



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. 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
26345 26346	2/1/2026	GLEOSTINE 10 MG ORAL CAPSULE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 10 MG ORAL CAPSULE-1
26345 26346	2/1/2026	GLEOSTINE 40 MG ORAL CAPSULE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 40 MG ORAL CAPSULE-1
26345 26346	2/1/2026	GLEOSTINE 100 MG ORAL CAPSULE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 100 MG ORAL CAPSULE-1
26345 26346	2/1/2026	DIFICID 200 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	FIDAXOMICIN 200 MG ORAL TABLET-1

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
26345 26346	2/1/2026	RAVICTI 1.1GRAM/ML ORAL LIQUID	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	GLYCEROL PHENYLBUTYRATE 1.1GRAM/ML ORAL LIQUID-1
26345 26346	2/1/2026	PREMARIN 0.3 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.3 MG ORAL TABLET-1
26345 26346	2/1/2026	PREMARIN 0.45MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.45MG ORAL TABLET-1
26345 26346	2/1/2026	PREMARIN 0.625 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.625 MG ORAL TABLET-1
26345 26346	2/1/2026	PREMARIN 0.9 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.9 MG ORAL TABLET-1
26345 26346	2/1/2026	PREMARIN 1.25 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 1.25 MG ORAL TABLET-1
26345 26346	3/1/2026	USTEKINUMAB 130MG/26ML INTRAVEN. VIAL	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 130MG/26ML INTRAVEN. VIAL-5
26345 26346	3/1/2026	STELARA 130MG/26ML INTRAVEN. VIAL	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 130MG/26ML INTRAVEN. VIAL-5

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
26345 26346	3/1/2026	STELARA 45MG/0.5ML SUBCUTANE. VIAL	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3
26345 26346	3/1/2026	USTEKINUMAB 45MG/0.5ML SUBCUTANE. VIAL	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3
26345 26346	3/1/2026	STELARA 90 MG/ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3
26345 26346	3/1/2026	USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3
26345 26346	3/1/2026	USTEKINUMAB 45MG/0.5ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3
26345 26346	3/1/2026	STELARA 45MG/0.5ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3
26345 26346	4/1/2026	BRILINTA 90 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TICAGRELOR 90 MG ORAL TABLET-2
26345 26346	4/1/2026	FYCOMPA 0.5 MG/ML ORAL ORAL SUSP	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 0.5 MG/ML ORAL ORAL SUSP-5

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
26345 26346	4/1/2026	RIVAROXABAN 2.5 MG ORAL TABLET	QL ADD	ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES	
26345 26346	4/1/2026	XGEVA 120 MG/1.7 SUBCUTANE. VIAL	DELETION OF DRUG FROM FORMULARY	REMOVAL OF DRUG FROM FORMULARY DUE TO NEW CLINICAL GUIDELINES	