



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
25216 25318	3/1/2025	SPRYCEL 20 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 20 MG ORAL TABLET-5
25216 25318	3/1/2025	SPRYCEL 50 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 50 MG ORAL TABLET-5
25216 25318	3/1/2025	SPRYCEL 70 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 70 MG ORAL TABLET-5
25216 25318	3/1/2025	SPRYCEL 80 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 80 MG ORAL TABLET-5

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
25216 25318	3/1/2025	SPRYCEL 100 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 100 MG ORAL TABLET-5
25216 25318	3/1/2025	SPRYCEL 140 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 140 MG ORAL TABLET-5
25216 25318	3/1/2025	TAZORAC 0.05 % TOPICAL CREAM (G)	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TAZAROTENE 0.05 % TOPICAL CREAM (G)-2
25216 25318	4/1/2025	MESNEX 400 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MESNA 400 MG ORAL TABLET-5
25216 25318	4/1/2025	TRUSELTIQ 50 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
25216 25318	4/1/2025	TRUSELTIQ 75 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
25216 25318	4/1/2025	TRUSELTIQ 100 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
25216 25318	4/1/2025	TRUSELTIQ 125 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
25216 25318	5/1/2025	NAMZARIC 14MG-10MG ORAL CAP SPR 24	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MEMANTINE HCL- DONEPEZIL HCL ER 14MG- 10MG ORAL CAP SPR 24-2
25216 25318	5/1/2025	NAMZARIC 21 MG-10MG ORAL CAP SPR 24	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MEMANTINE HCL- DONEPEZIL HCL ER 21 MG- 10MG ORAL CAP SPR 24-2
25216 25318	5/1/2025	NAMZARIC 28 MG-10MG ORAL CAP SPR 24	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MEMANTINE HCL- DONEPEZIL HCL ER 14MG- 10MG ORAL CAP SPR 24-2