

2025 Alternative Covered Drugs



By



health net.

In Partnership with CalViva HEALTH

YOUR PLAN COVERS OVER 40,000 DRUGS.

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) for details on which alternative drugs are covered. Talk to your provider to see if the formulary alternatives listed below would work for you.

Generics and authorized generics 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
Novolog[®]	Insulin aspart**	None
Novolog 70/30[®]	Insulin aspart 70/30**	None
Humalog[®], Fiasp[®] , Insulin Lispro	Insulin aspart	None
Semglee[®]	Insulin Glargine-YFGN pen**	None
Basaglar Kwikpen[®], Lantus[®], Levemir[®]	Insulin Glargine-YFGN pen	None
Toujeo[®]	Insulin Glargine 300U/ml**	None
Tresiba[®]	Insulin Degludec**	None
Victoza[®], Byetta[®]	Bydureon BCISE[®], Mounjaro[®], Ozempic[®], Rybelsus[®], Trulicity[®]	PA, QL
Advair Diskus[®], Wixela[®]	Fluticasone-Salmeterol Diskus**, Breyne [®] , Breo Ellipta[®], Advair HFA[®]	QL
Symbicort[®]	Breyne [®] **, Fluticasone-Salmeterol diskus, Breo Ellipta[®], Advair HFA[®]	QL
Dulera[®]	Breyne [®] , Fluticasone-Salmeterol diskus, Breo Ellipta[®], Advair HFA[®]	QL
Pulmicort Flexhaler[®] , Fluticasone Propionate Diskus	Arnuity Ellipta[®]	QL

DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
Levalbuterol HFA	Albuterol HFA, Ventolin HFA [®]	QL
Spiriva Handihaler [®] , Spiriva Respimat [®]	Incruse Ellipta [®]	QL
Gemtesa [®] , Fesoterodine	Tolterodine, Solifenacin, Oxybutynin IR, Oxybutynin ER, Myrbetric [®]	QL
Silodosin	Tamsulosin, Alfuzosin, Finasteride 5mg tablet	None
	Dutasteride 0.5mg capsule	QL
Emgality [®]	Aimovig [®]	PA, QL
Repatha [®]	Praluent [®]	PA
Omega-3 Ethyl Esters	Vascepa [®]	None
Veltassa [®]	Lokelma [®]	None
Vyzulta [®]	Latanoprost, Travoprost, Lumigan [®]	None
Simbrinza [®]	Alphagan P 0.1% [®] , Brimonidine 0.2%, Brimonidine 0.15%, Combigan [®] , Dorzolamide HCl 2%, Dorzolamide-Timolol, Brinzolamide 1%	None
Restasis 0.05% eye drops [®]	Cyclosporine 0.05% eye drops**	QL
Forteo [®]	Teriparatide 620mcg/2.48ml	PA, QL
	Prolia [®]	QL
Procrit [®]	Retacrit [®]	PA
Xeljanz [®] , Xeljanz XR [®]	Cyltezo 40mg/0.8ml [®] , Yuflyma [®] , Humira [®] , Enbrel [®] , Rinvoq [®] , Skyrizi [®] , Stelara [®] , Cosentyx [®] , Tremfya [®] , Otezla [®] , Actemra [®]	PA, QL

Bold type = Brand name drug Plain type = Generic alternative **Therapeutically equivalent generic
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, 2024, but it can change. Please check the drug list for details on which drugs are covered. The drug list can change anytime.