

# 2025 Guide to Covered Drug Alternatives

## Wellcare covers more than 40,000 drugs

The Plan strives 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.

- **Bold type** = brand name drug
- Plain (not bolded) type = generic drug
- \*\* = Therapeutically equivalent generic
- PA = prior authorization
- QL = quantity limit



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>	Insulin Aspart Mix 70/30**	None
<b>Humalog<sup>®</sup>, Fiasp<sup>®</sup></b> , Insulin Lispro	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
<b>Tresiba<sup>®</sup></b>	Insulin Degludec**	None
<b>Victoza<sup>®</sup>, Byetta<sup>®</sup></b>	<b>Bydureon BCISE<sup>®</sup>, Mounjaro<sup>®</sup>, Ozempic<sup>®</sup>, Rybelsus<sup>®</sup>, Trulicity<sup>®</sup></b>	PA, QL

(continued)

Drug(s) not covered on the formulary	Drug(s) covered on the formulary	Formulary restrictions
<b>Advair Diskus®</b> , Wixela Inhub®	Fluticasone-Salmeterol Diskus**, Breyna®, <b>Breo Ellipta®</b> , <b>Advair HFA®</b>	QL
<b>Symbicort®</b> , Budesonide-Formoterol HFA	Breyna®**, Fluticasone-Salmeterol Diskus, <b>Breo Ellipta®</b> , <b>Advair HFA®</b>	QL
<b>Dulera®</b>	Breyna®, Fluticasone-Salmeterol Diskus, <b>Breo Ellipta®</b> , <b>Advair HFA®</b>	QL
<b>Pulmicort Flexhaler®</b> , Fluticasone Propionate Diskus and HFA	<b>Arnuity Ellipta®</b>	QL
Levalbuterol HFA	Albuterol HFA, <b>Ventolin HFA®</b>	QL
<b>Spiriva Handihaler®</b> , <b>Spiriva Respimat®</b>	<b>Incruse Ellipta®</b>	QL
<b>Gemtesa®</b> , Fesoterodine	Tolterodine, Solifenacin, Oxybutynin, <b>Myrbetriq®</b>	QL
Silodosin	Tamsulosin, Alfuzosin, Finasteride	None
	Dutasteride	QL
<b>Emgality®</b>	<b>Aimovig®</b>	PA, QL
<b>Repatha®</b>	<b>Praluent®</b>	PA
Omega-3 Acid Ethyl Esters	<b>Vascepa®</b>	None
<b>Veltassa®</b>	Sodium Polystyrene Sulfate, <b>Lokelma®</b>	None
<b>Vyzulta®</b>	Latanoprost, Travoprost, <b>Lumigan®</b>	None
<b>Simbrinza®</b>	<b>Alphagan P® 0.1%</b> , Brimonidine 0.2%, Brimonidine 0.15%, <b>Combigan®</b> , Dorzolamide HCl, Dorzolamide-Timolol, Brinzolamide	None
<b>Restasis®</b>	Cyclosporine 0.05% eye drops**	QL
<b>Forteo®</b>	Teriparatide 620mcg/2.48ml	PA, QL
	<b>Prolia®</b>	QL
<b>Procrit®</b>	<b>Retacrit®</b>	PA
<b>Xeljanz®</b> , <b>Xeljanz XR®</b>	<b>Cyltezo® 40mg/0.8ml</b> , <b>Yuflyma®</b> , <b>Humira®</b> , <b>Enbrel®</b> , <b>Rinvoq®</b> , <b>Skyrizi®</b> , <b>Stelara®</b> , <b>Cosentyx®</b> , <b>Tremfya®</b> , <b>Otezla®</b> , <b>Actemra®</b>	PA, QL

**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.