



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