

2027 Chronic Condition Drug Coverage List

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

Last Updated: September 2026



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	• CITALOPRAM • ESCITALOPRAM • FLUOXETINE • FLUOXETINE DR • PAROXETINE • PAROXETINE CR • PAROXETINE ER • SERTRALINE		
Asthma/COPD	• ARNUITY ELLIPTA • BREZTRI AERO • BUDESONIDE • BUDESONIDE/FORMOTEROL FUMARATE • DULERA • FLUTICASONE PROPIONATE HFA • FLUTICASONE-SALMETEROL (GENERIC AIRDUO) • PULMICORT FLEXHALER • QVAR REDHALER • TRELEGY ELLIPTA		
Cardiovascular/ Blood Pressure	• ACEBUTOLOL • AMLODIPINE BESYLATE-BENAZEPRIL • ATENOLOL • ATENOLOL-CHLORTHALIDONE • BENAZEPRIL • BENAZEPRIL-HYDROCHLOROTHIAZIDE • BETAXOLOL • BISOPROLOL • BISOPROLOL-HYDROCHLOROTHIAZIDE • CAPTOPRIL • CAPTOPRIL- HYDROCHLOROTHIAZIDE • ENALAPRIL • ENALAPRIL-HYDROCHLOROTHIAZIDE • EPANED • FOSINOPRIL • FOSINOPRIL-HYDROCHLOROTHIAZIDE		

Condition	Covered products	BOLD = BRAND	<i>italics = generic</i>
Cardiovascular/ Blood Pressure, <i>cont.</i>	• <i>LISINOPRIL</i> • <i>LISINOPRIL-HYDROCHLOROTHIAZIDE</i> • <i>METOPROLOL SUCCINATE</i> • <i>METOPROLOL TARTRATE</i> • <i>METOPROLOL-HYDROCHLOROTHIAZIDE</i> • <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	• <i>ATORVASTATIN</i> • <i>EZETIMIBE-SIMVASTATIN</i> • <i>LOVASTATIN</i> • <i>PRAVASTATIN</i> • <i>ROSUVASTATIN</i> • <i>SIMVASTATIN</i>		
Diabetes	• <i>ACARBOSE</i> • <i>DAPAGLIFLOZIN</i> • <i>DAPAGLIFLOZIN-METFORMIN</i> • <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 CARTRIDGES • HUMALOG JUNIOR KWIKPEN • HUMALOG KWIKPEN U-100 • HUMALOG KWIKPEN U-200 • HUMALOG MIX 50-50 • HUMALOG MIX 50-50 KWIKPEN • HUMALOG MIX 75-25		

Condition	Covered products BOLD = BRAND <i>italics = generic</i>
Diabetes , <i>cont.</i>	• 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 • INSULIN LISPRO VIALS • JARDIANCE • LANTUS • LANTUS SOLOSTAR • <i>METFORMIN HCL</i> • <i>METFORMIN HCL ER</i> • <i>NATEGLINIDE</i> • <i>PIOGLITAZONE</i> • <i>PIOGLITAZONE-METFORMIN</i> • <i>REPAGLINIDE</i> • <i>SITAGLIPTIN</i> • <i>SITAGLIPTIN-METFORMIN</i> • SYNJARDY • SYNJARDY XR • TOUJEO MAX SOLOSTAR • TOUJEO SOLOSTAR
Diabetes Supplies	• ACCU-CHEK GUIDE TEST STRIPS • DEXCOM G7 RECEIVER • DEXCOM G7 SENSOR • FREESTYLE LIBRE 14 DAY SENSOR • FREESTYLE LIBRE 2 SENSOR • FREESTYLE LIBRE 2 PLUS SENSOR • FREESTYLE LIBRE 3 SENSOR • FREESTYLE LIBRE 3 PLUS SENSOR • <i>INSULIN NEEDLES*</i> • <i>INSULIN SYRINGES*</i> • <i>LANCETS*</i> • <i>PEN NEEDLES*</i>

Condition	Covered products	BOLD = BRAND	<i>italics = generic</i>
Osteoporosis	• <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.