

2026 VeracityRx Maintenance Drug List



For VeracityRx health beneficiaries, the medications listed on the following pages have a set copay or coinsurance based on your plan's design. You will not have to meet your plan's deductible upfront before receiving the listed medications at your set copay. This benefit makes it more affordable and accessible for you and your family to obtain necessary medications. Some of these listed drugs may require prior authorization.

ASTHMA AND OTHER RESPIRATORY CONDITIONS

Covered Generics

albuterol
budesonide nebulizer solution
budesonide/formoterol fumarate
cromolyn nebulizer solution
cromolyn oral concentrate
fluticasone propionate
fluticasone-salmeterol inhalation blister with device
fluticasone-salmeterol inhalers
fluticasone-vilanterol inhalers
ipratropium bromide
ipratropium/albuterol
levalbuterol
metaproterenol
montelukast
terbutaline
wixela inhub inhalation blister with device
zafirlukast

CONDITIONS RELATED TO BLOOD CLOTS

Covered Generics

anagrelide
aspirin/dipyridamole
cilostazol
clopidogrel bisulfate 75 mg tablets
dabigatran
dipyridamole
enoxaparin
fondaparinux
heparin
pentoxifylline
prasugrel
ticlopidine
warfarin

DIABETES

Covered Generics

acarbose
alogliptin
alogliptin benz/metformin hcl
glimepiride
glipizide, glipizide ext-rel
glipizide/metformin
glyburide
glyburide/metformin
insulin aspart
insulin degludec
insulin glargine-yfgn vials and pens
insulin lispro
metformin tablets, metformin er (equivalent to glucophage xr only)
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide, repaglinide/metformin
tobutamide

DIABETIC SUPPLIES

Covered Generics

alcohol antiseptic pads
insulin syringes
lancets

EMOTIONAL HEALTH

Covered Generics

amitriptyline
amitriptyline/chlordiazepoxide
amitriptyline/perphenazine
amoxapine
aripiprazole
asenapine maleate
bupropion & bupropion ext-rel
chlorpromazine
citalopram hydrobromide
clomipramine
clozapine
desipramine
desvenlafaxine, desvenlafaxine succinate er
doxepin
duloxetine
escitalopram
fluoxetine capsules
fluphenazine
fluvoxamine
haloperidol
imipramine hydrochloride
loxapine
lurasidone
maprotiline
mirtazapine tablets
molindone
nefazodone
nortriptyline
olanzapine tablets
paliperidone ext-rel
paroxetine, paroxetine ext-rel
perphenazine
phenelzine
pimozide
protriptyline
quetiapine, quetiapine ext-rel
risperidone
sertraline
thioridazine
thiothixene
trazodone
trifluoperazine
trimipramine
venlafaxine, venlafaxine ext-rel

vilazodone
ziprasidone

HIGH BLOOD PRESSURE AND OTHER HEART CONDITIONS

Covered Generics

acebutolol
acetazolamide
aliskiren
amiloride
amiloride/hctz
amiodarone
amlodipine
amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
atenolol
atenolol/chlorthalidone
benazepril
benazepril/hctz
betaxolol
bisoprolol
bisoprolol/hctz
bumetanide
candesartan
candesartan/hctz
captopril
captopril/hctz
carvedilol, carvedilol ext-rel
chlorothiazide
chlorthalidone
clonidine immediate-release tablets
digoxin generic products
diltiazem, diltiazem ext-rel, diltiazem 24HR CD
disopyramide phosphate
doxazosin
enalapril
enalapril/hctz
eplerenone
eprosartan
felodipine ext-rel
flecainide
fosinopril, fosinopril/hctz
furosemide
guanfacine immediate-release tablets
hydralazine
hydrochlorothiazide

indapamide
irbesartan, irbesartan/hctz

HIGH BLOOD PRESSURE AND OTHER HEART CONDITIONS contd.

isosorbide dinitrate
isosorbide mononitrate
isradipine
labetolol
lisinopril, lisinopril/hctz
losartan, losartan/hctz
methazolamide
methyldopa
methyldopa/hctz
metolazone
metoprolol succinate xr, metoprolol tartrate, metoprolol/hctz
mexiletine
minoxidil
moexipril
nadolol
nebivolol
nicardipine
nifedipine, nifedipine ext-rel
nimodipine
nisoldipine ext-rel
nitroglycerin patches, nitroglycerin SL tablets, nitroglycerin spray
olmesartan, olmesartan/amlodipine/hctz, olmesartan/hctz
perindopril
pindolol
potassium chloride
prazosin
propafenone, propafenone ext-rel
propranolol, propranolol ext-rel, propranolol/hctz
quinapril, quinapril/hctz
quinidine
ramipril
sotalol, sotalol af
spironolactone, spironolactone/hctz
telmisartan
telmisartan/amlodipine
telmisartan/hctz
terazosin
timolol
torsemide
trandolapril
trandolapril/verapamil ext-rel
triamterene/hctz
valsartan, valsartan/hctz

HIGH CHOLESTEROL

Covered Generics

atorvastatin
cholestyramine
colestipol
ezetimibe, ezetimibe/simvastatin
fenofibrate
fenofibric acid
fluvastatin sodium
gemfibrozil
icosapent ethyl
lovastatin
niacin, niacin ext-rel
omega-3 fatty acids/fish oil
pravastatin
rosuvastatin
simvastatin
verapamil, verapamil ext-rel

OSTEOPOROSIS (A BONE DISEASE)

Covered Generics

alendronate
calcitonin
ibandronate
raloxifene
risedronate

PRENATAL VITAMINS

Covered Generics

formulary generic prenatal vitamins

SEIZURE CONDITIONS

Covered Generics

acetazolamide
carbamazepine, carbamazepine ext-rel
clonazepam, clonazepam odt
diazepam rectal
divalproex delayed rel, divalproex ext-rel
ethosuxamide
felbamate
gabapentin
lacosamide

lamotrigine
levetiracetam, levetiracetam ext-rel
oxcarbazepine
phenobarbital

SEIZURE CONDITIONS contd.

Covered Generics

phenytoin, phenytoin ext-rel
pregabalin
primidone
tiagabine
topiramate
valproic acid
zonisamide

THYROID MODIFIERS

Covered Generics

levothyroxine
lithyronine
methimazole
NP thyroid
propylthiouracil

Legend

PA – This drug requires Prior Authorization.

ST– This drug requires Step Therapy.

QL – This drug has quantity limits on amount covered.