 4	Specialty Tier

All drugs that are preferred are noted in their respective tiers of the drug lists throughout this formulary. Drugs may be reviewed by the Pharmacy and Therapeutics Committee and designated non-preferred. The Pharmacy and Therapeutics Committee may designate certain drugs as non-preferred, typically if the cost-effectiveness is less than other similar drugs.

Restrictions to coverage: Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Triple-S Optimo PSHB requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Triple-S Optimo PSHB before you fill your prescriptions. If you don't get approval, The plan may not cover the drug.

- **Quantity Limits:** For certain drugs, Triple-S Optimo PSHB limits the amount of the drug that the plan will cover.

Pharmacy And Medical Policy Committee: The role of the Triple-S Salud Pharmacy and Therapeutics Committee includes evaluating new medications and making recommendations for the designation of preferred or non-preferred status on Triple-S Optimo PSHB Enhanced Formulary. The Pharmacy and Therapeutics Committee is made up of physicians and pharmacists who are not employees or agents of, nor have financial interest in Triple-S Salud.

Product Selection Criteria: The Pharmacy and Therapeutics Committee will consider U.S. Food and Drug Administration (FDA) approved drugs for preferred status designation. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Drug interactions
- Approved indications
- Formulation and administration
- Adverse effects
- Contraindications
- Pharmacokinetics
- Patient compliance considerations

- Medical outcome and pharmacoeconomic studies

When a new drug is considered for preferred status, an attempt will be made to examine the drug relative to similar drugs currently preferred. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in a designation of non-preferred status to drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

Drugs evaluated by the Pharmacy and Therapeutics Committee and not classified as preferred receive a non-preferred designation on Triple-S Optimo PSHB Enhanced Formulary. This designation indicates the Pharmacy and Therapeutics Committee's belief that the drug offers no important clinical or cost advantage over comparable preferred drugs, or that there is currently insufficient information to determine its appropriate clinical role, or that questions remain regarding safety and effectiveness. Non-preferred drugs may be covered under Triple-S Optimo PSHB Enhanced Formulary. However, there may be additional costs incurred by the patient to receive a non-preferred medication. Physicians are encouraged to prescribe preferred drugs.

All the information in Triple-S Optimo PSHB Enhanced Formulary is provided as a reference for drug therapy selection. The final choice of a specific drug selection for an individual patient rests solely with the prescriber.

Generic Substitution: One way to reduce out-of-pocket cost is by requesting a generic drug.

What are Generic Drugs?

A generic drug has the same active ingredients in the same amounts as the brand-name drugs. They cost less and are approved by the FDA.

The generic medications from the following therapeutic categories have $0 copay, if prescribed by participating providers:

- Generic antihypertensives: Angiotensin converting enzyme inhibitors (ACEIs), Angiotensin II receptor blockers (ARBs), Direct renin inhibitor;
- Generic Oral Antidiabetics (excludes injectables);
- Generic statins;
- Naloxone

Notice: The information contained in this Triple-S Optimo PSHB Enhanced Formulary, and any associated appendices is provided by Triple-S Optimo PSHB, solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. Triple-S Optimo PSHB Enhanced Formulary is not a complete list of all covered medications. This Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Triple-S Salud assumes

no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

The information contained in this document is proprietary. The information may not be copied in whole or in part without the written permission of Triple-S Salud. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Triple-S Salud.

If viewing this formulary via Internet, please be advised that the formulary is updated periodically, and changes may appear prior to their effective date.

Triple-S Salud is an independent licensee of BlueCross BlueShield Association. Medicare prescription drug benefits under the Triple-S Optimo PSHB plan are sponsored by the BlueCross BlueShield Association under its Medicare contract S2135.

Legend: The information in the Requirements/Limits column tells you if Triple-S Optimo PSHB Enhanced Formulary has any special requirements for coverage of your drug.

You can find information on what the symbols and abbreviations on this table mean at the beginning of this table.

