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***
11/1/2026	Dextromethorphan-Quinidine Capsule 20-10 MG	Formulary Addition		Tier 3	PA, QL (60 EA per 30 days)
11/1/2026	Nuedexta Capsule 20-10 MG Oral	Brand Drug Deleted - Generic Added	Dextromethorphan-Quinidine Capsule 20-10 MG	Tier 3	PA, QL (60 EA per 30 days)
11/1/2026	Cefazolin Sodium 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.		
11/1/2026	Ofloxacin Tablet 300 MG Oral	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you.		

*****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.