



Medicare Provider Update

This update applies to:
All Network Providers

State(s):
North Carolina

Line of Business:
Medicare Part D

Member Services:
MAPD, MA: 1-833-444-9088
DSNP: 1-833-444-9089

Prior Authorization:
1-855-538-0454

Plan Website:
www.Wellcare.com/Medicare

2024 Formulary Changes

Wellcare North Carolina

On January 1, 2024, 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 2024 formulary alternative(s). Please refer to the list to identify the appropriate options for your patients.

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

(2T MMP & 1T DSNP only)	Brimonidine Tartrate eye drops, Combigan eye drops
Vyzulta eye drops (2T MMP & 1T DSNP only)	Alphagan P 0.1% eye drops, Brimonidine Tartrate eye drops, Combigan eye drops

*Prior authorization required

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 www.Wellcare.com/Medicare or you can call to request authorization.

If you have any questions, please contact Medicare Pharmacy Services at 1-855-538-0454.