ADMINISTRACIÓN DE SEGUROS DE SALUD

ASES

GOBIERNO DE PUERTO RICO

Carta Normativa 26-0127

27 de enero de 2026

A: **Organizaciones de Cuidado Coordinado de Salud (MCOs, por sus siglas en inglés) contratadas bajo el Plan de Salud del Gobierno – Plan Vital, Administrador del Beneficio de Farmacia, Farmacias, Grupos Médicos Primarios (GMP), y Proveedores participantes**

Asunto: **Cambios al Listado de Medicamentos Preferidos (PDL)**

La Administración de Seguros de Salud de PR informa de los siguientes cambios en el PDL efectivo el 2 de marzo de 2026:

Nombre del medicamento que entra al PDL	Guía de Referencia	Formulario
Tezspire Subcutaneous Solution Prefilled Syringe, Tezspire Subcutaneous Solution Auto-injector 210mg/1.91ml	PA	Salud Física
Otezla Oral Tablet 20mg, 30mg, Otezla Oral Tablet Therapy Pack 10, 20 & 30mg; Otezla Oral Tablet Therapy pack 4x10mg & 51 x 20mg, Otezla/ Otezla XR Initiation Pk Oral Tablet Therapy Pack 10, 20, 30mg (ER) 75mg, Otezla XR Oral tablet Extended Release 24 Hour 75mg	PA	Salud Física

Nombre del medicamento que se le añade edito de QL	Guía de Referencia	Formulario
Nurtec Oral Disintegrating Tablet 75mg	PA, QL= 8 tabletas por mes (tratamiento agudo) PA, QL=16 tabletas por mes (tratamiento preventivo)	Salud Física

Nombre del medicamento que sale del PDL	Guía de Referencia	Formulario
Dupixent 100 mg/0.67ml Subcutaneous Solution Prefilled Syringe, 200 mg/1.14ml Subcutaneous Solution Auto-injector, 200mg/1.14ml Subcutaneous Solution Prefilled Syringe, 300	--	Non PDL

mg/2ml Subcutaneous Solution Auto-injector, 300 mg/2ml Subcutaneous Solution Prefilled Syringe		
Omnitrope 10mg/1.5ml Subcutaneous Solution Cartridge, 5mg/1.5ml Subcutaneous Solution Cartridge, Omnitrope Subcutaneous Solution Reconstituted 5.8mg	--	Non PDL
Zomacton Subcutaneous Solution Reconstituted 5mg, Zomacton Subcutaneous Solution Reconstituted 10mg		
Inflectra Intravenous Solution 100 mg		
Renflexis Intravenous Solution 100 mg		
Cyltezo (2 Pen) 40 mg/0.8ml Subcutaneous Auto-injector Kit		
Amjevita 40mg/0.4ml Subcutaneous Solution Prefilled Syringe, 80mg/0.8ml Subcutaneous Solution Auto-injector, 40mg/0.4ml Subcutaneous Solution Auto-injector		
Simlandi (1 Pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit; Simlandi (1 Syringe) 80 g/0.8ml Subcutaneous Prefilled Syringe Kit; Simlandi (2 Pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit; Simlandi (2 Syringe) 20 mg/0.2ml Subcutaneous Prefilled Syringe Kit, 40 mg/0.4ml Subcutaneous Prefilled Syringe Kit		
Yusimry Subcutaneous Auto-injector 40 mg/0.8ml		

Recuerden que los medicamentos cubiertos en el beneficio de farmacia son aquellos que están en el Listado de Medicamentos Preferidos (PDL), que como regla general es genérico mandatorio o el intercambio por genérico bioequivalente clasificado "AB" según el Orange Book, excepto aquellos medicamentos originales identificados en el PDL. Medicamentos biológicos como regla general, deben utilizar biosimilares intercambiables incluidos en el PDL, según el Purple Book.

Cordialmente,

Lcdo. Carlos A. Santiago Rosario, JD, LL.M. (Health Law), MHSA, FACHE, CHC
Director Ejecutivo

<Fecha>

<NOMBRE BENEFICIARIO>
<Direccion Postal>
<Nombre Municipio, Puerto Rico>
<Codigo Postal>

Estimado(a) beneficiario(a):

En <***NOMBRE ASEGURADORA***>., estamos comprometidos con garantizar la continuidad, el acceso y bienestar a los beneficiarios del Plan de Salud del Gobierno, Plan Vital. El propósito de este comunicado es notificarle que el producto a continuación no formara parte de nuestro formulario de medicamentos preferidos a partir del 2 de marzo de 2026.

Medicamento
<Medicamento>

Esto no implica que usted quedará sin cobertura. Nuestro Formulario de Medicamentos Preferidos incluye alternativas terapéuticas disponibles para su consideración. Le recomendamos coordinar una visita con su médico antes de la fecha indicada, a fin de evaluar las opciones disponibles y asegurar que su tratamiento continúe sin interrupciones ni afecte su cuidado médico.

