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
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

Last Updated: 7/21/2026

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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
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

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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 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 SUSP-5
26345 26346	4/1/2026	RIVAROXABAN 2.5 MG ORAL TABLET	QL ADD	ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES	

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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	
26345 26346	5/1/2026	ZYLET 0.3%-0.5% OPHTHALMIC DROPS SUSP	BRAND DELETION, ADD GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	TOBRAMYCIN-LOTEPREDNOL 0.3%-0.5% OPHTHALMIC DROPS SUSP-2
26345 26346	5/1/2026	TEFLARO 400 MG INTRAVEN. VIAL	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL-5
26345 26346	5/1/2026	TEFLARO 600 MG INTRAVEN. VIAL	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL-5
26345 26346	5/23/2026	TAZVERIK 200 MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	
26345 26346	6/1/2026	BRIVIACT 10 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 10 MG ORAL TABLET-5
26345 26346	6/1/2026	BRIVIACT 25 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 25 MG ORAL TABLET-5
26345 26346	6/1/2026	BRIVIACT 50 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 50 MG ORAL TABLET-5
26345 26346	6/1/2026	BRIVIACT 75 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 75 MG ORAL TABLET-5

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26345 26346	6/1/2026	BRIVIACT 100 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 100 MG ORAL TABLET-5
26345 26346	6/1/2026	BRIVIACT 10 MG/ML ORAL SOLUTION	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 10 MG/ML ORAL SOLUTION-2
26345 26346	7/1/2026	OFEV 100 MG ORAL CAPSULE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NINTEDANIB ESYLATE 100 MG ORAL CAPSULE-5
26345 26346	7/1/2026	OFEV 150 MG ORAL CAPSULE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NINTEDANIB ESYLATE 150 MG ORAL CAPSULE-5
26345 26346	7/1/2026	XIGDUO XR 5 MG-500MG ORAL TAB BP 24H	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN-METFORMIN ER 5 MG-500MG ORAL TAB BP 24H-2
26345 26346	7/1/2026	XIGDUO XR 10MG-500MG ORAL TAB BP 24H	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN-METFORMIN ER 10MG-500MG ORAL TAB BP 24H-2
26345 26346	7/1/2026	FARXIGA 5 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN 5 MG ORAL TABLET-2
26345 26346	7/1/2026	FARXIGA 10 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN 10 MG ORAL TABLET-2
26345 26346	8/1/2026	TASIGNA 50 MG ORAL CAPSULE		REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE	NILOTINIB HCL 50 MG ORAL CAPSULE-5

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			BRAND DELETION, ADD GENERIC	TO ADDITION OF NEW GENERIC EQUIVALENT	
26345 26346	8/1/2026	TASIGNA 150 MG ORAL CAPSULE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 150 MG ORAL CAPSULE-5
26345 26346	8/1/2026	TASIGNA 200 MG ORAL CAPSULE	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 200 MG ORAL CAPSULE-5
26345 26346	8/1/2026	METFORMIN HCL 750 MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	FORMULARY DELETION	
26345 26346	8/1/2026	EDURANT 25 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RILPIVIRINE 25 MG ORAL TABLET-5
26345 26346	8/1/2026	MAVENCLAD 10 MG ORAL TABLET	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CLADRIBINE 10 MG ORAL TABLET-5
26345 26346	8/1/2026	ATROVENT HFA 17MCG INHALATION HFA AER AD	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	IPRATROPIUM BROMIDE 17MCG INHALATION HFA AER AD-2
26345 26346	8/1/2026	ASTAGRAF XL 0.5 MG ORAL CAP ER 24H	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TACROLIMUS XL 0.5 MG ORAL CAP ER 24H-2
26345 26346	8/1/2026	ASTAGRAF XL 1 MG ORAL CAP ER 24H	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TACROLIMUS XL 1 MG ORAL CAP ER 24H-2

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26345 26346	8/1/2026	ASTAGRAF XL 5 MG ORAL CAP ER 24H	BRAND DELETION, ADD GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TACROLIMUS XL 5 MG ORAL CAP ER 24H-5