



February 11, 2026

## Normative Letter 26-0211

**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)**

Below are the changes to the PDL under the Puerto Rico Government Health Plan – Plan Vital. These changes will be effective on March 16, 2026.

(1) The following drugs are added to the formulary under the PDL, as detailed below:

Name of drug added to the PDL	Reference Guide	Formulary
Bildyos <sup>®</sup> Subcutaneous Solution Prefilled Syringe 60 mg/ml <sup>1</sup>	PA   QL	Physical Health
Bilprevda <sup>®</sup> Subcutaneous Solution 120 mg/1.7ml <sup>2</sup>	PA   QL	Physical Health
Xyntha <sup>®</sup> Intravenous Kit 250 Unit, 500 Unit, 1000 Unit, 2000 Unit	PA	Physical Health
Xyntha <sup>®</sup> Solofuse Intravenous Kit 250 Unit, 500 Unit, 1000 Unit, 2000 Unit, 3000 Unit	PA	Physical Health
Acthar <sup>®</sup> Gel Subcutaneous Pen-Injector 40 Unit/0.5ml, 80 Unit/ml, Injection Gel 80 Unit/ml	PA	Physical Health
Teriflunomide Oral Tablet 7mg, 14mg	PA	Physical Health

<sup>1</sup>Bildyos is the biosimilar of Prolia<sup>®</sup>, and QL if one syringe every 6 months is added.

<sup>2</sup>Bilprevda is the biosimilar of Xgeva<sup>®</sup>, and QL of one vial every 28 days is added. In cases where additional doses are required, the health plan must evaluate an exception to this limit after the first dose.

(2) The following medications are removed from the Preferred Drug List (PDL), as detailed below:

Name of drug removed from the PDL	Reference Guide	Formulary
Advate <sup>®</sup> Intravenous Solution Reconstituted 250-unit, 500-unit, 1000-unit, 1500- unit, 2000-unit, 3000-unit, 4000-unit	—	Non PDL
Prolia <sup>®</sup> Subcutaneous Solution 60 mg/ml, Prolia Subcutaneous Solution Prefilled Syringe 60 mg/ml		
Neulasta <sup>®</sup> Subcutaneous Solution Prefilled Syringe 6 mg/0.6ml, Neulasta <sup>®</sup> Onpro Subcutaneous Solution Prefilled Syringe 6 mg/0.6ml		
Neupogen <sup>®</sup> Injection Solution Prefilled Syringe 480 mcg/0.8ml, 300 mcg/0.5ml, Neupogen Injection Solution 480 mcg/1.6ml, Neupogen <sup>®</sup> Solution 300 mcg/ml		
Procrit <sup>®</sup> Injection Solution 40000 Unit/ml, 3000 Unit/ml, 2000 Unit/ml, 10000 Unit/ml, 4000 Unit/ml, 20000 Unit/ml		
Advocate Insulin Pen Needles, BD AutoShield Duo <sup>3</sup>	—	Non-Formulary
Advocate Insulin Syringe, BD Insulin Syringe, BD Insulin Syringe MicroFine, BD Insulin Syringe U/F, BD Insulin Syringe Ultrafine, BD SafetyGlide Insulin Syringe, Comfort EZ Insulin Syringe, Easy Comfort Insulin Syringe, UltiCare Insulin Syringe <sup>4</sup>		

<sup>3</sup>The pen needles available in the PDL are: BD Pen Needle Micro Ultrafine, BD Pen Needle Mini Ultrafine, BD Pen Needle Nano 2nd Gen, BD Pen Needle Nano Ultrafine, BD Pen Needle Orig Ultrafine, BD Pen Needle Short Ultrafine, Easy Touch Pen Needles, Embecta AutoShield Duo, Embecta Pen Needle Nano, Embecta Pen Needle Nano 2 Gen, Embecta Pen Needle Ultrafine, Leader Unifine Pentips Plus, Medicine Shoppe Pen Needles, Pen Needles, Pentips Generic Pen Needles, Sure Comfort Pen Needles, TRUEplus 5-Bevel Pen Needles & UltiCare Short Pen Needles.

<sup>4</sup>The syringes available in the PDL are: Easy Touch Insulin Syringe, GNP Insulin Syringe, Insulin Syringe, Insulin Syringe-Needle U-100, Monoject Insulin Syringe, Monoject Ultra Comfort Syringe, ReliOn Insulin Syringe, Sure Comfort Insulin Syringe & TRUEplus Insulin Syringe.

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.

Cordially,



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