

2026 Guide to Covered Medication Alternatives

Wellcare By Health Net (Health Net*) covers more than 40,000 medications – here's what to know about alternatives

Our Plan covers the most commonly prescribed medications across a wide range of conditions. Below are examples of medications not covered and their covered alternatives. If a member is taking a non-covered medication, review the alternatives listed to see if one may be appropriate.

For a complete list of covered medications and any restrictions, visit the [Plan formulary \(medication list\)](#) or scan the QR code.

Quick reference key

- UPPERCASE = Brand name drug
- lowercase = Generic drug
- ** = Interchangeable alternative (same active ingredient)
- PA = Prior authorization
- QL = Quantity limit



Questions?
800-929-9224
Provider Services can help.



Important

Medications marked with the double asterisk (**) are interchangeable alternatives with the same active ingredient as the non-covered medication. If the member has an active prescription for a non-covered medication, they can access the double-asterisked (**) alternative without a new prescription.

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Common non-covered medications and covered alternatives

Medications(s) not covered on the formulary	Medication(s) covered on the formulary	Formulary restrictions
BASAGLAR [®] KWIKPEN (insulin glargine), TRESIBA [®] (insulin degludec), INSULIN DEGLUDEC [discontinued], SEMGLEE [®] (insulin glargine-yfgn)**, LANTUS [®] (insulin glargine)**, INSULIN GLARGINE	INSULIN GLARGINE-YFGN**, INSULIN GLARGINE U-300	None
TOUJEO [®] U-300 (insulin glargine)**	INSULIN GLARGINE U-300**, INSULIN GLARGINE-YFGN	None
BYDUREON BCISE [®] [discontinued]	MOUNJARO [®] , OZEMPIC [®] , RYBELSUS [®] , TRULICITY [®]	PA, QL
XULTOPHY [®]	SOLIQUA [®]	QL
ADVAIR DISKUS [®] **, wixela inhub**	fluticasone-salmeterol diskus**, breyna hfa [®] , BREO ELLIPTA [®] , ADVAIR HFA [®]	QL
fluticasone-salmeterol hfa**	ADVAIR HFA**, breyna hfa, fluticasone-salmeterol diskus, BREO ELLIPTA	QL
SYMBICORT [®] (budesonide-formoterol)**, budesonide-formoterol hfa**, DULERA [®]	breyna hfa (budesonide-formoterol)**, fluticasone-salmeterol diskus, BREO ELLIPTA, ADVAIR HFA	QL
PULMICORT FLEXHALER [®]	ARNUITY ELLIPTA [®]	QL
FASENRA [®]	DUPIXENT [®] , XOLAIR [®]	PA, QL
SIMBRINZA [®]	ALPHAGAN P [®] 0.1%, brimonidine 0.2%, brimonidine 0.15%, carteolol, COMBIGAN [®] , dorzolamide, dorzolamide-timolol, brinzolamide, levobunolol, timolol gel, timolol drops	None
GEMTESA [®]	mirabegron, tolterodine IR/ER, solifenacin, oxybutynin IR/ER	QL
diclofenac 2% topical solution pump	diclofenac 1.5% topical solution	QL
REPATHA [®]	PRALUENT [®]	PA
omega-3 ethyl esters	icosapent ethyl, VASCEPA [®]	None
AJOVY [®]	AIMOVIG [®] , EMGALITY [®] 120 mg/ml	PA, QL
QULIPTA [®] , UBRELVY [®] , ZAVZPRET [®]	NURTEC [®]	PA, QL
ACTEMRA [®] (tocilizumab)	TYENNE [®] (tocilizumab-aazg), CYLTEZO [®] , YUFLYMA [®] , STEQEYMA [®] , COSENTYX [®] , OTEZLA [®] , RINVOQ [®] , SKYRIZI [®] , TREMFYA [®]	PA, QL
HUMIRA [®] (adalimumab)**	CYLTEZO (adalimumab-adbm)**, YUFLYMA (adalimumab-aaty)**, STEQEYMA, COSENTYX, OTEZLA, RINVOQ, SKYRIZI, TREMFYA, TYENNE	PA, QL

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Common non-covered medications and covered alternatives (continued)

Medication(s) not covered on the formulary	Medication(s) covered on the formulary	Formulary restrictions
STELARA® (ustekinumab)**	STEQEYMA (ustekinumab-stba)**, CYLTEZO, YUFLYMA, COSENTYX, OTEZLA, RINVOQ, SKYRIZI, TREMFYA, TYENNE	PA, QL
AUSTEDO®, AUSTEDO XR	INGREZZA®, tetrabenazine	PA, QL
abiraterone acetate 500 mg tab	abiraterone acetate 250 mg tab, abirtega 250 mg tab	PA, QL
EPOGEN® (epoetin alfa), PROCrit® (epoetin alfa)	RETACRIT® (epoetin alfa-epbx)	PA
VELTASSA®	sodium polystyrene sulfonate, SPS, kionex, LOKELMA®	None
TRULANCE®	LINZESS®, lubiprostone	QL
OPSUMIT®	sildenafil 20 mg, tadalafil 20 mg, ambrisentan, bosentan	PA, QL

Important reminder

This information is correct as of October 1, 2025. Alternative medications are suggestions only and may not be appropriate for every patient. Coverage and restrictions may change. Always check the current formulary for details.