

2025 Alternative Covered Drugs



WELLCARE COVERS OVER 40,000 DRUGS.

We strive to cover the most common drugs across all disease states. Below are some common drugs not covered by the plan, along with alternative drugs that are covered. If you are currently on a drug that is not covered, please check our plan's formulary (drug list) for details on which alternative drugs are covered. Talk to your provider to see if the formulary alternatives listed below would work for you.

Generics and authorized generics listed in the table below with the ** symbol have the same active ingredients as the drug not covered on the formulary. If you have an active prescription for a drug not covered, talk to your provider or pharmacist about getting the drug listed with ** without a new prescription.

DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
NovoLog[®]	Insulin Aspart**	None
NovoLog[®] Mix 70/30	Insulin 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
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

Bold type = Brand name drug Plain type = Generic alternative **Therapeutically equivalent generic
PA = prior authorization QL = quantity limit

DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
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 IR/ER, Solifenacin, Oxybutynin ER, Myrbetriq [®]	QL
	Oxybutynin IR	None
Silodosin	Tamsulosin, Alfuzosin ER, Finasteride 5mg	None
	Dutasteride	QL
Emgality [®]	Aimovig [®]	PA, QL
Repatha [®]	Praluent [®]	PA
Omega-3 Acid Ethyl Esters	Vascepa [®]	None
Veltassa [®]	Sodium Polystyrene Sulfonate, Lokelma [®]	None
Vyzulta [®]	Latanoprost, Travoprost, Lumigan [®]	None
Simbrinza [®]	Alphagan [®] P 0.1% , Brimonidine 0.15% & 0.2%, Combigan [®] , Dorzolamide, Dorzolamide-Timolol, Brinzolamide	None
Restasis [®]	Cyclosporine 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 [®] , Otezla [®] , Skyrizi [®] , Stelara [®] , Cosentyx [®] , Tremfya [®] , Actemra [®]	PA, QL

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Note: Alternative drugs are suggestions and may not be right for every illness. This information is correct as of October 1, 2024, but it can change. Please check the drug list for details on which drugs are covered. The drug list can change anytime.