

2026 Alternative Covered Drugs



WELLCARE BY ALLWELL HAS YOU COVERED FOR YOUR PRESCRIPTION DRUG NEEDS.

We strive to cover the most common drugs across all disease states. Below are some common drugs not covered by the plan, along with alternative drugs that are covered. If you are currently on a drug that is not covered, please check our plan's *formulary* (drug list) to see which alternative drugs are covered. Talk to your provider to see if the formulary alternatives listed below would work for you.

Generics, authorized generics, and biosimilars listed in the table below with the ** symbol have the same active ingredients as the drug not covered on the formulary. If you have an active prescription for a drug not covered, talk to your provider or pharmacist about getting the drug listed with ** without a new prescription.

| DRUG(S) NOT COVERED ON THE FORMULARY | DRUG(S) COVERED ON THE FORMULARY | FORMULARY RESTRICTIONS |
|--|----------------------------------|------------------------|
| BASAGLAR KWIKPEN (insulin glargine) TRESIBA (insulin degludec) INSULIN DEGLUDEC [DISCONTINUED] SEMGLEE (insulin glargine-yfgn)** LANTUS (insulin glargine)** INSULIN GLARGINE | INSULIN GLARGINE-YFGN** | None |
| | INSULIN GLARGINE U-300 | None |
| TOUJEO U-300 (insulin glargine)** | INSULIN GLARGINE U-300** | None |
| | INSULIN GLARGINE-YFGN | None |
| BYDUREON BCISE [DISCONTINUED] | MOUNJARO | PA, QL |
| | OZEMPIC | PA, QL |
| | RYBELSUS | PA, QL |
| | TRULICITY | PA, QL |
| XULTOPHY | SOLIQUA | QL |
| ADVAIR DISKUS** wixela inhub** | fluticasone-salmeterol diskus** | QL |
| | breyana hfa | QL |
| | BREO ELLIPTA | QL |
| | ADVAIR HFA | QL |

Uppercase text = Brand name drug

Lowercase text = Generic drug

**Therapeutically equivalent

PA = Prior authorization

QL = Quantity limit

| DRUG(S) NOT COVERED ON THE FORMULARY | DRUG(S) COVERED ON THE FORMULARY | FORMULARY RESTRICTIONS |
|--|--------------------------------------|---------------------------|
| fluticasone-salmeterol hfa** | ADVAIR HFA** | QL |
| | breyna hfa | QL |
| | fluticasone-salmeterol diskus | QL |
| | BREO ELLIPTA | QL |
| SYMBICORT (budesonide-formoterol)** budesonide-formoterol hfa** DULERA | breyna hfa (budesonide-formoterol)** | QL |
| | fluticasone-salmeterol diskus | QL |
| | BREO ELLIPTA | QL |
| | ADVAIR HFA | QL |
| PULMICORT FLEXHALER | ARNUITY ELLIPTA | QL |
| RESTASIS** | cyclosporine 0.05% eye drops** | QL |
| SIMBRINZA | brimonidine 0.15%, 0.2% | None |
| | carteolol | None |
| | dorzolamide | None |
| | dorzolamide-timolol | None |
| | brinzolamide | None |
| | levobunolol | None |
| | timolol gel-forming drops | None |
| | timolol drops | None |
| GEMTESA | mirabegron | QL |
| | tolterodine IR/ER | QL |
| | solifenacin | QL |
| | oxybutynin IR/ER | QL |
| diclofenac 2% topical solution pump | diclofenac 1.5% topical solution | QL |
| REPATHA | PRALUENT | PA |
| omega-3 ethyl esters | icosapent ethyl | None |
| | VASCEPA | None |

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| DRUG(S) NOT COVERED ON THE FORMULARY | DRUG(S) COVERED ON THE FORMULARY | FORMULARY RESTRICTIONS |
|--|-------------------------------------|---------------------------|
| AJOVY | AIMOVIG | PA, QL |
| | EMGALITY 120mg/mL | PA, QL |
| QULIPTA UBRELVY ZAVZPRET | NURTEC | PA, QL |
| STELARA (ustekinumab)** ACTEMRA (tocilizumab) | STEQEYMA (ustekinumab-stba)** | PA, QL |
| | TYENNE (tocilizumab-aazg) | PA, QL |
| | CYLTEZO | PA, QL |
| | YUFLYMA | PA, QL |
| | COSENTYX | PA, QL |
| | OTEZLA | PA, QL |
| | RINVOQ | PA, QL |
| | SKYRIZI | PA, QL |
| | TREMFYA | PA, QL |
| HUMIRA (adalimumab)** | CYLTEZO (adalimumab-adbm)** | PA, QL |
| | YUFLYMA (adalimumab-aaty)** | PA, QL |
| | STEQEYMA | PA, QL |
| | COSENTYX | PA, QL |
| | OTEZLA | PA, QL |
| | RINVOQ | PA, QL |
| | SKYRIZI | PA, QL |
| | TREMFYA | PA, QL |
| | TYENNE | PA, QL |
| AUSTEDO AUSTEDO XR | INGREZZA | PA, QL |
| | tetrabenazine | PA, QL |
| REVLIMID** | lenalidomide** | PA, QL |
| abiraterone acetate 500mg tab | abiraterone acetate 250mg tab | PA, QL |
| | abirtega 250mg tab | PA, QL |
| EPOGEN (epoetin alfa) PROCRIT (epoetin alfa) | RETACRIT (epoetin alfa-epbx) | PA |
| VELTASSA | sodium polystyrene sulfonate | None |
| | SPS | None |
| | kionex | None |
| | LOKELMA | None |

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| TRULANCE | LINZESS | QL |
| | lubiprostone | QL |
| OPSUMIT | sildenafil 20mg | PA, QL |
| | tadalafil 20mg | PA, QL |
| | ambrisentan | PA, QL |
| | bosentan | PA, QL |

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Note: Alternative drugs are suggestions and may not be right for every illness. This information is correct as of January 1, 2026, but it can change. Please check the drug list for details on which drugs are covered. The drug list can change from time to time during the year.