



2021 Formulary Change Notice

Effective: February 1, 2021

CarePartners of Connecticut

The coverage listed below is effective for CarePartners of Connecticut plans.

| 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® |
| Breztri™ | Addition | T3; QL (3 inhalers/90 days) | |
| Diacomit® | Addition | T5; PA | |
| Dojolvi® | Addition | T5 | |

Key:

PA Prior Authorization

SP Specialty

QL Quantity Limit