De necesitar información adicional sobre este particular, puede llamar para orientación al Centro de Llamadas de **NOMBRE DE LA ASEGURADORA y NUMERO DE CALL CENTER, HORARIO Y DIAS DE OPERACION**. Igualmente, puede visitar uno de los Centros de Servicios o a través de la PAGINA WEB ASEGURADORA. Si requiere servicios telefónicos para audio-impedidos llame al (NUMERO TTY DE LA ASEGURADORA), También, puede comunicarse al Plan de Salud del Gobierno al Centro de Llamadas Vital al NUMERO CALL CENTER. El Centro de Llamadas está disponible de HORARIO CENTRO DE LLAMADAS, Y DIAS OPERACIÓN.
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Cordialmente,

DEPARTAMENTO RESPONSABLE ASEGURADORA
NOMBRE ASEGURADORA

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HORARIO DE ATENCION Y TTY

ADMINISTRACIÓN DE SEGUROS DE SALUD

ASES

GOBIERNO DE PUERTO RICO

Normative Letter 26-0127-1

January 27, 2026

To: **Managed Care Organizations (MCOs) contracted under the Government Health Plan – Plan Vital, Pharmacy Benefit Manager, Pharmacies, Primary Medical Groups (GMP), and Participating Providers**

Subject: **Changes to the Preferred Drug List (PDL)**

The Puerto Rico Health Insurance Administration informs you of the following changes to the PDL effective March 2nd, 2026:

Name of Drug added to the PDL	Reference Guide	Formulary
Tezspire Subcutaneous Solution Prefilled Syringe, Tezspire Subcutaneous Solution Auto-injector 210mg/1.91ml	PA	Physical Health
Otezla Oral Tablet 20mg, 30mg, Otezla Oral Tablet Therapy Pack 10, 20 & 30mg; Otezla Oral Tablet Therapy pack 4x10mg & 51 x 20mg, Otezla/ Otezla XR Initiation Pk Oral Tablet Therapy Pack 10, 20, 30mg (ER) 75mg, Otezla XR Oral tablet Extended Release 24 Hour 75mg	PA	Physical Health

Name of the drug for which a QL edit is added	Reference Guide	Formulary
Nurtec Oral Disintegrating Tablet 75mg	PA, QL= 8 tablets per month (acute treatment) PA, QL=16 tablets per month (preventive treatment)	Physical Health

Name of the drugs removed from the PDL	Reference Guide	Formulary
Dupixent 100 mg/0.67ml Subcutaneous Solution Prefilled Syringe, 200 mg/1.14ml Subcutaneous Solution Auto-injector, 200mg/1.14ml Subcutaneous Solution Prefilled Syringe, 300 mg/2ml Subcutaneous Solution Auto-injector, 300 mg/2ml Subcutaneous Solution Prefilled Syringe	--	Non PDL

Omnitrope 10mg/1.5ml Subcutaneous Solution Cartridge, 5mg/1.5ml Subcutaneous Solution Cartridge, Omnitrope Subcutaneous Solution Reconstituted 5.8mg	--	Non PDL
Zomacton Subcutaneous Solution Reconstituted 5mg, Zomacton Subcutaneous Solution Reconstituted 10mg		
Inflectra Intravenous Solution 100 mg		
Renflexis Intravenous Solution 100 mg		
Cyltezo (2 Pen) 40 mg/0.8ml Subcutaneous Auto-injector Kit		
Amjevita 40mg/0.4ml Subcutaneous Solution Prefilled Syringe, 80mg/0.8ml Subcutaneous Solution Auto-injector, 40mg/0.4ml Subcutaneous Solution Auto-injector		
Simlandi (1 Pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit; Simlandi (1 Syringe) 80 g/0.8ml Subcutaneous Prefilled Syringe Kit; Simlandi (2 Pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit; Simlandi (2 Syringe) 20 mg/0.2ml Subcutaneous Prefilled Syringe Kit, 40 mg/0.4ml Subcutaneous Prefilled Syringe Kit		
Yusimry Subcutaneous Auto-injector 40 mg/0.8ml		

Please remember that medications covered under the pharmacy benefit are those listed in the Preferred Drug List (PDL), which as a general rule requires mandatory generics or substitution with an "AB" -rated bioequivalent generic according to the Orange Book, except for original brand medications identified in the PDL. Biologic medications, as a general rule, must use interchangeable biosimilars included in the PDL, according to the Purple Book.

Sincerely,

Lcdo. Carlos A. Santiago Rosario, JD, LL.M. (Health Law), MHSA, FACHE, CHC
Executive Director

<Date>

<BENEFICIARY NAME>
<Mailing Address>
<Name Municipality, Puerto Rico>
<Zip Code>

Dear Beneficiary,

At <**NAME *INSURANCE***>, we are committed to guaranteeing continuity, access and well-being to the beneficiaries of the Government Health Plan, Plan Vital. The purpose of this letter is to notify that the product below will not be part of our preferred drug formulary as of March 2, 2026.

Drug
<Drug>

This does not mean that you will be left without coverage. Our Preferred Drug Formulary includes therapeutic alternatives available for your consideration. We recommend that you schedule a visit with your doctor before the scheduled date to evaluate available options and ensure that your treatment continues without interruption or impact on your medical care.

If you need additional information on this matter, you can call the Call Center for guidance at **NAME OF INSURER and CALL CENTER NUMBER, HOURS AND DAYS OF OPERATION.** You can also visit one of the Service Centers or through the INSURANCE WEBSITE. If you require telephone services for hearing impairments call (INSURER TTY NUMBER), also, you can contact the Government Health Plan at the Vital Call Center at CALL CENTER NUMBER. The Call Center is available for CALL CENTER HOURS, and OPERATING DAYS.

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Sincerely,

RESPONSIBLE INSURANCE DEPARTMENT
INSURANCE NAME

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HOURS OF OPERATION AND TTY