

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***
7/1/2022	PAROEX 0.12 % SOLUTION	Deletion - No longer covered under Medicare Part D	CHLORHEXIDINE GLUCONATE	Tier 1	

Last Updated: 06/23/2022
HEALTHSUN FORMULARY

H5431_2022_FC_C
1038984MUSENMUB

*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.