



## 2021 Formulary Change Notice

Effective: February 1, 2021

Tufts Medicare Preferred HMO Individual

Tufts Health Plan Senior Care Options

The coverage listed below is effective for our Tufts Medicare Preferred HMO Individual and Tufts Health Plan Senior Care Options (SCO) plans. For changes affecting our Tufts Health Plan Medicare Preferred Employer Group, Tufts Health Plan Medicare Preferred PDP, and Tufts Health Unify, please reference the applicable plan's formulary.

Drug name	Type of Change	Coverage	Notes
dimethyl fumarate delayed release	Addition	T5; QL (60/30); SP	generic Tecfidera®
Tecfidera® delayed release	Removal	Non-Covered	
efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg	Addition	T5	generic Atripla®
efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg	Addition	T5	generic Symfi Lo®
efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg	Addition	T5	generic Symfi®
emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg	Addition	T5	generic Truvada®
fosfomycin powder	Addition	T3	generic Monurol®
lapatinib	Addition	T5; PA: QL (180/30); SP	generic Tykerb®
metyrosine	Addition	T5	generic Demser®
sapropterin dihydrochloride powder	Addition	T5; PA; SP	generic Kuvan®

Drug name	Type of Change	Coverage	Notes
Breztri™	Addition	T3; QL (3 inhalers/90 days)	
Diacomit®	Addition	T5; PA	
Dojolvi®	Addition	T5	

**Key:**

**PA** Prior Authorization

**SP** Specialty

**QL** Quantity Limit