

**This update applies to:**  
All Network Providers

**Line of Business:**  
Medicare Part D

**Wellcare by Allwell Member Services:**  
DSNP: 844-796-6811  
MAPD: 800-977-7522  
**Wellcare Member Services:**  
DSNP: 833-444-9089  
MAPD: 833-444-9088

**Wellcare by Allwell Prior Authorization:**  
Phone: 800-867-6564  
Fax: 866-226-1093  
**Wellcare Prior Authorization:**  
Phone: 855-538-0454  
Fax: 866-388-1767

**Wellcare by Allwell Website:**  
[go.wellcare.com/AllwellMO](https://go.wellcare.com/AllwellMO)  
**Wellcare Website:**  
[go.wellcare.com/Medicare](https://go.wellcare.com/Medicare)

## 2026 Formulary Changes

### Wellcare and Wellcare By Allwell

**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 or you can call to request authorization.

If you have any questions, please contact Wellcare by Allwell Medicare Pharmacy Services at 800-867-6564 or Wellcare Medicare Pharmacy Services at 855-538-0454, 8AM to 10:30PM, EST, Monday – Friday.