



March 15, 2024

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 March 15, 2024 for Triple-S Commercial Plans.

Change	Drug Name	Tier	Requirements
Addition-New Dosage Form	Cresemba Oral Capsule 74.5 MG	Brand Non Preferred	Prior authorization
Addition-New Dosage Form	Breo Ellipta Inhalation Aerosol Powder Breath Activated 50-25 MCG/INH	Brand Preferred	Quantity limit
Addition-New Dosage Form	Entyvio Subcutaneous Solution Pen-injector 108 MG/0.68ML	Specialty Non Preferred	Prior authorization
Addition-New Dosage Form	Kalydeco Oral Packet 5.8 MG	Specialty Non 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