

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***
10/1/2026	Boostrix Suspension 5-2.5-18.5 LF-MCG/0.5 Intramuscular	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you.		
10/1/2026	Rykindo Suspension Reconstituted ER 37.5 MG Intramuscular	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you.		
10/1/2026	Rykindo Suspension Reconstituted ER 50 MG Intramuscular	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you.		
10/1/2026	Tazicef Solution Reconstituted 1 GM Intravenous	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you.		

Last Updated: 9/3/2026
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.