

Changes to Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s List of Covered Drugs (Drug List)



The table below outlines changes to our List of Covered Drugs (*Drug List*) 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
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Tier	Effective Date
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

*Alternative drug(s) are drugs that you could consider with your doctor. Only your doctor can determine alternative drugs that are right for you and your drug therapy. Please consult your doctor to confirm if this is the right drug for you.

Texas D-SNP Members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Texas Medicaid. Learn more about providers who participate in Texas Medicaid by visiting <https://www.wellcarefindaprovider.com/navigate-a-network.html>. For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chipmembers/starplus>. To request a written copy of our Medicaid Provider Directory, please contact us.

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 1-855-445-3556 (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 1-855-445-3556 (TTY: 711).

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-855-445-3556 (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 1-855-445-3556 (TTY: 711)。

繁體中文 注意：我們為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 1-855-445-3556 (TTY: 711)。

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجاناً مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-855-445-3556 (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. 1-855-445-3556 (TTY: 711) पर कॉल करें.

Yorùbá ÀKÍYÈSÍ: Àwọn isẹ̀ ìrànńlọ̀wọ̀ tí èdè wà nílẹ̀ fún ọ̀ lófẹ̀ẹ̀. Àwọn isẹ̀ àtì àwọn ìrànńwọ̀ arannílọ̀wọ̀ tóyẹ̀ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọ̀sílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lófẹ̀ẹ̀ láisan owó rárá. Pe 1-855-445-3556 (TTY: 711).

Twi HYE NO NSO: Kasa ho mmoa dwumadie ahodoɔ wo ho ma wo a wontua hwee. Nneema a ebeboa wo ama wate nsem ne dwumadie ahodoɔ a ede nsem bema wo wo akwan bebree so nso wo ho a wontua hwee. Frɛ 1-855-445-3556 (TTY: 711).

Igbo NLERUANYA: A na-enye gi ọrụ enyemaka asụsụ n'efu. Enyemaka na ọrụ ndị kwesiri ekwesị iji nye ozi n'ụdị ndị dị mfe inweta dikrawa n'akwughị ụgwọ. Kpọọ 1-855-445-3556 (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 1-855-445-3556 (TTY: 711).

اردو توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابل رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-855-445-3556 (TTY: 711) پر کال کریں۔

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 1-855-445-3556 (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 1-855-445-3556 (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. 1-855-445-3556 (TTY: 711) నంబర్ కి కాల్ చేయండి.

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-855-445-3556 (TTY: 711)번으로 전화해 주십시오.

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: 1-855-445-3556 (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। 1-855-445-3556 (TTY: 711) मा कल गर्नुहोस्।

मराठी लक्ष असू द्या: तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-855-445-3556 (TTY: 711) वर कॉल करा.

മലയാളം ശ്രദ്ധിക്കൂ: നിങ്ങൾക്ക് സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന്, സൗജന്യമായി അനുയോജ്യമായ ഓക്സിലിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-855-445-3556 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.

