Department of Medicaid

Next Generation MyCare

By buckeye health plan

Changes to Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)'s List of Covered Drugs (Formulary)

The table below outlines changes to our List of Covered Drugs (Formulary) that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Tier	Effective Date
PROLIA 60 MG/ML SYRINGE (ML)	Deletion Of Drug From Formulary	Biosimilar Available	BOMYNTRA 120 mg/1.7 mL (70 mg/mL) Syringe and Vial; osenvelt 120 mg/1.7 mL (70 mg/mL) solution	Tier 5	02/01/2026
XGEVA 120 MG/ 1.7 VIAL (ML)	Deletion Of Drug From Formulary	Biosimilar Available	osenvelt 120 mg/1.7 mL (70 mg/mL) solution and vial; BOMYNTRA 120 mg/1.7 mL (70 mg/mL) Solution	Tier 5	02/01/2026
GLEOSTINE 10 MG CAPSULE	Deletion Of Drug From Formulary	Generic Available	lomustine 10 mg capsule	Tier 4	02/01/2026
GLEOSTINE 100 MG CAPSULE	Deletion Of Drug From Formulary	Generic Available	lomustine 100 mg capsule	Tier 5	02/01/2026
GLEOSTINE 40 MG CAPSULE	Deletion Of Drug From Formulary	Generic Available	lomustine 40 mg capsule	Tier 5	02/01/2026
DIFICID 200 MG TABLET	Deletion Of Drug From Formulary	Generic Available	fidaxomicin 200 mg tablet	Tier 5	02/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Tier	Effective Date
FYCOMPA	Deletion of drug from Formulary	Generic Available	perampanel 0.5mg/ml suspension, oral (Final Dose Form)	Tier 5	04/01/2026
VYNDAQEL	Deletion Of Drug from Formulary	Market Removal	Consult Your Health Care Provider	N/A	05/01/2026
POMALYST	Deletion of Drug from Formulary	Generic Available	POMALIDOMIDE 1MG, 2MG, 3MG, 4MG CAPSULE	Tier 5	05/01/2026
BRIVIACT TABLET	Deletion of drug from Formulary	Generic Available	brivaracetam 10mg, 25mg, 50mg, 75mg, 100mg tablet	Tier 5	06/01/2026
BRIVIACT ORAL SOLUTION	Deletion of drug from Formulary	Generic Available	brivaracetam 10mg/ml oral solution	Tier 5	06/01/2026
XIGDUO XR	Deletion of drug from Formulary	Generic Available	dapagliflozin-metformin ER 5mg-1000mg, 10mg-1000mg tablet Immediate and Extended Rel Biphase 24hr	Tier 3	06/01/2026
STELARA	Deletion of drug from Formulary	Biosimilar Available	ustekinumab-TTWE 45mg/0.5ml vial	Tier 3	06/01/2026
ustekinumab	Deletion of drug from Formulary	Biosimilar Available	ustekinumab-TTWE 45mg/0.5ml vial	Tier 3	06/01/2026
OFEV	Deletion Of Drug From Formulary	Generic Available	NINTEDANIB ESYLATE 100 MG, 150 MG CAPSULE	Tier 5	09/01/2026
FARXIGA	Deletion Of Drug From Formulary	Generic Available	DAPAGLIFLOZIN 5 MG, 10 MG TABLET	Tier 3	09/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Tier	Effective Date
XIGDUO XR	Deletion Of Drug From Formulary	Generic Available	DAPAGLIFLOZIN/METFORMIN 5 MG-500MG, 10MG-500MG TABLET, IMMED AND EXTEND REL BIPHASE 24HR	Tier 3	09/01/2026
SAVELLA	Deletion Of Drug From Formulary	Generic Available	MILNACIPRAN HCL 12.5 MG, 25 MG, 50 MG, 100 MG TABLET	Tier 3	09/01/2026
XELJANZ XR	Deletion Of Drug From Formulary	Generic Available	TOFACITINIB CITRATE ER 11 MG TABLET, 22 MG TABLET EXTENDED RELEASE 24 HR	Tier 5	09/01/2026
BOSULIF	Deletion Of Drug From Formulary	Generic Available	BOSUTINIB 400MG TABLET	Tier 5	09/01/2026
JANUMET	Deletion Of Drug From Formulary	Generic Available	SITAGLIPTIN PHOS/METFORMIN HCL 50MG-500MG, 50-1000 MG	Tier 3	10/01/2026
NUEDEXTA 20 MG-10MG CAPSULE	Deletion Of Drug From Formulary	Generic Available	DEXTROMETHORPHAN HBR/ QUINIDINE 20 MG-10MG CAPSULE	Tier 3	11/01/2026
JANUMET XR 50MG-500MG, 50-1000 MG , 100-1000MG TABLET, EXTENDED RELEASE MULTIPHASE 24 HR	Deletion Of Drug From Formulary	Generic Available	SITAGLIPTIN PHOS/METFORMIN HCL 50MG-500 MG, 50-1000 MG, 100-1000MG TABLET, EXTENDED RELEASE MULTIPHASE 24 HR	Tier 3	11/01/2026
NOVOLOG FLEXPEN 100/ ML (3) INSULIN PEN (ML)	Deletion Of Drug From Formulary	New Biosimilar	KIRSTY PEN 100/ML (3) INSULIN PEN (ML)	Tier 3	11/01/2026
NOVOLOG 100/ML VIAL (ML)	Deletion Of Drug From Formulary	New Biosimilar	KIRSTY 100/ML VIAL (ML)	Tier 3	11/01/2026

