

Quick Reference Guide – Prescribing Diabetes Drugs

Use this guide and the Real-Time Prescription Benefit Tool to avoid represcribing for patients with high copays.

Set up the Real-Time Prescription Benefit Tool to get visibility into a member’s coverage details via the electronic health record (EHR) system. The tool can help you avoid rework and researching alternative drugs to re prescribe after a member declines a prescription at the pharmacy due to its high copayment.

To get the tool, access bit.ly/Rx-Benefit-Tool or scan this QR code:

Use the tool to proactively see:

- **Cost:** Member’s out of pocket cost
- **Drugs:** Up to three medication options within a therapeutic class
- **Pharmacies:** Up to three in-network pharmacy options

Fast facts for 2026 plans

- Subject to evidence of coverage
- Tiers 3-5: Deductibles will apply
- No coverage gap (donut hole) in 2026
- Max \$35 monthly for insulin products
- Max out of pocket is \$2,100



The following table describes formulary information by Medicare Advantage Prescription Drug (MAPD) plan.

2026 Formulary Information by MAPD Plan

	MAPD HMO	
	Wellcare Simple	Wellcare Giveback
Formulary links and tier information	CY26_6T Enhanced Plus MAPD	CY26_6T Enhanced Plus Select MAPD

(continued)

Refer to the following tables for formulary information, preferred products and preferred medications. Formularies are subject to change. Please visit our website at wellcare.com/california/find-my-plan for the most current formularies.

The following table describes preferred insulin products.

2026 Preferred Insulin Products

	MAPD HMO
Insulin: Fast Acting Fiasp [®] , Merilog [™] , Novolog [®]	Tier 3
Insulin: Short Acting Novolin R [®] U-100 (FlexPen [®] and vial)	Tier 3
Insulin: Intermediate Humulin [®] R U-500, Novolin N (FlexPen and NPH)	Tier 3
Insulin: Long Acting Insulin glargine YFGN U-100, insulin glargine U-300	Tier 3
Insulin: Combination Novolin 70/30, Novolog Mix 70/30	Tier 3
Insulin: Combination Soliqua [®] 100/33	Tier 3

The following table describes preferred anti-diabetic non-insulin medications.

2026 Preferred Anti-Diabetic (Non-insulin medications)

	MAPD HMO
Orals acarbose, glimepiride, glipizide, glipizide ER, glipizide-metformin, metformin, metformin XR, nateglinide, pioglitazone, pioglitazone-glimepiride, pioglitazone-metformin, repaglinide	Tier 6
DPP-4 inhibitor Januvia [®] , saxagliptin, Tradjenta [®]	Tier 3
Combo's Glyxambi [®] , Janumet [®] , Janumet XR, Jentaduetto [®] , Jentaduetto XR, Trujardy [®] XR	Tier 3
SGTL2 Farxiga [®] , Jardiance [®] , Invokana [®] , dapaglifozin	Tier 3
Combo's Glyxambi, Invokamet [®] , Invokamet XR, Synjardy [®] , Synjardy XR, Trujardy, Xigduo [®] XR	Tier 3 Tier 4: Invokamet, Invokamet XR
GLP-1 Mounjaro [®] , Ozempic [®] , Rybelsus [®] , Trulicity [®]	Tier 3

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The following table describes preferred blood glucose meters and strips.

2026 Preferred Blood Glucose Meters and Strips

Type	Quantity limit
Blood glucose meters Accu-Chek® Guide meter, Accu-Chek Guide Me meter, True Metrix® meter, True Metrix Air™ meter, ReliOn™ True Metrix Air meter	1 kit per 365 days (1 per calendar year)
Test strips Accu-Check Guide, True Metrix, ReliOn True Metrix	100 strips per 25 days (4 per day)
Continuous glucose monitoring (CGM)¹ Dexcom G6®, Dexcom G7®, FreeStyle® Libre 2, FreeStyle Libre 3, FreeStyle Libre 14 Day	Prior authorization required

Continuous Glucose Monitoring (CGM) Systems:

- FreeStyle Libre or Dexcom are preferred - prior authorization required
- Prior authorization criteria (ALL 1-4):
 1. Diabetes mellitus diagnosis
 2. Insulin-treated, OR has problematic hypoglycemia documented by ONE (a. OR b.) of the following:
 - a. More than one level-2 hypoglycemic event (blood glucose < 54 mg/dL) that persists despite more than one attempt to adjust medications and/or modify diabetes treatment plan

OR

 - b. One level-3 hypoglycemic event (blood glucose < 54 mg/dL) characterized by altered mental and/or physical state requiring third-party assistance for treatment
 3. Seen by physician or practitioner in the last six months
 4. Will have follow-up appointments every six months to document adherence to both the CGM regimen and diabetes treatment plan. The Coverage Determination form for a prior authorization request is available on our website at wellcare.com/california under Providers > Pharmacy Forms.

¹Continuous glucose monitoring systems require prior authorization.