

2025 Chronic Condition Drug Coverage List

**Priority Health employer group
and individual HSA plans with
chronic condition rider**

Last Updated: September 2024



What if a generic drug is available?

Priority Health requires the use of a generic drug when one is available. You may be responsible for additional cost sharing when choosing a brand name medication over an available generic.

Do certain drugs require prior authorization or step therapy?

Prior authorization and step therapy requirements may apply to certain medications.

Are any other drugs covered?

Refer to the Approved Drug List at priorityhealth.com/formulary for up-to-date information.

Condition	Covered products	BOLD = BRAND	<i>italics = generic</i>
Antidepressant	<ul style="list-style-type: none"> • CITALOPRAM • ESCITALOPRAM • FLUOXETINE • FLUOXETINE DR • PAROXETINE • PAROXETINE CR • PAROXETINE ER • SERTRALINE 		
Asthma/COPD	<ul style="list-style-type: none"> • ARNUIY ELLIPTA • BUDESONIDE • BUDESONIDE/FORMOTEROL FUMARATE • DULERA • FLUTICASONE PROPIONATE HFA • FLUTICASONE-SALMETEROL (GENERIC AIRDUO) • PULMICORT FLEXHALER • QVAR REDIHALER • TRELEGY ELLIPTA 		
Cardiovascular/ Blood Pressure	<ul style="list-style-type: none"> • ACEBUTOLOL • AMLODIPINE BESYLATE-BENAZEPRIL • ATENOLOL • ATENOLOL-CHLORTHALIDONE • BENAZEPRIL • BENAZEPRIL-HYDROCHLOROTHIAZIDE • BETAXOLOL • BISOPROLOL • BISOPROLOL-HYDROCHLOROTHIAZIDE • CAPTOPRIL • CAPTOPRIL- HYDROCHLOROTHIAZIDE • ENALAPRIL • ENALAPRIL-HYDROCHLOROTHIAZIDE • EPANED • FOSINOPRIL • FOSINOPRIL-HYDROCHLOROTHIAZIDE • LISINOPRIL • LISINOPRIL-HYDROCHLOROTHIAZIDE • METOPROLOL SUCCINATE • METOPROLOL TARTRATE • METOPROLOL-HYDROCHLOROTHIAZIDE 		

Condition	Covered products BOLD = BRAND <i>italics = generic</i>
Cardiovascular/ Blood Pressure, <i>cont.</i>	<ul style="list-style-type: none"> • <i>MOEXIPRIL</i> • <i>NADOLOL</i> • <i>PERINDOPRIL</i> • <i>PINDOLOL</i> • <i>PROPRANOLOL</i> • <i>PROPRANOLOL ER</i> • <i>PROPRANOLOL-HYDROCHLOROTHIAZIDE</i> • <i>QUINAPRIL</i> • <i>QUINAPRIL-HYDROCHLOROTHIAZIDE</i> • <i>RAMIPRIL</i> • <i>SORINE</i> • <i>SOTALOL</i> • <i>TIMOLOL MALEATE</i> • <i>TRANDOLAPRIL</i> • <i>TRANDOLAPRIL-VERAPAMIL ER</i>
Cholesterol	<ul style="list-style-type: none"> • <i>ATORVASTATIN</i> • <i>EZETIMIBE-SIMVASTATIN</i> • <i>LOVASTATIN</i> • <i>PRAVASTATIN</i> • <i>ROSUVASTATIN</i> • <i>SIMVASTATIN</i>
Diabetes	<ul style="list-style-type: none"> • <i>ACARBOSE</i> • FARXIGA • <i>GLIMEPIRIDE</i> • <i>GLIPIZIDE</i> • <i>GLIPIZIDE ER</i> • <i>GLIPIZIDE XL</i> • <i>GLIPIZIDE-METFORMIN</i> • <i>GLYBURIDE</i> • <i>GLYBURIDE MICRONIZED</i> • <i>GLYBURIDE-METFORMIN HCL</i> • GLYXAMBI • HUMALOG • HUMALOG JUNIOR KWIKPEN • HUMALOG KWIKPEN U-100 • HUMALOG KWIKPEN U-200 • HUMALOG MIX 50-50 • HUMALOG MIX 50-50 KWIKPEN • HUMALOG MIX 75-25 • HUMALOG MIX 75-25 KWIKPEN • HUMULIN 70-30 • HUMULIN 70-30 KWIKPEN • HUMULIN N • HUMULIN N KWIKPEN • HUMULIN R U-500 • HUMULIN R U-500 KWIKPEN • JANUMET • JANUMET XR

Condition	Covered products	BOLD = BRAND	<i>italics = generic</i>
Diabetes, cont.	<ul style="list-style-type: none"> • JANUVIA • JARDIANCE • LANTUS • LANTUS SOLOSTAR • LYUMJEV • LYUMJEV KWIKPEN U-100 • LYUMJEV KWIKPEN U-200 • <i>METFORMIN HCL</i> • <i>METFORMIN HCL ER</i> • <i>NATEGLINIDE</i> • <i>PIOGLITAZONE</i> • <i>PIOGLITAZONE-METFORMIN</i> • <i>REPAGLINIDE</i> • SYNJARDY • SYNJARDY XR • TOUJEO MAX SOLOSTAR • TOUJEO SOLOSTAR • XIGDUO XR 		
Diabetic Supplies	<ul style="list-style-type: none"> • DEXCOM G6 RECEIVER • DEXCOM G6 SENSOR • DEXCOM G6 TRANSMITTER • DEXCOM G7 RECEIVER • DEXCOM G7 SENSOR • FREESTYLE LIBRE 14 DAY SENSOR • FREESTYLE LIBRE 2 SENSOR • FREESTYLE LIBRE 3 SENSOR • <i>INSULIN NEEDLES*</i> • <i>INSULIN SYRINGES*</i> • <i>LANCETS*</i> • ONETOUCH ULTRA TEST STRIP • ONETOUCH VERIO TEST STRIP • <i>PEN NEEDLES*</i> 		
Osteoporosis	<ul style="list-style-type: none"> • <i>ALENDRONATE</i> • <i>IBANDRONATE</i> • <i>RISEDRONATE</i> • <i>RISEDRONATE DR</i> 		

*Includes insulin syringes, needles and supplies on the Approved Drug List.

This is not a complete list of drugs covered under your plan. Always check your plan documents in your member account for coverage information, as some drugs may be excluded under your plan. Information is believed to be accurate as of the production date; however, it is subject to change.

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

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