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than 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 1-855-445-3562 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-855-445-3562 (TTY: 711).

ייִדיש אויפֿמערקזאַמקייט: פרייַע שפּראַך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פֿאַסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאָרמאַטן זענען אויך פֿאַראַן פריי פֿון אָפּצאָל.
רופֿט 1-855-445-3562 (TTY: 711).

Pennsylvania Deitsch GEB ACHT: Schprooch Helfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Helfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-855-445-3562 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-855-445-3562（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-855-445-3562 (TTY：711)。

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-855-445-3562 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-855-445-3562 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-855-445-3562 (TTY: 711) मा कल गर्नुहोस्।

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-855-445-3562 (TTY: 711) वर कॉल करा.

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አማርኛ ይነበብ፦ ነጻ የቋንቋ እገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጸቶች መረጃ የሚያቀርቡልዎ አጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-855-445-3562 (TTY: 711) ይደውሉ።

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-855-445-3562 (TTY: 711).

Français REMARQUE : des services d’assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-445-3562 (TTY : 711).

Français cadien COMMUNIQUE: Des services d’aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-855-445-3562 (TTY : 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ́ ìránlọ́wọ́ ti èdè wà nílẹ̀ fún ọ lọ́fẹ̀ẹ́. Àwọn iṣẹ́ àti àwọn ìrànwọ́ arannílọ́wọ́ tóyẹ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọsílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lọ́fẹ̀ẹ́ láisan owó rárá. Pe 1-855-445-3562 (TTY: 711).

Twi HYƐ NO NSO: Kasa ho mmoa dwumadie ahodoɔ wɔ hɔ ma wo a wontua hwee. Nneɛma a ɛbɛboa wo ama wate nsɛm ne dwumadie ahodoɔ a ɛde nsɛm bɛma wo wɔ akwan bebree so nso wɔ hɔ a wontua hwee. Frɛ 1-855-445-3562 (TTY: 711).

Igbo NLERUANYA: A na-enye gị ọrụ enyemaka asụsụ n’efu. Enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ozi n’ụdị ndị dị mfe inweta dikrawa n’akwụghị ụgwọ. Kpọọ 1-855-445-3562 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-855-445-3562 (TTY: 711) पर कॉल करें.

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-855-445-3562 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-855-445-3562 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-855-445-3562 (TTY: 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-855-445-3562 (TTY: 711) నంబర్‌కి కాల్ చేయండి.