

2025 Alternative Covered Drugs

The Wellcare logo consists of a teal circle containing the word "wellcare" in white lowercase letters. A small "TM" trademark symbol is located at the bottom right of the circle.

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, authorized generics, and biosimilars listed in the table below with the ** symbol have the same active ingredient(s) 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	PREFERRED DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
NovoLog	Insulin Aspart**	None
Fiasp, Humalog, Insulin Lispro	Insulin Aspart	None
NovoLog Mix 70/30	Insulin Aspart Mix 70/30**	None
Semglee (yfgn), Lantus	Insulin Glargine-yfgn pen**	None
Basaglar KwikPen, Levemir	Insulin Glargine-yfgn pen	None
Tresiba	Insulin Degludec**	None
Victoza, Byetta	Mounjaro, Ozempic, Trulicity, Rybelsus	PA, QL
Advair Diskus, Dulera, fluticasone-salmeterol diskus, wixela inhub	breyna, Breo Ellipta, Advair HFA	QL
Symbicort	breyna**, Breo Ellipta, Advair HFA	QL
Pulmicort Flexhaler, Flovent Diskus & HFA	Arnuity Ellipta	QL
Levalbuterol HFA	albuterol HFA, Ventolin HFA	QL

Uppercase = Brand Name Drug; lowercase = generic drug name; ** = interchangeable alternative (same active ingredient); PA = prior authorization; QL = quantity limit

DRUG(S) NOT COVERED ON THE FORMULARY	PREFERRED DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
Spiriva Handihaler & 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, dutasteride-tamsulosin	QL
Repatha	Praluent	PA
Omega-3-Acid Ethyl Esters	Vascepa	None
Veltassa	sodium polystyrene sulfate (SPS), Lokelma	None
Simbrinza	brimonidine 0.15%, brimonidine 0.2%, dorzolamide HCl, dorzolamide-timolol, brinzolamide, Alphagan P 0.1%, Combigan	None
Restasis	Cyclosporine 0.05% drops**, Miebo, Xiidra	QL
Forteo	Teriparatide 620mcg/2.48mL	PA, QL
	Prolia	QL
Procrit	Retacrit	PA
Humira	Cyltezo low concentration** (e.g. 40mg/0.8mL), Yuflyma, Enbrel, Rinvoq, Otezla, Skyrizi, Stelara, Cosentyx, Tremfya, Actemra	PA, QL
Xeljanz, Xeljanz XR	Cyltezo low concentration (e.g. 40mg/0.8mL), Yuflyma, Enbrel, Rinvoq, Otezla, Skyrizi, Stelara, Cosentyx, Tremfya, Actemra	PA, QL

Uppercase = Brand drug; lowercase = generic drug; ** = interchangeable alternative (same active ingredient); PA = prior authorization; QL = quantity limit

Note: Preferred alternatives drug list is not all inclusive. Alternative drugs are suggestions and may not be right for every illness. This information is accurate as of February 17, 2025, but may change throughout the year. Please check the drug list for details and for a full list of covered drugs.