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***
2/1/2025	Amoxicillin-Pot Clavulanate Tablet Chewable 200-28.5 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
1/1/2025	Auryxia Tablet 1 GM 210 MG	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Benznidazole TABLET 100 MG	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Benznidazole TABLET 12.5 MG	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
1/1/2025	Calcium Acetate (Phos Binder) Capsule 667 MG	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
1/1/2025	Calcium Acetate (Phos Binder) Tablet 667 MG	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: 1/16/2025 HEALTHSUN FORMULARY Y0114_25_3012944_0000_I_C 1074449MUMENMUB

*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.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2025	Efavirenz Capsule 200 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Efavirenz Capsule 50 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Emcyt Capsule 140 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Ervebo Suspension 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		
2/1/2025	Erythrocin Stearate Tablet 250 MG	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	fentaNYL Citrate Tablet 100 MCG Buccal	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Leukeran Tablet 2 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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2/1/2025	Lexiva Suspension 50 MG/ML	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Natacyn Suspension 5 % Ophthalmic	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Prednicarbate Ointment 0.1 %	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
1/1/2025	Sevelamer Carbonate Packet 0.8 GM	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
1/1/2025	Sevelamer Carbonate Packet 2.4 GM	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
1/1/2025	Sevelamer Carbonate Tablet 800 MG	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Syndros Solution 5 MG/ML	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2025	Tabloid Tablet 40 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	TobraDex ST Suspension 0.3-0.05 % Ophthalmic	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Trizivir Tablet 300-150-300 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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1/1/2025	Velphoro TABLET CHEWABLE 500 MG	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
2/1/2025	Xuriden Packet 2 GM	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		

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