Tier 4
Non-preferred drugs

Drug name	Notes
amitriptyline hcl	
cyclobenzaprine hcl tablet 5 mg, 10 mg	
methocarbamol tablet 500mg, 750mg	
modafinil	PA, QL
OZEMPIC	PA, QL
PROLIA	PA, QL
tadalafil 2.5mg, 5mg	PA, QL
UBRLEVY	PA, QL
zolpidem tartrate tablet	QL

Tier 5
Specialty drugs

Drug name	Notes
DUPIXENT	PA, QL
GAMMAGARD	PA
HUMIRA	PA, QL
SKYRIZI	PA, QL
XIFAXAN 550mg	PA, QL

Priority Health | MedicareRx Prescription Drug Coverage

[1] Priority Health's pharmacy network includes limited lower-cost, preferred pharmacies in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 888.389.6648, TTY users call 711, or consult the online pharmacy directory at ***prioritymedicare.com***.
Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. ID 24468, Version 6, last updated 08/25/2023

Priority Health

Partial 2024 Formulary

This document is a partial formulary and includes only some of the drugs covered by Priority Health Medicare.

For a complete listing of all prescription drugs covered by Priority Health Medicare, please visit our website at ***prioritymedicare.com*** or call us at 888.389.6648 (TTY users should call 711). We are available from 8 a.m. to 8 p.m., seven days a week.

Reading the drug list

The first column of the charts lists the drug name. Brand name drugs are capitalized (e.g., ELIQUIS) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Notes column tells you if Priority Health Medicare has any special requirements for coverage of your drug.

List of abbreviations

QL: Quantity limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 74 tablets per 30 day prescription of ELIQUIS. This may be in addition to a standard one month or three month supply.

PA: Prior authorization. Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.

B/D: This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending upon your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

Want a copy? Have questions?
If you would like a hard copy of the complete Formulary, or have questions, please call Customer Service at 888.389.6648, (TTY users call 711). We're available from 8 a.m. to 8 p.m., seven days a week. Or you can email us at ***MedicareCS@priorityhealth.com***.

Tier 1

Preferred generic drugs

Available for $0 for 90-day supplies at preferred retail pharmacies.[1] For a list of preferred retail pharmacies, visit ***prioritymedicare.com***, and search **Pharmacy Directory/Find a Doctor**.

Drug name	Notes
alendronate sodium tablet	
allopurinol tablet 100mg, 300mg	
amlodipine besylate	
atenolol	
atorvastatin calcium	QL
carvedilol tablet	
citalopram hbr tablet	QL
clopidogrel tablet 75mg	
donepezil hcl tablet 5mg, 10mg	QL
fluoxetine hcl capsule 10mg, 20mg, 40mg	
furosemide tablet	
glimepiride	
hydralazine hcl	
hydrochlorothiazide	
ibuprofen tablet 400 mg, 600 mg, 800 mg	
levothyroxine sodium tablet	
lisinopril	
lisinopril-hydrochlorothiazide	
losartan potassium	
losartan-hydrochlorothiazide	

Drug name	Notes
lovastatin	QL
meloxicam tablet	
metformin hcl er (generic GLUOPHAGE XR)	
metformin hcl tablet 1000 mg, 500 mg, 850 mg	
metoprolol tartrate 25 mg, 50 mg, 100 mg	
omeprazole capsule 20mg	
pantoprazole sodium tablet	
pioglitazone hcl	
pravastatin sodium	QL
prednisone tablet	
rosuvastatin calcium	QL
sertraline hcl tablet	
simvastatin	QL
spironolactone	
sulfamethoxazole-trimethoprim tablet	
tamsulosin hcl	
trazodone hcl 50 mg, 100 mg, 150 mg	
warfarin sodium	

Tier 2

Generic drugs

Drug name	Notes
albuterol sulfate HFA	QL
albuterol sulfate nebulizer solution	B/D
alprazolam tablet	QL
amoxicillin	
amoxicillin-clavulanate potassium	
azithromycin	
baclofen tablet 10mg, 20mg	
bupropion xl tablet 150 mg, 300 mg	
buspirone hcl	
celecoxib	
cephalexin capsule 250mg, 500mg	
clonazepam	QL
diclofenac sodium delayed release tablet	
diltiazem 24hr er (cd) capsule	

Drug name	Notes
doxycycline hyclate capsule 50mg, 100mg; tablet 20mg, 100mg	
duloxetine hcl capsule 20mg, 30mg, 60mg	QL
escitalopram oxalate	
estradiol oral tablet, topical patch	
ezetimibe	
famotidine tablet	
finasteride	
fluticasone propionate nasal	
gabapentin	
isosorbide mononitrate er	
latanoprost	
lorazepam	QL
methylprednisolone	

Drug name	Notes
metoprolol succinate er	
mirtazapine	
montelukast sodium	
ondansetron	B/D
oxybutynin chloride er	QL
potassium chloride tablet, capsule	
prednisolone acetate ophthalmic	
pregabalin capsule	QL
quetiapine fumarate tablet	
tizanidine hcl tablet	
triamcinolone acetonide topical	
triamterene-hydrochlorothiazide	
venlafaxine hcl er capsule	

Tier 3

Preferred brand drugs

Drug name	Notes
ELIQUIS	QL
FARXIGA	QL
JARDIANCE	QL
LANTUS SOLOSTAR	
lidocaine patch 5%	PA, QL
REPATHA	PA, QL
SHINGRIX	QL
sildenafil citrate 20mg	PA, QL
TRELEGY ELLIPTA	QL
TRULICITY	PA, QL
XARELTO	QL

continued>