OTC	Over-The-Counter
PA	Prior Authorization (approval): you must have approval from the plan before you can get this drug
QL	Quantity Limit: there is a limit to how much of the medicine we will cover

Triple-S Optimo PSHB ENH Effective 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ANOREXIANTS NON-AMPHETAMINE		
phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 37.5mg	1	PA, QL
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	PA, QL
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	PA, QL
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	PA, QL
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	PA, QL
PLENITY CAP	3	
PLENITY CAP WELCOME	3	
QSYMIA CAP 3.75-23	3	PA, QL
QSYMIA CAP 7.5-46MG	3	PA, QL
QSYMIA CAP 11.25-69	3	PA, QL
QSYMIA CAP 15-92MG	3	PA, QL
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA, QL
liraglutide (weight management) sopn 18mg/3ml	1	PA, QL
SAXENDA SOPN 18MG/3ML	3	PA, QL
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML; TABS 1.5MG, 4MG, 9MG, 25MG	3	PA, QL
WEGOVY HD SOAJ 7.2MG/0.75ML	3	PA, QL
XENICAL CAPS 120MG	3	PA, QL
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	3	PA, QL
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
lidocaine-hydrocortisone acetate perianal cream 3-0.5%	1	
lidocaine-hydrocortisone acetate rectal cream kit 2-2%	1	
lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%	1	
lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%	1	
PROCORT CRE	3	

Drug Name	Drug Tier	Requirements/Limits
RECTAL STEROIDS		
hydrocortisone acetate (rectal) supp 25mg, 30mg	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE MISC. - COMBINATIONS		
Uro-Mp Cap 118mg	1	
ANTIVIRALS		
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin solr 6gm	4	
CARDIOVASCULAR AGENTS - MISC.		
IMPOTENCE AGENTS		
sildenafil citrate tabs 25mg, 50mg, 100mg	1	QL
tadalafil tabs 10mg, 20mg	1	QL
vardenafil hcl tabs 2.5mg, 5mg, 10mg, 20mg; tbdp 10mg	1	QL
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA DIS 120-30	2	
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD	2	
MIUDELLA IUD COPPER	2	
PARAGARD IUD T380A	2	
EMERGENCY CONTRACEPTIVES		
ELLA TABS 30MG	2	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate caps 100mg, 200mg	1	
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	
NEOTUSS PLUS LIQ	3	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
MISC. RESPIRATORY INHALANTS		
sodium chloride (inhalant) nebu .9%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
Bp 10-1 Emu	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
ANTIFUNGALS - TOPICAL		
EXODERM LOT 25-1%	3	
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%	1	
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOLN 45%	3	
urea crea 39%, 40%; lotn 40%	1	
Urea Nail Gel 45%	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
FERTILITY REGULATORS		
Clomid Tabs 50mg	1	
clomiphene citrate tabs 50mg	1	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	
MENOPUR SOLR 75UNIT	4	
Milophene Tabs 50mg	1	
OVIDREL SOSY 250MCG/0.5ML	4	
GNRH/LHRH ANTAGONISTS		
Fyremadel Sosy 250mcg/0.5ml	4	
ganirelix acetate sosy 250mcg/0.5ml	4	
GANIRELIX ACETATE SOSY 250MCG/0.5ML	4	
METABOLIC MODIFIERS		
IMCIVREE SOLN 10MG/ML	4	PA, QL
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
Estratest Fs Tab 1.25-2.5	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
potassium citrate & citric acid soln 1100-334 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
sodium citrate & citric acid soln 500-334 mg/5ml	1	
URINARY ANALGESICS		
Phenazo Tabs 200mg	1	
phenazopyridine hcl tabs 100mg, 200mg	1	
phenazopyridine hcl tab 100 mg	1	
HEMATOPOIETIC AGENTS		
COBALAMINS		
cyanocobalamin soln 1000mcg/ml	1	
Dodex Soln 1000mcg/ml	1	
hydroxocobalamin acetate soln 1000mcg/ml	1	
FOLIC ACID/FOLATES		
folic acid tabs 1mg	1	
HEMATOPOIETIC GROWTH FACTORS		
JESDUVROQ TABS 1MG, 2MG, 4MG, 6MG, 8MG	3	
HEMATOPOIETIC MIXTURES		
CENTRATEX CAP	3	
FOLIVANE-F CAP	3	
FOLIVANE-PLS CAP	3	
FUSION PLUS CAP	3	
HEMATINIC PL TAB VIT/MIN	1	
HEMATINIC/FA TAB	3	
HEMOCYTE PLS CAP	3	
Iferex 150 Cap Forte	1	
INTEGRA F CAP	3	
INTEGRA PLUS CAP	3	
IRON FOLATE CAP -F	3	
IRON FOLATE CAP PLUS	3	
MULTIGEN PLS TAB	3	
MULTIGEN TAB	3	
PROFERRIN- TAB FORTE	3	OTC
PROTECTIRON TAB	3	OTC
Se-Tan Plus Cap	1	
IRON		
INFED SOLN 50MG/ML	3	
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	1	
sodium ferric gluconate complex in sucrose soln 12.5mg/ml	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
dexmedetomidine hcl soln 200mcg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
PHOSPHATE		
Phospho-Trin Tab 250 Neut	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
POTASSIUM		
EFFER-K TBEF 25MEQ	3	
K-Prime Tbef 25meq	1	
Klor-Con/ef Tbef 25meq	1	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB 3000	3	
DIALYVITE TAB 5000	3	
DIALYVITE/ TAB ZINC	3	
NEPHPLEX RX TAB	3	
NUTRIVIT LIQ 800-15-1	3	
RENATABS MIS IRON	3	
RENATABS TAB	3	
SUPERVITE LIQ	3	
VITAL-D RX TAB	3	
Wescaps Cap	1	
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	
ATABEX OB TAB 29-1MG	3	
CO-NATAL FA TAB 29-1MG	3	
COMPLETE NAT PAK DHA	3	
COMPLETENATE CHW	3	
CONCEPT DHA CAP	3	
CONCEPT OB CAP	3	
FOLIVANE-OB CAP	3	
NATALCHEW CHW	3	
NATALCORE CHW	3	
OBSTETRIX EC TAB	3	OTC
OBSTETRIX MIS DHA	3	OTC
OBTREX DHA PAK	3	OTC
PNV 27-CA/FE TAB /FA	3	
PRENATABS FA TAB 29-1MG	3	
PRENATABS RX TAB	3	OTC
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 CHW TAB	3	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL PLS MIS MV + DHA	3	
PROVIDA OB CAP	3	
SE-NATAL 19 CHW	3	

