

## 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***
3/1/2023	AFEDITAB CR 60 MG TAB ER 24H	Deletion – No longer covered under Medicare Part D	NIFEDIPINE XR TABLET	Tier 1	
3/1/2023	APO-VARENICLINE 0.5 MG TAB	Deletion – No longer covered under Medicare Part D	VARENICLINE 0.5 MG TABLET	Tier 3	PA; QL (60 per 30 days)
3/1/2023	APO-VARENICLINE 1 MG TAB	Deletion – No longer covered under Medicare Part D	VARENICLINE 1 MG TABLET	Tier 3	PA; QL (56 per 28 days)
3/1/2023	CRIXIVAN 200 MG CAP	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
3/1/2023	DIGITEK 125 MCG TAB	Deletion – No longer covered under Medicare Part D	DIGOXIN TABLET	Tier 1	

Last Updated: 2/20/2023  
HEALTHSUN FORMULARY

H5431\_2023\_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.