

2026 Alternative Covered Drugs



WELLCARE MERIDIAN DUAL ALIGN (HMO D-SNP) 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**	None
	INSULIN GLARGINE-YFGN	None
BYDUREON BCISE [DISCONTINUED]	MOUNJARO	PA, QL
	OZEMPIC	PA, QL
	RYBELSUS	PA, QL
	TRULICITY	PA, QL
XULTOPHY	SOLIQUA	QL
ADVAIR DISKUS** wixela inhub**	fluticasone-salmeterol diskus**	QL
	breyana hfa	QL
	BREO ELLIPTA	QL
	ADVAIR HFA	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
fluticasone-salmeterol hfa**	ADVAIR HFA**	QL
	breyna hfa	QL
	fluticasone-salmeterol diskus	QL
	BREO ELLIPTA	QL
SYMBICORT (budesonide-formoterol)** budesonide-formoterol hfa** DULERA	breyna hfa (budesonide-formoterol)**	QL
	fluticasone-salmeterol diskus	QL
	BREO ELLIPTA	QL
	ADVAIR HFA	QL
PULMICORT FLEXHALER	ARNUITY ELLIPTA	QL
RESTASIS**	cyclosporine 0.05% eye drops**	QL
SIMBRINZA	brimonidine 0.15%, 0.2%	None
	carteolol	None
	dorzolamide	None
	dorzolamide-timolol	None
	brinzolamide	None
	levobunolol	None
	timolol gel-forming drops	None
	timolol drops	None
GEMTESA	mirabegron	QL
	tolterodine IR/ER	QL
	solifenacin	QL
	oxybutynin IR/ER	QL
diclofenac 2% topical solution pump	diclofenac 1.5% topical solution	QL
REPATHA	PRALUENT	PA
omega-3 ethyl esters	icosapent ethyl	None
	VASCEPA	None

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DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
AJOVY	AIMOVIG	PA, QL
	EMGALITY 120mg/mL	PA, QL
QULIPTA UBRELVY ZAVZPRET	NURTEC	PA, QL
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
	RINVOQ	PA, QL
	SKYRIZI	PA, QL
	TREMFYA	PA, QL
HUMIRA (adalimumab)**	CYLTEZO (adalimumab-adbm)**	PA, QL
	YUFLYMA (adalimumab-aaty)	PA, QL
	STEQEYMA	PA, QL
	COSENTYX	PA, QL
	OTEZLA	PA, QL
	RINVOQ	PA, QL
	SKYRIZI	PA, QL
	TREMFYA	PA, QL
	TYENNE	PA, QL
AUSTEDO AUSTEDO XR	INGREZZA	PA, QL
	tetrabenazine	PA, QL
REVLIMID**	lenalidomide**	PA, QL
abiraterone acetate 500mg tab	abiraterone acetate 250mg tab	PA, QL
	abirtega 250mg tab	PA, QL
EPOGEN (epoetin alfa) PROCRIT (epoetin alfa)	RETACRIT (epoetin alfa-epbx)	PA
VELTASSA	sodium polystyrene sulfonate	None
	SPS	None
	kionex	None
	LOKELMA	None

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DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
TRULANCE	LINZESS	QL
	lubiprostone	QL
OPSUMIT	sildenafil 20mg	PA, QL
	tadalafil 20mg	PA, QL
	ambrisentan	PA, QL
	bosentan	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 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.