

## 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** *
12/1/2023	STAVUDINE 15 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
12/1/2023	STAVUDINE 20 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
12/1/2023	STAVUDINE 30 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
12/1/2023	STAVUDINE 40 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
12/1/2023	TEKTURNA HCT 300-12.5 MG TAB	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
12/1/2023	TEKTURNA HCT 300-25 MG TAB	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

Last Updated: 11/20/2023  
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.