2025 Alternative Covered Drugs



WELLCARE COVERS OVER 40,000 DRUGS.

We strive to cover the most common drugs across all conditions. Below are some common drugs *not* covered by the plan, along with alternative drugs that *are* covered. If your patient is currently on a drug that is not covered, please see if the formulary alternatives listed below would work for your patient.

You can also check our plan's formulary (drug list) for a comprehensive listing of all drugs that are covered and any formulary restrictions that may apply.



Generics and authorized generics listed in the table below with the double asterisk (**) have the same active ingredients as the drug not covered on the formulary. If your patient has an *active* prescription for a drug *not* covered, they will still be able to access the listed double-asterisked drug without needing a new prescription.

| Drug(s) not covered on the Formulary | 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 |
| Toujeo | Insulin Glargine U-300** | None |

(continued)

For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, Fidelis Care, Trillium Advantage, and 'Ohana Health Plan transitioned to the newly refreshed Wellcare brand. If you have any questions, please contact Provider Relations.



By Allwell
By Fidelis Care
By Health Net
By 'Ohana Health Plan
By Trillium Advantage

| Drug(s) not covered on the Formulary | ✓ Drug(s) covered on the Formulary | • Formulary restrictions |
|--------------------------------------|---|--------------------------|
| Tresiba | Insulin Degludec** | None |
| Victoza, Byetta | Mounjaro, Ozempic, Trulicity, Rybelsus | PA, QL |
| Advair Diskus, wixela inhub | 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 |
| Levalbuterol HFA | albuterol HFA, Ventolin HFA | QL |
| 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 sulfonate (SPS), Lokelma | None |
| Vyzulta | latanoprost, travoprost, Lumigan | None |
| Simbrinza | brimonidine 0.15%, brimonidine 0.2%, dorzolamide HCl, dorzolamide-timolol, brinzolamide, Alphagan P 0.1%, Combigan | None |
| Restasis | Cyclosporine 0.05% drops** | QL |
| Forteo | Teriparatide 620mcg/2.48mL | PA, QL |
| | Prolia | QL |
| Procrit | Retacrit | PA |
| Xeljanz, Xeljanz XR | Cyltezo low concentration (e.g. 40mg/0.8mL), Yuflyma, Humira (MAPD only), Enbrel, Rinvoq, Skyrizi, Stelara, Cosentyx, Tremfya, Otezla, Actemra | PA, QL |

Uppercase text = Brand Name Drug

^{**}interchangeable alternative (same active ingredient)
PA = Prior Authorization
QL = Quantity Limit



Please note: Alternative drugs are suggestions *only* and may not be right for every patient or their condition. This information is correct as of **March 10, 2025** but is subject to change. Please check the drug list for details on which drugs are covered, as this drug list can change at any time.

Lowercase text = generic drug