2026
Chronic Condition Drug Coverage List

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

Last Updated: September 2025

Priority Health™

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 *italics = generic*
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 REDIHALER** • **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 *italics = generic*
Cardiovascular/ Blood Pressure, *cont.*	• *LISINOPRIL* • *LISINOPRIL-HYDROCHLOROTHIAZIDE* • *METOPROLOL SUCCINATE* • *METOPROLOL TARTRATE* • *METOPROLOL-HYDROCHLOROTHIAZIDE* • *MOEXIPRIL* • *NADOLOL* • *PERINDOPRIL* • *PINDOLOL* • *PROPRANOLOL* • *PROPRANOLOL ER* • *PROPRANOLOL-HYDROCHLOROTHIAZIDE* • *QUINAPRIL* • *QUINAPRIL-HYDROCHLOROTHIAZIDE* • *RAMIPRIL* • *SORINE* • *SOTALOL* • *TIMOLOL MALEATE* • *TRANDOLAPRIL* • *TRANDOLAPRIL-VERAPAMIL ER*
Cholesterol	• *ATORVASTATIN* • *EZETIMIBE-SIMVASTATIN* • *LOVASTATIN* • *PRAVASTATIN* • *ROSUVASTATIN* • *SIMVASTATIN*
Diabetes	• *ACARBOSE* • **FARXIGA** • *GLIMEPIRIDE* • *GLIPIZIDE* • *GLIPIZIDE ER* • *GLIPIZIDE XL* • *GLIPIZIDE-METFORMIN* • *GLYBURIDE* • *GLYBURIDE MICRONIZED* • *GLYBURIDE-METFORMIN HCL* • **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**

Condition	Covered products BOLD = BRAND *italics = generic*
Diabetes, *cont.*	• **HUMULIN 70-30** • **HUMULIN 70-30 KWIKPEN** • **HUMULIN N** • **HUMULIN N KWIKPEN** • **HUMULIN R U-500** • **HUMULIN R U-500 KWIKPEN** • **INSULIN LISPRO VIALS AND PEN INJECTORS** • **JANUMET** • **JANUMET XR** • **JANUVIA** • **JARDIANCE** • **LANTUS** • **LANTUS SOLOSTAR** • **LYUMJEV** • **LYUMJEV KWIKPEN U-100** • **LYUMJEV KWIKPEN U-200** • *METFORMIN HCL* • *METFORMIN HCL ER* • *NATEGLINIDE* • *PIOGLITAZONE* • *PIOGLITAZONE-METFORMIN* • *REPAGLINIDE* • **SYNJARDY** • **SYNJARDY XR** • **TOUJEO MAX SOLOSTAR** • **TOUJEO SOLOSTAR** • **XIGDUO XR**
Diabetes Supplies	• **ACCU-CHEK AVIVA TEST STRIPS** • **ACCU-CHEK COMPACT PLUS TEST STRIPS** • **ACCU-CHEK GUIDE TEST STRIPS** • **ACCU-CHEK SMARTVIEW TEST STRIPS** • **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 2 PLUS SENSOR** • **FREESTYLE LIBRE 3 SENSOR** • **FREESTYLE LIBRE 3 PLUS SENSOR** • *INSULIN NEEDLES** • *INSULIN SYRINGES** • *LANCETS** • *PEN NEEDLES**

Condition	Covered products BOLD = BRAND *italics = generic*
Osteoporosis	• *ALENDRONATE* • *IBANDRONATE* • *RISEDRONATE* • *RISEDRONATE DR*

*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.