Leon Health Pharmacy - Notification of Medicare Part D Negative Formulary Change

Leon Health is providing notification of the following Medicare Part D negative formulary change:

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Drug Tier	Effective Date
DIFICID ORAL 200 MG ORAL TABLET	Removed from formulary	New generic now available	FIDAXOMICIN 200 MG ORAL TABLET	4	5/1/2026
ZYLET 0.3%-0.5% OPHTHALMIC DROPS SUSPENSION	Removed from formulary	New generic now available	TOBRAMYCIN-LOTEPREDNOL 0.3%-0.5% OPHTHALMIC DROPS SUSPENSION	2	5/1/2026
TEFLARO 400, 600 MG INTRAVENOUS VIAL	Removed from formulary	New generic now available	CEFTAROLINE FOSAMIL 400, 600 MG INTRAVENOUS VIAL	4	5/1/2026
SAVELLA ORAL 100, 12.5, 25, 50 MG ORAL TABLET	Removed from formulary	New generic now available	MILNACIPRAN HCL 100, 12.5, 25, 50 MG ORAL TABLET	2	6/1/2026
BRIVIACT ORAL 10, 100, 25, 50, 75 MG ORAL TABLET BRIVIACT 10 MG/ML ORAL SOLUTION	Removed from formulary	New generic now available	BRIVARACETAM 10, 100, 25, 50, 75 MG ORAL TABLET BRIVARACETAM 10 MG/ML ORAL SOLUTION	4	6/1/2026
ATROVENT HFA 17MCG INHALATION HFA AER	Removed from formulary	New generic now available	IPRATROPIUM BROMIDE 17 MGC Inhalation HFA aerosol	2	8/1/2026

Leon Health Pharmacy - Notification of Medicare Part D Negative Formulary Change

ASTAGRAF XL 0.5 MG, 1MG, 5MG ORAL CAP ER 24H	Removed from formulary	New generic now available	TACROLIMUS XL 0.5, 1, 5 MG ORAL CAPSULE ER 24H	3	8/1/2026
MAVENCLAD 10 MG ORAL TABLET	Removed from formulary	New generic now available	CLADRIBINE 10 MG ORAL TABLET	4	8/1/2026

Members who are affected by the change will receive notification via email. Leon Health, Inc. is providing this notice prior to the date the change becomes effective so that any appropriate action may be taken, which may include considering alternative drugs that are covered by the plan or asking the plan for an exception.

For more information about how the change may affect cost-sharing, such as copayments or coinsurance, or for more recent information or other questions, please contact Leon Health, Inc. Member Service at 844-9-MY-LEON (1-844-969-5366) or local at 305-541- LEON (305-541-5366) (TTY users should call 711), hours are from 8 a.m. to 8 p.m., seven days a week from October 1st through March 31st and Monday through Friday from April 1st through September 30th or visit www.leonhealth.com.

Leon Health, Inc. is an HMO with a Medicare contract. Enrollment in Leon Health, Inc. depends on contract renewal. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-969-5366 (TTY: 711) or speak to your provider. Leon Health Inc.'s pharmacy network offers limited access to pharmacies with preferred cost sharing in Miami-Dade, FL. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-844-969-5366 (TTY: 711) or consult the online pharmacy directory at www.leonhealth.com.

H4286_NEGATIVECHCFOR26_C