2027 Alternative Covered Drugs

WELLCARE BY BUCKEYE HEALTH PLAN HAS YOU COVERED FOR YOUR PRESCRIPTION DRUG NEEDS.

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) to see which alternative drugs are covered. Talk to your provider to see if the formulary alternatives listed below would work for you.

Generics, authorized generics, and biosimilars (medicines similar to make-up and function as biologic medicines from living systems) 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
BASAGLAR KWIKPEN (insulin glargine) SEMGLEE (insulin glargine-YFGN)** TRESIBA	INSULIN GLARGINE-YFGN**	None
	LANTUS**	None
	INSULIN GLARGINE U-300	None
TOUJEO U-300 (insulin glargine)**	INSULIN GLARGINE U-300**	None
	INSULIN GLARGINE-YFGN	None
	LANTUS	None
NOVOLOG (insulin aspart)** FIASP (insulin aspart) HUMALOG	MERILOG (insulin aspart-szjj)**	None
INVOKAMET	dapagliflozin-metformin ER	QL
	SYNJARDY	QL
INVOKANA	dapagliflozin	QL
	JARDIANCE	QL
XARELTO	rivaroxaban 2.5mg tab	None
	rivaroxaban susp	None
	dabigatran	QL
	ELIQUIS	QL

UPPERCASE TEXT = Brand name drug lowercase text = Generic drug
**Therapeutically equivalent PA = Prior authorization QL = Quantity limit

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DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
ADVAIR DISKUS** wixela inhub**	fluticasone-salmeterol diskus**	QL
	breyna hfa	QL
	BREO ELLIPTA	QL
	ADVAIR HFA	QL
VASCEPA** omega-3 ethyl esters	icosapent ethyl**	None
REPATHA	PRALUENT	PA
AJOVY	AIMOVIG	PA, QL
	EMGALITY 120mg/ml	PA, QL
QULIPTA UBRELVY ZAVZPRET	NURTEC	PA, QL
GEMTESA	mirabegron	QL
PROLIA (denosumab)	CONEXXENCE (denosumab-bnht)	QL
	STOBOCLO (denosumab-bmwo)	QL
FORTEO	teriparatide (NDC 47781-0652-89)	PA, QL
	BONSITY	PA, QL
JASCAYD	pirfenidone tab	PA, QL
	nintedanib	PA, QL
ACTEMRA (tocilizumab)**	TYENNE (tocilizumab-aazg)**	PA, QL
	adalimumab-adbm (NDC 82009*)	PA, QL
	adalimumab-aaty	PA, QL
	ustekinumab-ttwe	PA, QL
	STEQEYMA	PA, QL
	tofacitinib	PA, QL
	COSENTYX	PA, QL
	SKYRIZI	PA, QL
	RINVOQ	PA, QL
	ZYMFENTRA	PA, QL
	OTEZLA	PA, QL

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DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	FORMULARY RESTRICTIONS
CYLTEZO (adalimumab-adbm)** HUMIRA (adalimumab)**	adalimumab-adbm (NDC 82009*)**	PA, QL
	adalimumab-aaty	PA, QL
	TYENNE	PA, QL
	ustekinumab-ttwe	PA, QL
	STEQEYMA	PA, QL
	tofacitinib	PA, QL
	COSENTYX	PA, QL
	SKYRIZI	PA, QL
	RINVOQ	PA, QL
	ZYMFENTRA	PA, QL
	OTEZLA	PA, QL
STELARA (ustekinumab)** ustekinumab**	ustekinumab-ttwe**	PA, QL
	STEQEYMA (ustekinumab-stba)**	PA, QL
	adalimumab-adbm (NDC 82009*)	PA, QL
	adalimumab-aaty	PA, QL
	TYENNE	PA, QL
	tofacitinib	PA, QL
	COSENTYX	PA, QL
	SKYRIZI	PA, QL
	RINVOQ	PA, QL
	ZYMFENTRA	PA, QL
	OTEZLA	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, 2026, but it can change. Please check the drug list for details on which drugs are covered. The drug list can change from time to time during the year.