

# 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** INSULIN GLARGINE-YFGN	None None
BYDUREON BCISE [DISCONTINUED]	MOUNJARO OZEMPIC RYBELSUS TRULICITY	PA, QL PA, QL PA, QL PA, QL
fluticasone-salmeterol hfa**	ADVAIR HFA** breyna hfa BREO ELLIPTA	QL QL 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**	QL
	ADVAIR HFA	QL
	BREO ELLIPTA	QL
	ARNUITY ELLIPTA	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	latanoprost	None
	travoprost (Value Script only)	None
ROCKLATAN RHOPRESSA SIMBRINZA	latanoprost	None
	travoprost (Value Script only)	None
	brinzolamide	None
	brimonidine 0.15%, 0.2%	None
	carteolol	None
	levobunolol	None
	timolol drops	None
	timolol gel-forming drops	None
	dorzolamide	None
REVLIMID**	dorzolamide-timolol	None
	lenalidomide**	PA, QL

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DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
abiraterone acetate 500mg tab	abiraterone acetate 250mg tab	PA, QL
	abirtega 250mg tab	PA, QL
CREON	ZENPEP	None
AJOVY	AIMOVIG	PA, QL
	EMGALITY 120mg/ml	PA, QL
QULIPTA UBRELVY ZAVZPRET	NURTEC	PA, QL
MULTAQ	amiodarone	None
	pacerone	None
EPOGEN (epoetin alfa) PROCRIT (epoetin alfa)	RETACRIT (epoetin alfa-epbx)	PA
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
	TREMFYA	PA, QL
	SKYRIZI	PA, QL
	RINVOQ	PA, QL
	XELJANZ	PA, QL

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

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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.