2027 Medicare Formulary Coverage Update

General Bulletin

Formulary update effective: January 1, 2027

The medication(s) listed below are subject to a formulary coverage change for members enrolled in our **Medicare Advantage Prescription Drug (MAPD)** plans. Coverage changes may include formulary removal, tier changes, or new utilization management requirements. Preferred formulary alternatives and coverage information are provided to support prescribing decisions and help maintain continuity of care.

DRUG AFFECTED	COVERAGE CHANGE	PREFERRED ALTERNATIVE(S) / COVERAGE DETAILS
Brinsupri	No longer covered	Review ongoing therapy and treatment options
Cyltezo (adalimumab-adbm)	No longer covered	Adalimumab-adbm (NDC starting 82009), Adalimumab-aaty, Avtozma, Tyenne, Ustekinumab-ttwe, Steqeyma, tofacitinib, Tremfya, Cosentyx, Skyrizi, Rinvoq, Zymfentra, Otezla, Enbrel, Entyvio, Velsipity
Yuflyma (adalimumab-aaty)	No longer covered	
Kineret	No longer covered	
Inflectra (infliximab-dyyb)	No longer covered	Infliximab
Fiasp, Novolog (insulin aspart)	No longer covered	Kirsty (insulin aspart-xjhz), Merilog (insulin aspart-szjj)
Rybelsus *(discontinued)*	No longer covered	Ozempic tablets
Invokana	No longer covered	dapagliflozin, Jardiance
Invokamet, Invokamet XR	No longer covered	dapagliflozin-metformin ER, Synjardy, Synjardy XR
Oxervate	No longer covered	Review ongoing therapy and treatment options
Nyvepria (pegfligrastim-apgf)	No longer covered	Fulphila (pegfilgrastim-jmdb)
Uptravi	No longer covered	sildenafil, tadalafil, ambrisentan, bosentan, Adempas
Vemlidy	No longer covered	entecavir, lamivudine HBV, adefovir
pyridostigmine bromide ER	No longer covered	pyridostigmine bromide 60 mg tablet
cinacalcet HCl	Prior authorization add	Members on dialysis may have coverage through Part B. Additional Part D criteria apply.
alprazolam	Prior authorization add	PA applies to members age 65 and older due to safety consideration in older adults.
lorazepam	Prior authorization add	
dicyclomine	Prior authorization add	PA applies to members age 65 and older due to safety consideration in older adults.
meclizine HCl	Prior authorization add	
clonidine topical patch	Quantity limit add	QL of 4 patches per 28 days (one patch per week).
alprazolam	Tier change	Moved to Non-Preferred Tier. Member cost-share may increase compared to previous year.
diazepam	Tier change	

DRUG AFFECTED	COVERAGE CHANGE	PREFERRED ALTERNATIVE(S) / COVERAGE DETAILS
esomeprazole magnesium	Tier change	Moved to Non-Preferred Tier. Member cost-share may increase compared to previous year.
estradiol cream	Tier change	
ivabradine HCl	Tier change	
oxybutynin chloride ER	Tier change	
paroxetine HCl	Tier change	
pregabalin	Tier change	
solifenacin succinate	Tier change	
tolterodine tartrate IR/ER	Tier change	
Trintellix	Tier change	
trospium chloride IR/ER	Tier change	

Treatment decisions should be based on each patient's clinical needs. If an alternative is not appropriate or continued treatment with the current medication is medically necessary, a coverage determination request may be submitted on or after **January 1, 2027**.

PLAN INFORMATION		
COVERAGE DETERMINATION	**WEBSITE & FORMS**	**PROVIDER SERVICES**
Wellcare By Allwell Phone: 1-800-867-6564 Fax: 1-866-226-1093 **Wellcare** Phone: 1-855-538-0454 Fax: 1-866-388-1767	**Wellcare By Allwell** go.Wellcare.com/AllwellMO **Wellcare** go.wellcare.com/Medicare	**Wellcare By Allwell** Phone: 1-800-977-7522 (MAPD) Phone: 1-844-796-6811 (DSNP) **Wellcare** Phone: 1-855-538-0454

This notice highlights select formulary changes and is not a complete list of coverage updates. For complete coverage information, refer to the current List of Covered Drugs (Formulary) and plan website. Thank you for your partnership in supporting quality care for our members.

Sincerely,

Wellcare and Wellcare By Allwell

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