



Massachusetts 2023 Evidence of Coverage Amendment

The following amendment is effective for all fully-insured large group plans renewing on or after 1/1/2023. This amendment includes important information about your health care coverage under your Massachusetts health insurance plan.

Step Therapy Pharmacy Program Coverage Decisions

Effective 10/1/2023, coverage decisions for medications restricted under the Step Therapy Pharmacy Management Program will be made within three (3) business days of receiving all the information necessary to make a *Medical Necessity* determination. Medications on our formulary that are restricted under the Step Therapy Pharmacy Management Program are labeled with an "ST." *Members* that have already been prescribed a medication restricted under the Step Therapy Program may contact the Member Services Department to initiate a request for a one-time transition fill of the restricted medication (up to a 30-day supply) while the *Medical Necessity* review is in process. 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>.