

# 2025 Alternative Covered Drugs

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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** (MAPD only), 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
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

► Lowercase text = generic 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 **May 8, 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.