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 α ctive 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) <i>not covered</i> on the Formulary	✓ Drug(s) covered on the Formulary	Formulary restrictions
NovoLog®	Insulin Aspart**	None
NovoLog Mix 70/30®	Insuline Aspart Mix 70/30**	None
Humalog®, Fiasp®, Insulin Lispro	Insulin Aspart	None
Semglee [®]	Insulin Glargine-YFGN pen**	None
Basaglar KwikPen®, Lantus®, Levemir®	Insulin Glargine-YFGN pen	None
Toujeo [®]	Insulin Glargine U-300 SoloStar® & Max SoloStar®**	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 [®]	Bydureon BCISE®, Mounjaro®, Ozempic®, Rybelsus®, Trulicity®	PA, QL
Advair Diskus®, Wixela Inhub®	Fluticasone-Salmeterol Diskus**, Breyna®, Breo Ellipta ®, Advair HFA ®	QL
Symbicort ® Budesonide-Formoterol HFA	Breyna®**, Fluticasone-Salmeterol Diskus, Breo Ellipta®, Advair HFA®	QL
Dulera ®	Breyna®, Fluticasone-Salmeterol Diskus, Breo Ellipta®, Advair HFA®	QL
Pulmicort Flexhaler® , Fluticasone Propionate Diskus & HFA	Arnuity Ellipta®	QL
Levalbuterol HFA	Albuterol HFA, Ventolin HFA ®	QL
Spiriva Handihaler®, Spiriva Respimat®	Incruse Ellipta®	QL
Gemtesa ®, Fesoterodine	Tolterodine, Solifenacin, Oxybutynin, Myrbetriq ®	QL
Silodosin	Tamsulosin, Alfuzosin, Finasteride	None
	Dutasteride	QL
Emgality [®]	Aimovig®	PA, QL
Repatha [®]	Praluent [®]	PA
Omega-3 Acid Ethyl Esters	Vascepa®	None
Veltassa [®]	Sodium Polystyrene Sulfate, Lokelma ®	None
Vyzulta [®]	Latanoprost, Travoprost, Lumigan ®	None
Simbrinza [®]	Alphagan P® 0.1% , Brimonidine 0.2%, Brimonidine 0.15%, Combigan® , Dorzolamide HCl, Dorzolamide-Timolol, Brinzolamide	None
Restasis [®]	Cyclosporine 0.05% eye drops**	QL
Forteo®	Teriparatide 620mcg/2.48ml	PA, QL
	Prolia [®]	QL
Procrit®	Retacrit®	PA
Xeljanz [®] , Xeljanz XR [®]	Cyltezo [®] 40mg/0.8ml, Yuflyma [®] , Humira [®] , Enbrel [®] , Rinvoq [®] , Skyrizi [®] , Stelara [®] , Cosentyx [®] , Tremfya [®] , Otezla [®] , Actemra [®]	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.