

2026 Alternative Covered Drugs



WELLCARE 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
fluticasone-salmeterol hfa**	ADVAIR HFA**	QL
	breynga 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
SYMBICORT (budesonide-formoterol)** budesonide-formoterol HFA** DULERA ADVAIR DISKUS fluticasone-salmeterol diskus wixela inhub	breyna hfa** ADVAIR HFA	QL QL
PULMICORT FLEXHALER	ARNUITY ELLIPTA	QL
FASENRA	DUPIXENT	PA, QL
	XOLAIR	PA, QL
eszopiclone	zolpidem	QL
	doxepin 3mg & 6mg	QL
	BELSOMRA	QL
REPATHA	PRALUENT	PA
omega-3 ethyl esters	icosapent ethyl	None
	VASCEPA	None
diclofenac 2% topical solution pump	diclofenac 1.5% topical solution	QL
RESTASIS**	cyclosporine 0.05% eye drops**	QL
LUMIGAN VYZULTA	latanoprost	None
	travoprost (Value Script only)	None
ROCKLATAN RHOPRESSA	latanoprost	None
	travoprost (Value Script only)	None
	betaxolol 0.5% drops	None
	carteolol	None
	timolol drops	None
	timolol gel	None
	levobunolol	None
	dorzolamide/timolol maleate	None
	COMBIGAN	None
	ALPHAGAN P 0.1%	None

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DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
SIMBRINZA	ALPHAGAN P 0.1%	None
	brimonidine 0.2%	None
	brimonidine 0.15%	None
	carteolol	None
	COMBIGAN	None
	dorzolamide	None
	dorzolamide-timolol	None
	brinzolamide	None
	levobunolol	None
	timolol gel	None
	timolol drops	None
REVLIMID**	lenalidomide**	PA, QL
abiraterone acetate 500mg tab	abiraterone acetate 250mg tab	PA, QL
	abirtega 250mg tab	PA, QL
CREON	ZENPEP	None
AJOVY EMGALITY 120mg/ml	AIMOVIG	PA, QL
QULIPTA UBRELVY ZAVZPRET	NURTEC	PA, QL
MULTAQ	amiodarone	None
	pacerone	None
EPOGEN (epoetin alfa) PROCRT (epoetin alfa)	RETACRIT (epoetin alfa-epbx)	PA

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DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
ACTEMRA (tocilizumab)	TYENNE (tocilizumab-aazg)	PA, QL
	CYLTEZO	PA, QL
	STEQEYMA	PA, QL
	COSENTYX	PA, QL
	OTEZLA	PA, QL
	TREMFYA	PA, QL
	XELJANZ	PA, QL
	RINVOQ	PA, QL
HUMIRA (adalimumab)** YUFLYMA (adalimumab-aaty)	CYLTEZO (adalimumab-adbm)**	PA, QL
	STEQEYMA	PA, QL
	COSENTYX	PA, QL
	OTEZLA	PA, QL
	TREMFYA	PA, QL
	XELJANZ	PA, QL
	TYENNE	PA, QL
	RINVOQ	PA, QL
VELTASSA	sodium polystyrene sulfonate	None
	SPS	None
	kionex	None
	LOKELMA	None

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****Therapeutically equivalent**

PA = Prior authorization

QL = Quantity limit

Note: Alternative drugs are suggestions and may not be right for every illness. This information is correct as of October 1, 2025, 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.