



Medicare Provider Update

This update applies to:
All Network Providers

State(s):
WI

Line of Business:
Medicare Part D

Member Services:
1-844-796-6811

Prior Authorization:
Phone 1-800-867-6564

Plan Website:
www.wellcare.com/allwellWI

2025 Formulary Changes

Wellcare by Allwell – Wisconsin

On January 1, 2025, 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 2025 formulary alternative(s). Please refer to the list to identify the appropriate options for your patients.

Product Name	Formulary Alternative(s)
Basaglar KwikPen	Insulin Glargine-yfqn
Gemtesa	Tolterodine, Solifenacin, Oxybutynin, Myrbetriq
Fiasp	Insulin Aspart
Pulmicort Flexhaler	Arnuity Ellipta
Levalbuterol HFA	Albuterol Sulfate HFA, Ventolin HFA
Emgality	Aimovig*
Silodosin	Tamsulosin, Alfuzosin ER, Finasteride, Dutasteride
Veltassa	Sodium Polystyrene Sulfonate, Lokelma
Fesoterodine ER	Tolterodine, Solifenacin, Oxybutynin, Myrbetriq
Xeljanz, Xeljanz XR	Yuflyma*, Cyltezo 40 mg/0.8mL*, Humira*, Enbrel*, Rinvoq*, Skyrizi*, Stelara*
Forteo	Teriparatide 620 mcg/2.48mL*
Procrit	Retacrit*

* Prior authorization required

If you determine that it is necessary for your patient to continue to receive the non-formulary drug in 2025, you will need to submit a Coverage Determination request **on or after December 2, 2024**.

Request forms are located on our website on the Coverage Determinations and Redeterminations for Drugs page www.wellcare.com/allwellWI or you can call to request authorization.

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