

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***
2/1/2024	Avita Cream 0.025 % External	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Flutamide Capsule 125 MG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Isopto Atropine Solution 1 % Ophthalmic Drops	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Lillow Tablet 0.15-30 MG-MCG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Stavudine Capsule 15 MG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Stavudine Capsule 20 MG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Stavudine Capsule 30 MG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

Last Updated: 1/19/2024
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.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2024	Stavudine Capsule 40 MG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Tekturna HCT Tablet 300-12.5 MG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Tekturna HCT Tablet 300-25 MG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	Zebutal Capsule 50-325-40 MG Oral	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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