2027 Preventive Drug Coverage List

Priority Health employer group and MyPriority plans

Last Updated: September 2026

Priority Health™

What are preventive health care services?

Preventive health care services help you avoid potential health problems, or find them early when they are most treatable, before you feel sick or have symptoms.

What plans have preventive care services?

Most Priority Health employer group and individual plans include preventive care at no cost to members. There are a few plans that do not include preventive care or have special guidelines.

- If you purchased a MyPriority short-term plan, your plan does not include preventive care services.
- If you have a grandfathered plan, which is typically an employer sponsored plan that hasn't changed since 2010, preventive care services may be excluded, or there may be specific costs for certain preventive care services.
- Some employers may exclude contraceptives from their health plans.

Are any other drugs or pharmacy services covered?

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

Medication class *Criteria*	**Covered products**
Vaccines *Pediatrics*	• Varicella (Chickenpox) • COVID-19 • Diphtheria, tetanus, pertussis (Whooping cough) • Influenza • Haemophilus influenza type B • Hepatitis A • Hepatitis B • HPV (human papillomavirus) • MMR (Measles, mumps, rubella) • Meningitis (meningococcal) • Pneumonia (pneumococcal) • Polio • RSV (respiratory syncytial virus) • Rotavirus
Vaccines *Adults*	• Varicella (chickenpox) • COVID-19 • Influenza • Haemophilus influenza type B • Hepatitis A • Hepatitis B • HPV (human papillomavirus) • MMR (measles, mumps, rubella) • Meningitis (meningococcal) • Pneumonia (pneumococcal) • RSV (respiratory syncytial virus) • Shingles (herpes zoster) • Tetanus, diphtheria and pertussis (whooping cough)

Medication class *Criteria*	**Covered products**
Fluoride *Oral products covered for children ages 6 months to 5 years without fluoride in their water source.*	• sodium fluoride oral solution • sodium fluoride oral chewable tablets
Statin medications *For prevention of heart disease in members ages 40-75 years.*	• atorvastatin 10mg, 20mg • lovastatin 10mg, 20mg, 40mg • pravastatin 10mg, 20mg, 40mg, 80mg • rosuvastatin calcium 5mg, 10mg • simvastatin 5mg, 10mg, 20mg, 40mg • pitavastatin 1mg, 2mg, 4mg
Diabetes medications *For members on the Optimized formulary only, ages 35-70 years with a diagnosis of type 1 or type 2 diabetes.*	• Metformin 850mg
Tobacco-cessation products *Products are covered for up to 3 months. Coverage continued for an additional 3 months if successfully quit smoking (6 months per calendar year maximum).*	• varenicline (generic Chantix) • bupropion ER (generic Zyban) • otc nicotine patches • otc nicotine gum, lozenges
Bowel-preparation products *For ages 45 – 75 years, 2 preventive fills per 365 days.*	• bisacodyl 5mg tablet • dulcolax oral suspension 1200mg/15ml • citrate of magnesia oral solution • clearlax oral powder 17gm/scoop • milk of magnesia oral suspension 400mg/5ml • gavilyte-G oral solution 236gm • peg-3350/electrolytes oral solution 236gm • gavilyte-N oral solution 420gm • peg-3350-kcl-na bicarb-nacl oral solution 420gm • polyethylene glycol oral powder 17gm/scoop • peg-Prep oral kit 5-210 mg-gm • phosphate laxative oral solution 2.7-7.2gm/15ml

Medication class *Criteria*	**Covered products**
Pre-exposure prophylaxis (PrEP) *Human immunodeficiency virus (HIV) prevention*	• Apretude 600mg/3ml kit • Descovy 200-25mg tablet • emtricitabine-tenofovir DF 200mg-300mg (generic Truvada) • Yeztugo 300mg tablets and 463.5mg/1.5mL injection
Prevention of breast cancer *Primary prevention of breast cancer in members 35 years of age and older, who are at increased risk.*	• raloxifene (generic Evista) • tamoxifen (generic Nolvadex)
Folic acid *For members who are or who could become pregnant.*	• folic acid 0.4 – 0.8 mg
Aspirin *For pregnant members at high risk for preeclampsia.*	• aspirin 81 mg

Contraceptives *Prescription required*	• Barrier
	  o Wide-seal Diaphragms 60, 65, 70, 75, 80, 85, 90, 95
	  o Caya vaginal diaphragm
	  o FC2 female condom
	  o Condoms
	  o Today Sponge 1000mg
	  o FemCap Vaginal Device (22mm, 26mm, 30mm)
	  o Spermicide
	  o Gynol II Vaginal Gel 3%
	• Emergency
	  o Ella (ulipristal acetate) 30mg tablet
	  o my choice 1.5mg tablet
	  o my Way 1.5mg tablet
	  o new Day 1.5mg tablet
	  o Aftera 1.5mg tablet
	  o econtra EZ 1.5mg tablet
	  o econtra One-step 1.5mg tablet
	  o new Day 1.5mg tablet
	  o opcicon 1.5mg tablet
	  o option 2 1.5mg tablet
	  o Plan B One-Step 1.5mg tablet
	  o levonorgestrel 1.5mg tablet
	  o Take Action 1.5mg tablet

