2027
Weight Loss
Drug Coverage List

Priority Health employer group and MyPriority plans with weight loss rider

Last Updated: September 2026

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

Category	Covered products BOLD = BRAND *italics = generic*
Weight Loss	• *BENZPHETAMINE* • **CONTRAVE** • *DIETHYLPROPION/DIETHYLPROPION ER* • **LOMAIRA** • *PHENDIMETRAZINE/PHENDIMETRAZINE ER* • *PHENTERMINE 15mg, 30mg and 37.5mg* • *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 الخلفيمن بطاقة عضويتك الشخصية.)رقم هاتف الصم والبكم: 711).

©Priority Health PH_32058-1.2 PH991 2024 09/25