



# GOLD KIDNEY HEALTH PLAN

## Formulary Change Notice

Gold Kidney Health Plan may remove drugs from our formulary (list of covered drugs) or add rules about whether and when certain drugs are covered during the year. The chart below contains upcoming changes to the Gold Kidney Health Plan formulary. You may not be taking these drugs now. We provide you with these updates so that you know about future changes to our drug list. Please see Section 4 of your Monthly Prescription Drug Summary (Member Explanation of Benefits) for specific changes to drugs that you are currently taking.

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
24325	2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC DROPS	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-2
24325	2/1/2024	VOTRIENT 200 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PAZOPANIB HCL 200 MG ORAL TABLET-5
24325	2/1/2024	CAROSPIR 25 MG/5 ML ORAL ORAL SUSP	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SPIRONOLACTONE 25 MG/5 ML ORAL ORAL SUSP-2