Medication class *Criteria*	**Covered products**

Contraceptives, *cont.*
Prescription required
	• Hormonal
	  ○ Injectable contraceptives
	  ▪ Depo Provera 150mg IM suspension
	  ▪ medroxyprogesterone acetate 150mg IM suspension
	  ○ Patch
	  ▪ Xulane
	  ▪ Zafemy
	  ○ Ring
	  ▪ Eluryng
	  ▪ etonogestrel-ethinyl estradiol ring
	• Implantable
	  ○ IUDs
	  ▪ Kyleena
	  ▪ Liletta
	  ▪ Mirena
	  ▪ Paragard
	  ▪ Skyla
	  ○ Implantable rod
	  ▪ Nexplanon

Contraceptives – oral *Prescription required*	• afirmelle oral tablet 0.1-20 mg-mcg • altavera oral tablet 0.15-30 mg-mcg • alyacen 1/35 oral tablet 1-35 mg-mcg • alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg • amethia lo oral tablet 0.1-0.02 & 0.01 mg • amethia oral tablet 0.15-0.03 &0.01 mg • amethyst oral tablet 90-20 mcg • apri oral tablet 0.15-30 mg-mcg • aranelle oral tablet 0.5/1/0.5-35 mg-mcg • ashlyna oral tablet 0.15-0.03 &0.01 mg • aubra eq oral tablet 0.1-20 mg-mcg • aubra oral tablet 0.1-20 mg-mcg • aurovela 1.5/30 oral tablet 1.5-30 mg-mcg • aurovela 1/20 oral tablet 1-20 mg-mcg • aurovela 24 fe oral tablet 1-20 mg-mcg(24) • aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg • aurovela fe 1/20 oral tablet 1-20 mg-mcg • aviane oral tablet 0.1-20 mg-mcg • ayuna oral tablet 0.15-30 mg-mcg • azurette oral tablet 0.15-0.02/0.01 mg (21/5) • balziva oral tablet 0.4-35 mg-mcg • blisovi 24 fe oral tablet 1-20 mg-mcg(24) • blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg • blisovi fe 1/20 oral tablet 1-20 mg-mcg • briellyn oral tablet 0.4-35 mg-mcg • camila oral tablet 0.35 mg

Medication class *Criteria*	**Covered products**
Contraceptives – oral, *cont.* *Prescription required*	• camrese lo oral tablet 0.1-0.02 & 0.01 mg • camrese oral tablet 0.15-0.03 &0.01 mg • caziant oral tablet 0.1/0.125/0.15 -0.025 mg • charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24) • chateal eq oral tablet 0.15-30 mg-mcg • chateal oral tablet 0.15-30 mg-mcg • cryselle-28 oral tablet 0.3-30 mg-mcg • cyred eq oral tablet 0.15-30 mg-mcg • cyred oral tablet 0.15-30 mg-mcg • dasetta 1/35 oral tablet 1-35 mg-mcg • dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg • daysee oral tablet 0.15-0.03 &0.01 mg • deblitane oral tablet 0.35 mg • desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) • desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg • dolishale oral tablet 90-20 mcg • drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg • drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg • drospirenone-ethinyl estradiol oral tablet 3-0.02 mg • drospirenone-ethinyl estradiol oral tablet 3-0.03 mg • elinest oral tablet 0.3-30 mg-mcg • enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg • enskyce oral tablet 0.15-0.03 mg • errin oral tablet 0.35 mg • estarylla oral tablet 0.25-35 mg-mcg • ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg • ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg • falmina oral tablet 0.1-20 mg-mcg • hailey 1.5/30 oral tablet 1.5-30 mg-mcg • hailey 24 fe oral tablet 1-20 mg-mcg(24) • hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg • hailey fe 1/20 oral tablet 1-20 mg-mcg • heather oral tablet 0.35 mg • iclevia oral tablet 0.15-0.03 mg • incassia oral tablet 0.35 mg • isibloom oral tablet 0.15-30 mg-mcg • jaimiess oral tablet 0.15-0.03 &0.01 mg • jasmiel oral tablet 3-0.02 mg • jencycla oral tablet 0.35 mg • jolessa oral tablet 0.15-0.03 mg • juleber oral tablet 0.15-30 mg-mcg • junel 1.5/30 oral tablet 1.5-30 mg-mcg • junel 1/20 oral tablet 1-20 mg-mcg • junel fe 1.5/30 oral tablet 1.5-30 mg-mcg • junel fe 1/20 oral tablet 1-20 mg-mcg

