

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*** |
|----------------|---|---|---|--------------|-----------------|
| 5/1/2026 | Nisoldipine ER Tablet Extended Release 24 Hour 20 MG Oral | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 5/1/2026 | Nisoldipine ER Tablet Extended Release 24 Hour 25.5 MG Oral | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 5/1/2026 | Nisoldipine ER Tablet Extended Release 24 Hour 30 MG Oral | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 5/1/2026 | Nisoldipine ER Tablet Extended Release 24 Hour 40 MG Oral | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |

Last Updated: 4/10/2026
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.