

Quick Formulary Guide Large Group Community

This is a Quick Formulary Reference of frequently prescribed medications for our McLaren Health Plan Community members. A complete full drug formulary is available at McLarenHealthPlan.org or by calling (888) 327-0671. Formulary changes and updates are also available on our website. McLaren Health Plan Community promotes the use of high-quality, cost-effective medications. If you would like to speak with Medical Management regarding the Formulary, please call (810) 733-9711 for assistance.

ALLERGY

1 Allegra* (QL)
1 Astelin* (QL)
1 Astepro* (QL)
1 Atarax*
1 Atrovent Nasal Spray* (QL)
1 Clarinex* (QL)
1 Claritin/Claritin-D OTC* (QL)
1 Elestat* (QL)
1 Flonase* (QL)
1 Hycoden* (QL)
1 Nasacort OTC* (QL)
1 Optivar* (QL)
1 Patanol* (QL)
1 Phenegran Products*
1 Rhinocort OTC* AQ (QL)
1 Robitussin AC/DAC*
1 Rondec/Rondec DM*
1 Tessalon Perles* (QL)
1 Tussionex* (QL)
1 Xyzal Tablets* (QL)
1 Zaditor* OTC (QL)
1 Zyrtec/Zyrtec-D OTC* (QL)

3 Nasonex* (QL)

ANTI-INFECTIVES

1 Amoxil*
1 Augmentin/ES/XR*
1 Avelox* (QL)
1 Bactrim/Bactrim DS*
1 Biaxin/ Biaxin XL*
1 Ceclor*
1 Ceftin*
1 Cefzil*
1 Cipro*
1 Cleocin*
1 Diflucan*
1 Ery-Tabs*
1 Famvir* (QL)
1 Flagyl 250mg and 500mg*
1 Floxin*
1 Keflex 250mg and 500mg*
1 Lamisil* (QL)
1 Levaquin*
1 Macrodantin*
1 Minocin*
1 Nizoral*
1 Nystatin
1 Omnicef*
1 Pediazole*
1 Penicillin
1 Stromectol*
1 Valtrex* (QL)
1 Vermox*
1 Vibramycin/Vibratabs*
1 Zithromax* (QL)
1 Zovirax*
1 Zyvox* (PA)

ASTHMA/BREATHING

1 Accolate* (QL)
1 Proventil*
1 Pulmicort Nebulizer Solution* (AG)
1 Singulair* (QL)
1 TheoDur*
1 Uniphyll*
1 Xopenex HFA (QL)
1 Xopenex Nebulizer Solution* (PA)

2 Advair Diskus (QL)
2 Combivent Respimat (QL)
2 Dulera (QL)
2 Flovent HFA (GL)
2 ProAir HFA (QL)
2 Pulmicort Flexhaler (QL)
2 Serevent Diskus (QL)
2 Symbicort (QL)
2 Ventolin HFA (QL)

3 Advair HFA (QL)
3 Asmanex (QL)

CARDIOVASCULAR

1 Accupril/Accuretic*
1 Aldactone/Aldactazide*
1 Apresoline*
1 Avalide/Avapro*
1 Benicar/Benicar HCT* (QL)
1 Bumex*
1 Capoten/Capozide*
1 Cardizem CD*
1 Coreg*
1 Coumadin*
1 Cozaar*
1 Diovan/Diovan HCT*
1 Dyazide*
1 Exforge* (QL)
1 Hyzaar*
1 Imdur*
1 Inderal/Inderal LA*
1 Lanoxin*
1 Lopressor/Lopressor HCT*
1 Lotensin/ Lotensin HCT*
1 Lotrel* (QL)
1 Lovenox* (QL)
1 Mavik* (QL)
1 Monopril/Monopril HCT*
1 Norpace*
1 Norvasc*
1 Plavix* (QL)
1 Plendil* (QL)
1 Procardia XL* (QL)
1 Rythmol*
1 Rythmol SR* (PA)
1 Tenormin/Tenoretic*
1 Toprol XL*
1 Univasc/Uniretic* (QL)
1 Vasotec/Vaseretic*
1 Zestril/Zestoretic* (QL)
1 Ziac*

CARDIOVASCULAR, cont.

3 Bystolic (QL)
3 Edarbi (PA)
3 Pradaxa (QL)
3 Tekturna (PA)
3 Xarelto (PA)

CHOLESTEROL

1 Colestid*
1 Crestor* (QL)
1 Fibracor*
1 Lipitor*
1 Lofibra*
1 Lopid*
1 Lovaza* (QL)
1 Mevacor*
1 Pravachol*
1 Questran*
1 Slo-Niacin OTC*
1 Tricor* (QL)
1 Zetia* (QL)
1 Zocor*

3 Niaspan* (QL)
3 Triglide (PA)
3 Trilipix* (QL)
3 Vytorin*

CONTRACEPTIVES (G) (QL) (P)

1 Alesse*
1 Cyclessa*
1 Demulen*
1 Depo-Provera*
1 LoEstrin*
1 Lo-Ovral*
1 Micronor*
1 Mircette*
1 Modicon*
1 Necon*
1 Nordette*
1 NuvaRing
1 Ortho-Cyclen*
1 Ortho Evra*
1 Ortho-Novum*
1 Ortho Tri-Cyclen*
1 Seasonale*
1 Tri-Norinyl*
1 Triphasil*
1 Yasmin*
1 Yaz*

* = Generic Required P = Preventive
AG = Age Restrictions PA = Prior Authorization
F = Female QL = Quantity Limits
M = Male ST = Step Therapy
OTC = Over-the-Counter

