



Massachusetts 2024 Evidence of Coverage Amendment

The following amendment is effective for all fully-insured large group plans renewing on or after 1/1/2024. This amendment includes important information about your health care coverage under your Massachusetts health insurance plan.

Limited Distribution Drugs Pharmacy Program

Effective 1/1/2024, certain formulary medications will be restricted under the Limited Distribution Drugs Pharmacy Management Program. Limited Distribution Drugs treat complex conditions and are only available through certain pharmacies. Select Limited Distribution Drugs will be limited to a 30-day supply, and our formulary will indicate when that limitation applies. For more information, please contact the Member Services Department or see the formulary on our website at <https://tuftshealthplan.com/member/employer-individual-or-family-plans/plans-benefits/pharmacy-benefit/pharmacy-formularies>.