Drug Name	Drug Tier	Requirements/Limits
SE-NATAL 19 TAB	3	
TARON-C DHA CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRINATAL RX TAB 1	3	
WESCAP-C DHA CAP	3	
WESNATAL DHA PAK COMPLETE	3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol caps 1.25mg, 50000unit	1	
phytonadione soln 1mg/0.5ml, 10mg/ml; tabs 5mg	1	
WATER SOLUBLE VITAMINS		
ascorbic acid soln 500mg/ml	1	
ASCORBIC ACID SOLN 500MG/ML	1	
pyridoxine hcl soln 100mg/ml	1	
thiamine hcl soln 100mg/ml, 200mg/2ml	1	

Index

A

ascorbic acid 6
ASCORBIC ACID 6
ATABEX EC TAB 29-1MG 5
ATABEX OB TAB 29-1MG 5

B

benzonatate 2
Bp 10-1 Emu 2

C

CEM-UREA 3
CENTRATEX CAP 4
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 6
Clomid 3
clomiphene citrate 3
COMPLETENATE CHW 5
COMPLETE NAT PAK DHA 5
CO-NATAL FA TAB 29-1MG 5
CONCEPT DHA CAP 5
CONCEPT OB CAP 5
CONTRAVE TAB 8-90MG 1
cyanocobalamin 4

D

dexmedetomidine hcl 4
DIALYVITE/ TAB ZINC 5
DIALYVITE TAB 3000 5
DIALYVITE TAB 5000 5
Dodex 4

E

EFFER-K 5
ELLA 2
ergocalciferol 6
esterified estrogens & methyltestosterone tab 0.625-1.25 mg 3
esterified estrogens & methyltestosterone tab 1.25-2.5 mg 3
Estratest Fs Tab 1.25-2.5 3
EXODERM LOT 25-1% 3

F

FEM PH GEL 6
folic acid 4
FOLIVANE-F CAP 4
FOLIVANE-OB CAP 5
FOLIVANE-PLS CAP 4
FOLLISTIM AQ 3
FUSION PLUS CAP 4
Fyremadel 3

G

ganirelix acetate 3
GANIRELIX ACETATE 3

H

HEMATINIC/FA TAB 4
HEMATINIC PL TAB VIT/MIN 4
HEMOCYTE PLS CAP 4
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml 2
hydrocortisone acetate (rectal) 2
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1% 1
hydroxocobalamin acetate 4
hyoscyamine sulfate 6