1 = Tier 1

2 = Tier 2

3 = Tier 3

(888) 327-0671

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Information is subject to change

DIABETES

1 Actos* (QL)
1 Amaryl*
1 Diabeta/Micronase*
1 Glucophage/Glucophage XR*
1 Glucotrol/Glucotrol XL*
1 Glucovance*
1 Glynase*
1 Metaglip*
1 Nesina* (PA)
1 Precose*
1 Starlix* (QL)

2 Aprida Vial
2 Basaglar
2 Humulin/Humalog Vials (QL)
2 Januvia (PA)
2 Lantus Vials/Pens
2 Levemir Vials/Pens
2 Novolin/Novolog Vials

3 Apidra Pens
3 Avandia (PA)
3 Bydureon (PA)
3 Byetta (PA)
3 Farxiga (PA)
3 Humulin/Humalog Pens
3 Invokana (PA)
3 Novolin/Novolog Pens
3 Onglyza (PA)
3 Symlin (PA)
3 Tradjenta (PA)
3 Trulicity (PA)
3 Victoza (PA)

GASTROINTESTINAL

1 Aciphex* (QL)
1 Asacol HD* (QL)
1 Azulfidine*
1 Benty*
1 Carafate Tablets*
1 Colaza* (QL)
1 Levsin*
1 Librax*
1 Lomotil* (QL)
1 Nexium OTC* (QL)
1 Pepcid*
1 Prevacid* (QL)
1 Prilosec*
1 Protonix*
1 Reglan*
1 Tagamet*
1 Zantac*

2 Apriso (QL)
2 Delzicol (QL)

3 Dexilant (PA)
3 Lialda* (QL)

HORMONE REPLACEMENT

1 Alora* (QL)
1 Climara* (QL)
1 Estrace Tablets*
1 Estratest/Estratest HS*
1 FemHRT* (QL)
1 Ogen*
1 Prometrium* (QL)
1 Provera*
1 Vivelle-Dot* (QL)

2 Estrace Cream*
2 Premarin Cream
2 Premarin Tablets (QL)
2 Prempro/Premphase (QL) (F)

3 Estring (QL) (F)
3 Femring (QL) (F)

MEN'S HEALTH

1 Androgel* (PA)
1 Avodart* (QL)
1 Cardura*
1 Depo-Testosterone*
1 Flomax*
1 Hytrin*
1 Minipres*
1 Proscar*
1 Testim* (PA)
1 Uroxatral* (QL)

3 Android* (PA)
3 Androderm (PA)
3 Jalyn* (QL)
3 Rapaflo (QL)

MENTAL HEALTH

1 Abilify* (QL)
1 Adderall*/Adderall XR* (QL)
1 Ambien*/ CR* (QL)
1 Ativan*
1 Celexa*
1 Concerta* (QL)
1 Desyrel*
1 Effexor*/XR*
1 Elavil*
1 Eskalith*
1 Focalin*/XR* (QL)
1 Haldol*
1 Lexapro*
1 Librium*
1 Lunesta* (QL)
1 Paxil*
1 Prozac*
1 Remeron*
1 Restoril 15mg and 30mg*
1 Risperdal/ODT* (AG)
1 Ritalin/SR/LA* (QL)
1 Seroquel* (QL)
1 Sonata* (QL)
1 Tranxene*
1 Valium*
1 Wellbutrin*/SR*/XL* (QL)
1 Xanax*
1 Xanax XR* (QL)
1 Zoloft*
1 Zyprexa* (QL)

3 Rozerem (PA)
3 Strattera* (PA)

PAIN & INFLAMMATION (QL)

1 Anaprox/Anaprox DS
1 Cataflam*
1 Celebrex* (QL)
1 Demerol*
1 Dilaudid*
1 Duragesic*
1 Flexeril*
1 Indocin*
1 Iodine/Iodine XL*
1 Mobic*
1 Motrin*
1 MS Contin*
1 Naprosyn*
1 Norco*

PAIN & INFLAMMATION (QL), cont.

1 Norflex*
1 Percocet*
1 Relafen*
1 Robaxin*
1 Soma 350mg*
1 Tylenol with Codeine*
1 Ultracet*
1 Ultram/ER*
1 Vicodin* 5/300 (PA)
1 Vicodin ES* 7.5/300 (PA)
1 Voltaren Gel* (QL)
1 Voltaren/XR* (QL)
1 Zanaflex Tablets*

3 Butrans (QL)
3 Flector (PA)
3 Nucynta/Nucynta ER (PA)
3 Oxycontin*

SMOKING CESSATION

P Chantix
P Nicotine Gum*
P Nicotine Patches*
P Nicotine Lozenges*
P Nicotrol Inhaler
P Nicotrol NS
P Zyban*

TOPICALS

1 Aclovate*
1 Bactroban Ointment/Cream*
1 Cleocin Solution*
1 Cutivate*
1 Desowen*
1 Diprolene*
1 Diprosone*
1 Elimate*
1 Garamycin*
1 Hytione*
1 Lidex*
1 Lotrisone*
1 Nizoral*
1 Ovace*
1 Penlac*
1 Plexion*
1 Psorcon*
1 Retin-A* (not Micro)
1 Selsun Lotion*
1 Silvadene*
1 Spectazole*
1 Sulfacet-R*
1 Valisone*
1 Westcort*
1 Zovirax Ointment* (QL)

2 Abreva OTC (QL)

3 Benzamycin* (QL)
3 Denavir (PA)
3 Elidel (PA)
3 Euxer (PA)

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