

# 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
<b>NovoLog<sup>®</sup></b>	Insulin Aspart**	None
<b>NovoLog Mix 70/30<sup>®</sup></b>	Insuline Aspart Mix 70/30**	None
<b>Humalog<sup>®</sup>, Fiasp<sup>®</sup>, Insulin Lispro</b>	Insulin Aspart	None
<b>Semglee<sup>®</sup></b>	Insulin Glargine-YFGN pen**	None
<b>Basaglar KwikPen<sup>®</sup>, Lantus<sup>®</sup>, Levemir<sup>®</sup></b>	Insulin Glargine-YFGN pen	None
<b>Toujeo<sup>®</sup></b>	Insulin Glargine U-300 SoloStar <sup>®</sup> & Max SoloStar <sup>®</sup> **	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
<b>Tresiba</b> <sup>®</sup>	Insulin Degludec**	None
<b>Victoza</b> <sup>®</sup> , <b>Byetta</b> <sup>®</sup>	<b>Bydureon BCISE</b> <sup>®</sup> , <b>Mounjaro</b> <sup>®</sup> , <b>Ozempic</b> <sup>®</sup> , <b>Rybelsus</b> <sup>®</sup> , <b>Trulicity</b> <sup>®</sup>	PA, QL
<b>Advair Diskus</b> <sup>®</sup> , Wixela Inhub <sup>®</sup>	Fluticasone-Salmeterol Diskus**, Breyna <sup>®</sup> , <b>Breo Ellipta</b> <sup>®</sup> , <b>Advair HFA</b> <sup>®</sup>	QL
<b>Symbicort</b> <sup>®</sup> Budesonide-Formoterol HFA	Breyna <sup>®</sup> **, Fluticasone-Salmeterol Diskus, <b>Breo Ellipta</b> <sup>®</sup> , <b>Advair HFA</b> <sup>®</sup>	QL
<b>Dulera</b> <sup>®</sup>	Breyna <sup>®</sup> , Fluticasone-Salmeterol Diskus, <b>Breo Ellipta</b> <sup>®</sup> , <b>Advair HFA</b> <sup>®</sup>	QL
<b>Pulmicort Flexhaler</b> <sup>®</sup> , Fluticasone Propionate Diskus & HFA	<b>Arnuity Ellipta</b> <sup>®</sup>	QL
Levalbuterol HFA	Albuterol HFA, <b>Ventolin HFA</b> <sup>®</sup>	QL
<b>Spiriva Handihaler</b> <sup>®</sup> , <b>Spiriva Respimat</b> <sup>®</sup>	<b>Incruse Ellipta</b> <sup>®</sup>	QL
<b>Gemtesa</b> <sup>®</sup> , Fesoterodine	Tolterodine, Solifenacin, Oxybutynin, <b>Myrbetriq</b> <sup>®</sup>	QL
Silodosin	Tamsulosin, Alfuzosin, Finasteride	None
	Dutasteride	QL
<b>Emgality</b> <sup>®</sup>	<b>Aimovig</b> <sup>®</sup>	PA, QL
<b>Repatha</b> <sup>®</sup>	<b>Praluent</b> <sup>®</sup>	PA
Omega-3 Acid Ethyl Esters	<b>Vascepa</b> <sup>®</sup>	None
<b>Veltassa</b> <sup>®</sup>	Sodium Polystyrene Sulfate, <b>Lokelma</b> <sup>®</sup>	None
<b>Vyzulta</b> <sup>®</sup>	Latanoprost, Travoprost, <b>Lumigan</b> <sup>®</sup>	None
<b>Simbrinza</b> <sup>®</sup>	<b>Alphagan P</b> <sup>®</sup> <b>0.1%</b> , Brimonidine 0.2%, Brimonidine 0.15%, <b>Combigan</b> <sup>®</sup> , Dorzolamide HCl, Dorzolamide-Timolol, Brinzolamide	None
<b>Restasis</b> <sup>®</sup>	Cyclosporine 0.05% eye drops**	QL
<b>Forteo</b> <sup>®</sup>	Teriparatide 620mcg/2.48ml	PA, QL
	<b>Prolia</b> <sup>®</sup>	QL
<b>Procrit</b> <sup>®</sup>	<b>Retacrit</b> <sup>®</sup>	PA
<b>Xeljanz</b> <sup>®</sup> , <b>Xeljanz XR</b> <sup>®</sup>	<b>Cyltezo</b> <sup>®</sup> <b>40mg/0.8ml</b> , <b>Yuflyma</b> <sup>®</sup> , <b>Humira</b> <sup>®</sup> , <b>Enbrel</b> <sup>®</sup> , <b>Rinvoq</b> <sup>®</sup> , <b>Skyrizi</b> <sup>®</sup> , <b>Stelara</b> <sup>®</sup> , <b>Cosentyx</b> <sup>®</sup> , <b>Tremfya</b> <sup>®</sup> , <b>Otezla</b> <sup>®</sup> , <b>Actemra</b> <sup>®</sup>	PA, QL

▶ **Bold type** = Brand name drug

▶ Plain (not bolded) type = Generic drug

▶ \*\*Therapeutically equivalent generic

▶ 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 **October 1, 2024**, 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.