

# Medicare Provider Update

This update applies to: All Network Providers

State(s): WI Wellcare by Allwell

Line of Business: Medicare Part D

Member Services: 1-844-796-6811

Prior Authorization: 1-800-867-6564

#### **Plan Website:**

www.Wellcare.com/allwell WI

## **2024 Formulary Changes**

#### Wellcare by Allwell

On January 1, 2024, some drugs will no longer be covered on our Medicare Part D Plan formulary(ies). To assist our providers, we have included the list below of the most commonly prescribed drugs being removed along with the drug's 2024 formulary alternative(s). Please refer to the list to identify the appropriate options for your patients.

| Product Name                                | Formulary Alternative(s)   |
|---|--|
| Lantus vial,<br>Lantus SoloStar             | Basaglar KwikPen, Toujeo SoloStar,<br>Toujeo Max SoloStar, Tresiba vial,<br>Tresiba FlexTouch                                    |
| Levemir vial,<br>Levemir FlexPen            | Basaglar KwikPen, Toujeo SoloStar,<br>Toujeo Max SoloStar, Tresiba vial,<br>Tresiba FlexTouch                                    |
| Victoza pen<br>injector                     | Bydureon Bcise auto-injector*,<br>Mounjaro pen injector*, Ozempic pen<br>injector*, Rybelsus tablet*, Trulicity pen<br>injector* |
| Byetta pen<br>injector                      | Bydureon Bcise auto-injector*,<br>Mounjaro pen injector*, Ozempic pen<br>injector*, Rybelsus tablet*, Trulicity pen<br>injector* |
| Flovent Diskus,<br>Flovent HFA inhaler^     | Arnuity Ellipta, Pulmicort Flexhaler   |
| Kevzara pen<br>injector, Kevzara<br>syringe | Diagnosis dependent: Enbrel injection*,<br>Humira injection*, Rinvoq tablet*,<br>Xeljanz tablet*, Xeljanz XR tablet*             |
| Ingrezza capsule                            | Austedo tablet*, Tetrabenazine tablet*   |
| Betoptic-S<br>suspension eye<br>drops       | Alphagan P 0.1% eye drops,<br>Brimonidine Tartrate eye drops,<br>Combigan eye drops<br>uired 1 ^Discontinued by manufacture      |

\*Prior authorization required | ^Discontinued by manufacture



### **Medicare Provider Update**

If you determine that it is necessary for your patient to continue to receive the non-formulary drug in 2024, you will need to submit a Coverage Determination request **on or after December 15**, **2023**.

Request forms are located on our website on the Coverage Determinations and Redeterminations for Drugs page <u>www.Wellcare.com/allwellWl</u> or you can call to request authorization.

If you have any questions, please contact Medicare Pharmacy Services at 1-800-867-6564.