# 2027 Alternative Covered Drugs

## WELLCARE WITH MERIDIAN 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 (medicines similar to make-up and function as biologic medicines from living systems) 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)<br>SEMGLEE (insulin glargine-YFGN)**<br>TRESIBA | INSULIN GLARGINE-YFGN** | None |
| | LANTUS** | None |
| | INSULIN GLARGINE U-300 | None |
| TOUJEO U-300 (insulin glargine)** | INSULIN GLARGINE U-300** | None |
| | INSULIN GLARGINE-YFGN | None |
| | LANTUS | None |
| NOVOLOG (insulin aspart)**<br>FIASP (insulin aspart)<br>HUMALOG | KIRSTY (insulin aspart-xjhz)** | None |
| | MERILOG (insulin aspart-szjj) | None |
| INVOKAMET<br>INVOKAMET XR | dapagliflozin-metformin ER | QL |
| | SYNJARDY | QL |
| | SYNJARDY XR | QL |
| INVOKANA | dapagliflozin | QL |
| | JARDIANCE | QL |

**UPPERCASE TEXT = Brand name drug** **lowercase text = Generic drug**
****Therapeutically equivalent** **PA = Prior authorization** **QL = Quantity limit**

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| DRUG(S) NOT COVERED ON THE FORMULARY | DRUG(S) COVERED ON THE FORMULARY | FORMULARY RESTRICTIONS |
|---|---|---|
| ADVAIR DISKUS**<br>wixela inhub** | fluticasone-salmeterol diskus** | QL |
| | breyna hfa | QL |
| | BREO ELLIPTA | QL |
| | ADVAIR HFA | QL |
| | FLUTICASONE-VILANTEROL | QL |
| VASCEPA**<br>omega-3 ethyl esters | icosapent ethyl** | None |
| REPATHA | PRALUENT | PA |
| AJOVY | AIMOVIG | PA, QL |
| | EMGALITY 120mg/ml | PA, QL |
| QULIPTA<br>UBRELVY<br>ZAVZPRET | NURTEC | PA, QL |
| GEMTESA | mirabegron tab | QL |
| PROLIA (denosumab)** | CONEXXENCE (denosumab-bnht)** | QL |
| | STOBOCLO (denosumab-bmwo)** | QL |
| FORTEO | teriparatide (NDC 47781-0652-89) | PA, QL |
| | BONSITY | PA, QL |
| JASCAYD | pirfenidone 267 mg and 801 mg tab | PA, QL |
| | nintedanib | PA, QL |
| ACTEMRA (tocilizumab)** | AVTOZMA SC (tocilizumab-anoh)** | PA, QL |
| | TYENNE SC (tocilizumab-aazg)** | PA, QL |
| | ADALIMUMAB-adbm (NDC 82009-) | PA, QL |
| | ADALIMUMAB-aaty | PA, QL |
| | USTEKINUMAB-ttwe SC | PA, QL |
| | STEQEYMA SC | PA, QL |
| | tofacitinib | PA, QL |
| | COSENTYX SC | PA, QL |
| | SKYRIZI | PA, QL |
| | RINVOQ | PA, QL |
| | TREMFYA SC | PA, QL |
| | ZYMFENTRA | PA, QL |
| | ENTYVIO SC | PA, QL |
| | VELSIPITY | PA, QL |

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**Therapeutically equivalent  PA = Prior authorization  QL = Quantity limit

| DRUG(S) NOT COVERED ON THE FORMULARY | DRUG(S) COVERED ON THE FORMULARY | FORMULARY RESTRICTIONS |
|---|---|---|
| CYLTEZO (adalimumab-adbm)**<br>YUFLYMA (adalimumab-aaty)**<br>HUMIRA (adalimumab)** | ADALIMUMAB-adbm (NDC 82009-)** | PA, QL |
| | ADALIMUMAB-aaty** | PA, QL |
| | AVTOZMA SC (tocilizumab-anoh) | PA, QL |
| | TYENNE SC (tocilizumab-aazg) | PA, QL |
| | USTEKINUMAB-ttwe SC | PA, QL |
| | STEQEYMA SC | PA, QL |
| | tofacitinib | PA, QL |
| | COSENTYX SC | PA, QL |
| | SKYRIZI | PA, QL |
| | RINVOQ | PA, QL |
| | TREMFYA SC | PA, QL |
| | ZYMFENTRA | PA, QL |
| | ENTYVIO SC | PA, QL |
| | VELSIPITY | PA, QL |
| STELARA (ustekinumab)**<br>USTEKINUMAB** | USTEKINUMAB-ttwe SC** | PA, QL |
| | STEQEYMA SC** | PA, QL |
| | ADALIMUMAB-adbm (NDC 82009-) | PA, QL |
| | ADALIMUMAB-aaty | PA, QL |
| | AVTOZMA SC (tocilizumab-anoh) | PA, QL |
| | TYENNE SC (tocilizumab-aazg) | PA, QL |
| | tofacitinib | PA, QL |
| | COSENTYX SC | PA, QL |
| | SKYRIZI | PA, QL |
| | RINVOQ | PA, QL |
| | TREMFYA SC | PA, QL |
| | ZYMFENTRA | PA, QL |
| | ENTYVIO SC | PA, QL |
| | VELSIPITY | PA, QL |

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