



## 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<br>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<br>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<br>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<br>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 |

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

| CMS<br>Formulary<br>ID | Effective<br>Date | Drug Name                              | Change Description             | Reason Description   | Alternate Drug and Tier   |
|------------------------|-------------------|--|--------------------------------|--|---|
| 25216<br>25318         | 5/1/2025          | NAMZARIC 14MG-10MG ORAL CAP<br>SPR 24  | BRAND DELETION, ADD<br>GENERIC | REMOVAL OF BRAND NAME<br>DRUG FROM FORMULARY DUE<br>TO ADDITION OF NEW GENERIC<br>EQUIVALENT | MEMANTINE HCL-<br>DONEPEZIL HCL ER 14MG-<br>10MG ORAL CAP SPR 24-2  |
| 25216<br>25318         | 5/1/2025          | NAMZARIC 21 MG-10MG ORAL CAP<br>SPR 24 | BRAND DELETION, ADD<br>GENERIC | REMOVAL OF BRAND NAME<br>DRUG FROM FORMULARY DUE<br>TO ADDITION OF NEW GENERIC<br>EQUIVALENT | MEMANTINE HCL-<br>DONEPEZIL HCL ER 21 MG-<br>10MG ORAL CAP SPR 24-2 |
| 25216<br>25318         | 5/1/2025          | NAMZARIC 28 MG-10MG ORAL CAP<br>SPR 24 | BRAND DELETION, ADD<br>GENERIC | REMOVAL OF BRAND NAME<br>DRUG FROM FORMULARY DUE<br>TO ADDITION OF NEW GENERIC<br>EQUIVALENT | MEMANTINE HCL-<br>DONEPEZIL HCL ER 14MG-<br>10MG ORAL CAP SPR 24-2  |
| 25216<br>25318         | 6/1/2025          | PURIXAN 20 MG/ML ORAL ORAL<br>SUSP     | BRAND DELETION, ADD<br>GENERIC | REMOVAL OF BRAND NAME<br>DRUG FROM FORMULARY DUE<br>TO ADDITION OF NEW GENERIC<br>EQUIVALENT | MERCAPTOPURINE 20<br>MG/ML ORAL ORAL SUSP-5                         |