

## 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** *
5/1/2023	CHATEAL 0.15-30 MG-MCG TAB	Deletion – No longer covered under Medicare Part D	LEVONORGESTREL/ETHINYL ESTRADIOL TAB	Tier 1	
5/1/2023	FML 0.1 % OINTMENT	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
5/1/2023	GIANVI 3-0.02 MG TAB	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
5/1/2023	HEPATAMINE 8 % SOLUTION	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
5/1/2023	PASER 4 GM PACKET	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
5/1/2023	ROSADAN 0.75 % CREAM	Deletion – No longer covered under Medicare Part D	METRONIDAZOLE CREAM 0.75%	Tier 2	
5/1/2023	TEKTURN HCT 150-12.5 MG TAB	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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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.