Medication class *Criteria*	**Covered products**
Contraceptives – oral, *cont.* *Prescription required*	• junel fe 24 oral tablet 1-20 mg-mcg(24) • kalliga oral tablet 0.15-30 mg-mcg • kariva oral tablet 0.15-0.02/0.01 mg (21/5) • kelnor 1/35 oral tablet 1-35 mg-mcg • kelnor 1/50 oral tablet 1-50 mg-mcg • kurvelo oral tablet 0.15-30 mg-mcg • larin 1.5/30 oral tablet 1.5-30 mg-mcg • larin 1/20 oral tablet 1-20 mg-mcg • larin 24 fe oral tablet 1-20 mg-mcg(24) • larin fe 1.5/30 oral tablet 1.5-30 mg-mcg • larin fe 1/20 oral tablet 1-20 mg-mcg • leena oral tablet 0.5/1/0.5-35 mg-mcg • lessina oral tablet 0.1-20 mg-mcg • levonest oral tablet 50-30/75-40/ 125-30 mcg • levonorgest-eth est & eth est oral tablet 42-21-21-7 days • levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg • levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg • levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg • levonorgestrel oral tablet 1.5 mg • levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg • levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg • levonorgestrel-ethinyl estrad oral tablet 90-20 mcg • levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg • levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg • lojaimiess oral tablet 0.1-0.02 & 0.01 mg • loryna oral tablet 3-0.02 mg • low-ogestrel oral tablet 0.3-30 mg-mcg • lo-zumandimine oral tablet 3-0.02 mg • lutera oral tablet 0.1-20 mg-mcg • lyleq oral tablet 0.35 mg • lyza oral tablet 0.35 mg • marlissa oral tablet 0.15-30 mg-mcg • microgestin 1.5/30 oral tablet 1.5-30 mg-mcg • microgestin 1/20 oral tablet 1-20 mg-mcg • microgestin 24 fe oral tablet 1-20 mg-mcg • microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg • microgestin fe 1/20 oral tablet 1-20 mg-mcg • mili oral tablet 0.25-35 mg-mcg • mono-linyah oral tablet 0.25-35 mg-mcg • necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg • nikki oral tablet 3-0.02 mg • nora-be oral tablet 0.35 mg • norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg • norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg • norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)

Medication class *Criteria*	**Covered products**
Contraceptives – oral, *cont.* *Prescription required*	• norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg • norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg • norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24) • norethindrone oral tablet 0.35 mg • norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg • norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg • norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg • norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg • norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg • norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg • nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg • nortrel 1/35 (21) oral tablet 1-35 mg-mcg • nortrel 1/35 (28) oral tablet 1-35 mg-mcg • nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg • nylia 1/35 oral tablet 1-35 mg-mcg • nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg • ocella oral tablet 3-0.03 mg • philith oral tablet 0.4-35 mg-mcg • pimtrea oral tablet 0.15-0.02/0.01 mg (21/5) • portia-28 oral tablet 0.15-30 mg-mcg • reclipsen oral tablet 0.15-30 mg-mcg • setlakin oral tablet 0.15-0.03 mg • sharobel oral tablet 0.35 mg • simliya oral tablet 0.15-0.02/0.01 mg (21/5) • simpesse oral tablet 0.15-0.03 &0.01 mg • sprintec 28 oral tablet 0.25-35 mg-mcg • sronyx oral tablet 0.1-20 mg-mcg • syeda oral tablet 3-0.03 mg • tarina 24 fe oral tablet 1-20 mg-mcg(24) • tarina fe 1/20 eq oral tablet 1-20 mg-mcg • tarina fe 1/20 oral tablet 1-20 mg-mcg • tilia fe oral tablet 1-20/1-30/1-35 mg-mcg • tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg • tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg • tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg • tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg • tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg • tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg • tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg • tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg

Medication class *Criteria*	**Covered products**
Contraceptives – oral, *cont.* *Prescription required*	• tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg • trivora (28) oral tablet 50-30/75-40/ 125-30 mcg • tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg • tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg • tulana oral tablet 0.35 mg • velivet oral tablet 0.1/0.125/0.15 -0.025 mg • vestura oral tablet 3-0.02 mg • vienva oral tablet 0.1-20 mg-mcg • viorele oral tablet 0.15-0.02/0.01 mg (21/5) • volnea oral tablet 0.15-0.02/0.01 mg (21/5) • vyfemla oral tablet 0.4-35 mg-mcg • vylibra oral tablet 0.25-35 mg-mcg • wera oral tablet 0.5-35 mg-mcg • wymzya fe oral tablet chewable 0.4-35 mg-mcg • zarah oral tablet 3-0.03 mg • zovia 1/35 (28) oral tablet 1-35 mg-mcg • zovia 1/35e (28) oral tablet 1-35 mg-mcg • zumandimine oral tablet 3-0.03 mg
Iron Supplements *For members ages 6-12 months old at risk for iron deficiency*	• Bprotected Pedia Iron 75 (15 Fe) mg/ml • Ferrous Sulfate 75 (15 Fe) mg/ml • Iron Supplement Childrens 75 (15 Fe) mg/ml • PC Pediatric Iron Drops 75 (15 Fe) mg/ml • Wee Care 15 mg/1.25ml

Prior authorization required for zero-dollar ($0) cost share override to confirm preventive diagnosis.

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.

Age ranges mentioned in criteria are recommended by the United States Preventative Services Task Force (USPSTF).

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