I

Iferex 150 Cap Forte 4
IMCIVREE 3
INFED 4
INTEGRA F CAP 4
INTEGRA PLUS CAP 4
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1% 3
IRON FOLATE CAP -F 4
IRON FOLATE CAP PLUS 4

J

JESDUVROQ 4

K

Klor-Con/ef 5
K-PHOS TAB NO 2 3
K-Prime 5

L

lidocaine-hydrocortisone acetate perianal cream 3-0.5% 1
lidocaine-hydrocortisone acetate rectal cream kit 2-2% 1
lidocaine-hydrocortisone acetate rectal cream kit 3-0.5% 1
lidocaine-hydrocortisone acetate rectal gel kit 3-2.5% 1

liraglutide (weight management).....1
M
MENOPUR 3
Milophene.....3
MIUDELLA IUD 2
MIUDELLA IUD COPPER.....2
MULTIGEN PLS TAB 4
MULTIGEN TAB 4
N
NATALCHEW CHW.....5
NATALCORE CHW.....5
NEOTUSS PLUS LIQ 2
NEPHPLEX RX TAB 5
NUTRIVIT LIQ 800-15-1 5
O
OBSTETRIX EC TAB 5
OBSTETRIX MIS DHA.....5
OBTREX DHA PAK 5
OVIDREL 3
P
PARAGARD IUD T380A 2
Phenazo 4
phenazopyridine hcl.....4
phenazopyridine hcl tab 100 mg 4
phentermine hcl 1
phentermine hcl-topiramate cap er 24hr 11.25-69 mg 1
phentermine hcl-topiramate cap er 24hr 15-92 mg 1
phentermine hcl-topiramate cap er 24hr 3.75-23 mg 1
phentermine hcl-topiramate cap er 24hr 7.5-46 mg 1
Phospho-Trin Tab 250 Neut.....5
phytonadione 6
PLENITY CAP.....1
PLENITY CAP WELCOME 1
PNV 27-CA/FE TAB /FA 5
potassium citrate & citric acid soln 1100-334 mg/5ml.....3
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg.....5
PRENATABS FA TAB 29-1MG.....5
PRENATABS RX TAB 5
PRENATAL 19 CHW 29-1MG.....5
PRENATAL 19 CHW TAB 5
PRENATAL 19 TAB 29-1MG.....5
PRENATAL PLS MIS MV + DHA 5
PROCORT CRE 1
PROFERRIN- TAB FORTE.....4
promethazine-dm syrup 6.25-15 mg/5ml...2
promethazine w/ codeine syrup 6.25-10 mg/5ml 2
PROTECTIRON TAB.....4
PROVIDA OB CAP 5
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 2
pyridoxine hcl.....6
Q
QSYMIA CAP 11.25-69.....1
QSYMIA CAP 15-92MG 1
QSYMIA CAP 3.75-23.....1
QSYMIA CAP 7.5-46MG.....1
R
RENATABS MIS IRON 5
RENATABS TAB.....5
ribavirin 2
S
SAXENDA 1
SE-NATAL 19 CHW 5
SE-NATAL 19 TAB 6
Se-Tan Plus Cap 4
sildenafil citrate 2
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq) 4
sodium chloride (inhalant).....2
sodium citrate & citric acid soln 500-334 mg/5ml 4
sodium ferric gluconate complex in sucrose 4
sulfacetamide sodium w/ sulfur cleanser 10-2% 2
sulfacetamide sodium w/ sulfur cleanser 10-5% 3
sulfacetamide sodium w/ sulfur cream 10-5% 3
sulfacetamide sodium w/ sulfur emulsion 10-1%.....3

sulfacetamide sodium w/ sulfur lotion 10-5% 3
sulfacetamide sodium w/ sulfur susp 10-5% 3
sulfacetamide sodium w/ sulfur susp 8-4% 3
SUPERVITE LIQ 5
T
tadalafil 2
TARON-C DHA CAP 6
thiamine hcl 6
THRIVITE RX TAB 29-1MG 6
TRINATAL RX TAB 1 6
TWIRLA DIS 120-30 2
U
urea 3
Urea Nail 3
Uro-Mp Cap 118mg 2
V
vardenafil hcl 2
VITAL-D RX TAB 5
W
WEGOVY 1
WEGOVY HD 1
WESCAP-C DHA CAP 6
Wescaps Cap 5
WESNATAL DHA PAK COMPLETE 6
X
XENICAL 1
Z
ZEPBOUND 1