

## Changes to the HealthSun Formulary

The table below outlines formulary changes for the HealthSun Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
04/01/22	ASMANEX (7 METERED DOSES) 110 MCG/INH AER POW BA	No longer covered under Part D	Please talk to your health care provider about an alternative that may be right for you		
04/01/22	BEKYREE 0.15-0.02/0.01 MG (21/5) TAB	No longer covered under Part D	DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.02/0.01 MG (21/5) TAB		
04/01/22	DANYELZA 40 MG/10ML SOLUTION	No longer covered under Part D	Please talk to your health care provider about an alternative that may be right for you		
04/01/22	FREAMINE HBC 6.9 % SOLUTION	No longer covered under Part D	Please talk to your health care provider about an alternative that may be right for you		
04/01/22	PHENADOZ 25 MG SUPPOS	No longer covered under Part D	Please talk to your health care provider about an alternative that may be right for you		

Last Updated: 04/25/2022  
HEALTHSUN FORMULARY

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\*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your health care provider can determine if the alternative(s) listed here is appropriate for you given the individualized nature of drug therapy.

\*\*Please refer to the description of your plan for copay/coinsurance amounts.

\*\*\*Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.