



Changes to the Leon Health Formulary

The table below outlines formulary changes for the Leon *MediDual* Formulary

Effective Date	Drug Name	Reason/Description	Alternate Drugs and Tier
10/01/2023	PLASMA-LYTE 148 INTRAVEN. IV SOLN	Removal of brand name drug from formulary due to the addition of new generic equivalent.	MULTIPLE ELECTROLYTES T1 PH5.5 INTRAVEN. IV SOLN – Drug Tier 1
10/01/2023	AMBISOME 50 MG INTRAVEN. VIAL	Removal of brand name drug from formulary due to the addition of new generic equivalent.	AMPHOTERICIN B LIPOSOME 50 MG INTRAVEN. VIAL – Drug Tier 4

Last Updated: 09/31/2023

H4286_FORMULARYCHANGES_2023_C

Leon Health, Inc. is an HMO with a Medicare contract. Enrollment in Leon Health, Inc. depends on contract renewal.