2025 Alternative

Covered Drugs

**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 |
| **Lantus®**, **Semglee (yfgn)®** | Insulin Glargine-yfgn pen\*\* | None |
| **Basaglar Kwikpen®**, **Levemir®** | Insulin Glargine-yfgn pen | None |
| **Toujeo®** | Insulin Glargine U-300\*\* | None |
| **Tresiba®** | Insulin Degludec\*\* | None |
| **Victoza®**, **Byetta®** | **Mounjaro®, Ozempic®, Rybelsus®, Trulicity®** | PA, QL |
| **Advair Diskus®**, Wixela® | Fluticasone-Salmeterol Diskus\*\*, Breyna®,**Breo Ellipta ®**, **Advair HFA®** | QL |
| **Symbicort®** | Breyna®\*\*, Fluticasone-Salmeterol diskus,**Breo Ellipta ®**, **Advair HFA®** | QL |
| **Dulera®** | Breyna®, Fluticasone-Salmeterol diskus,**Breo Ellipta ®**, **Advair HFA®** | QL |
| **Pulmicort Flexhaler®**, **Flovent®** | **Arnuity Ellipta®** | QL |

**Bold type** = Brand name drug Plain type = Generic alternative \*\*Therapeutically equivalent generic PA = prior authorization QL = quantity limit

Y0020\_WCM\_160836E\_C Internal Approved 07292024

©Wellcare 2024

HI5WCMWEB62510E\_0000

|  |  |  |
| --- | --- | --- |
| **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 ER | Tolterodine IR/ER, Solifenacin, Oxybutynin ER, **Myrbetriq®** | QL |
| Oxybutynin IR | None |
| Silodosin | Tamsulosin, Alfuzosin ER, Finasteride | None |
| Dutasteride | QL |
| **Repatha®** | **Praluent®** | PA |
| Omega-3 Ethyl Esters | **Vascepa®** | None |
| **Veltassa®** | Sodium Polystyrene Sulfonate (SPS), **Lokelma®** | None |
| **Simbrinza®** | **Alphagan P®** 0.1%, Brimonidine 0.2%, Brimonidine 0.15%, **Combigan®**,Dorzolamide HCl, Dorzolamide-Timolol, Brinzolamide | None |
| **Restasis®** | 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 May 9, 2025, but it can change. Please check the drug list for details on which drugs are covered. The drug list can change anytime.