November 20, 2025

Medicare Provider Update

This update applies to:
All Network Providers

State(s):
Wisconsin

Line of Business:
Medicare Part D

Member Services:
DSNP: 844-796-6811
MAPD: 800-977-7522

Prior Authorization:
Phone: 800-867-6564
Fax: 866-226-1093

Plan Website:
go.wellcare.com/WI

2026 Formulary Changes

Wellcare

On January 1, 2026, some drugs will no longer be covered on our Medicare Part D 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 2026 formulary alternative(s). Please refer to the list to identify the appropriate options for your patients.

Product Name	Formulary Alternative
OneTouch	Accu-Chek Guide, True Metrix
Insulin Degludec	Insulin Glargine-yfgn, Insulin Glargine U-300
diclofenac 2% solution	diclofenac 1.5% topical solution
Humira (adalimumab)	Cyltezo (adalimumab-adbm)*, Yuflyma (adalimumab-aaty)*, Tyenne (tocilizumab-aazg)*, Steqeyma (ustekinumab-stba)*, Cosentyx*, Otezla*, Rinvoq*, Skyrizi*, Tremfya*
Actemra (tocilizumab)	
Austedo, Austedo XR	tetrabenazine*, Ingrezza*
Trulance	lubiprostone, Linzess
Bydureon BCise	Mounjaro*, Ozempic*, Rybelsus*, Trulicity*
Gammagard Liquid	Gamunex-C*
Xultophy	Soliqua
abiraterone 500mg	abiraterone 250mg tab*, abirtega 250mg tab*
Fasenra	Dupixent*, Xolair*
Vivitrol	acamprosate, disulfiram
Opsumit	ambrisentan*, bosentan*, sildenafil 20mg*, tadalafil 20mg*

** Prior Authorization Required*

If you determine that it is necessary for your patient to continue to receive the non-formulary drug in 2026, you will need to submit a Coverage Determination request **on or after January 1, 2026.**

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

If you have any questions, please contact Medicare Pharmacy Services at 800-867-6564, 8AM to 10:30PM, EST, Monday – Friday.