2026 Weight Loss Drug Coverage List

Priority Health employer group and individual plans with weight loss rider

Last Updated: September 2025



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 at **priorityhealth.com/formulary** for up-to-date information.

Category	Covered products	BOLD = BRAND	italics = generic
Weight Loss	 CONTRAVE DIETHYLPROPION/DIETHYLPROPION ER LOMAIRA PHENDIMETRAZINE/PHENDIMETRAZINE ER PHENTERMINE PHENTERMINE-TOPIRAMATE ER ORAL CAPSULE QSYMIA 		

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: [77]). ©Priority Health PH_32058-1.2 PH991 2024 09/25