



HEALTH PLAN

Standard Commercial Formulary July 2016

Key	
*	Generic Available
F	Females Only
M	Males Only
OTC	Over the Counter
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Pharmacy
ST	Step Therapy

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McLarenHealthPlan.org

BRAND NAME (REFERENCE ONLY)	GEQ	GENERIC NAME	STRENGTH	FORM	TIER	RESTRICTIONS	COMMENTS
ABILIFY	*	ARIPIRAZOLE	10MG	TABLET	3	QL	MAX ONE TABLET PER DAY
ABILIFY	*	ARIPIRAZOLE	15MG	TABLET	3	QL	MAX ONE TABLET PER DAY
ABILIFY	*	ARIPIRAZOLE	20MG	TABLET	3	QL	MAX ONE TABLET PER DAY
ABILIFY	*	ARIPIRAZOLE	30MG	TABLET	3	QL	MAX ONE TABLET PER DAY
ABILIFY	*	ARIPIRAZOLE	5 MG	TABLET	3	QL	MAX ONE TABLET PER DAY
ABILIFY	*	APRIPRAZOLE	2MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
ABSTRAL		FENTANYL CITRATE	100MCG	TAB SUBL	3	PA	CRITERIA MUST BE MET
ABSTRAL		FENTANYL CITRATE	200MCG	TAB SUBL	3	PA	CRITERIA MUST BE MET
ABSTRAL		FENTANYL CITRATE	300MCG	TAB SUBL	3	PA	CRITERIA MUST BE MET
ABSTRAL		FENTANYL CITRATE	400MCG	TAB SUBL	3	PA	CRITERIA MUST BE MET
ABSTRAL		FENTANYL CITRATE	600MCG	TAB SUBL	3	PA	CRITERIA MUST BE MET
ABSTRAL		FENTANYL CITRATE	800MCG	TAB SUBL	3	PA	CRITERIA MUST BE MET
ACCOLATE	*	ZAFIRLUKAST	10MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ACCOLATE	*	ZAFIRLUKAST	20MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ACCUNEB	*	ALBUTEROL SULFATE	0.63/3ML	NEB SOLN	1		
ACCUNEB	*	ALBUTEROL SULFATE	1.25MG/3ML	NEB SOLN	1		
ACCUPRIL	*	QUINAPRIL HCL	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACCUPRIL	*	QUINAPRIL HCL	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACCUPRIL	*	QUINAPRIL HCL	40MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACCUPRIL	*	QUINAPRIL HCL	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACCURETIC	*	QUINAPRIL/HCTZ	10-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACCURETIC	*	QUINAPRIL/HCTZ	20-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACCURETIC	*	QUINAPRIL/HCTZ	20-25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACCUTANE	*	ISOTRETINOIN	10MG	CAPSULE	3	PA	ALT: BENZAMYCIN, CLEOCIN, MINOCIN AND RETIN-A
ACCUTANE	*	ISOTRETINOIN	20MG	CAPSULE	3	PA	ALT: BENZAMYCIN, CLEOCIN, MINOCIN AND RETIN-A
ACCUTANE	*	ISOTRETINOIN	30MG	CAPSULE	3	PA	ALT: BENZAMYCIN, CLEOCIN, MINOCIN AND RETIN-A
ACCUTANE	*	ISOTRETINOIN	40MG	CAPSULE	3	PA	ALT: BENZAMYCIN, CLEOCIN, MINOCIN AND RETIN-A
ACEON	*	PERINDOPRIL ERBUMINE	2MG	TABLET	1	QL	MAX 1.5 TABLETS PER DAY
ACEON	*	PERINDOPRIL ERBUMINE	4MG	TABLET	1	QL	MAX 1.5 TABLETS PER DAY
ACEON	*	PERINDOPRIL ERBUMINE	8MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ACIPHEX	*	RABEPRAZOLE SODIUM	20MG	TABLET DR	1	QL	MAX ONE TABLET PER DAY
ACLOVATE	*	ALCLOMETASONE DIPROPIONATE	0.05%	CREAM	1		
ACLOVATE	*	ALCLOMETASONE DIPROPIONATE	0.05%	OINTMENT	1		
ACTIGALL	*	URSODIOL	300MG	CAPSULE	1		
ACTIMMUNE		INTERFERON GAMMA-RECOM	100MCG/0.5ML	VIAL	3	PA, SP	CRITERIA MUST BE MET

* If GEQ is indicated then generic must be used.

ACTIQ	*	FENTANYL CITRATE	1200MCG	LOZENGE HD	1	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	1600MCG	LOZENGE HD	1	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	200MCG	LOZENGE HD	1	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	400MCG	LOZENGE HD	1	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	600MCG	LOZENGE HD	1	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	800MCG	LOZENGE HD	1	PA	CANCER DIAGNOSIS
ACTIVELLA	*	ESTRADIOL/NORETH AC	1-0.5MG	TABLET	1	F, QL	MAX ONE TABLET PER DAY
ACTIVELLA LO	*	ESTRADIOL/NORETH AC	0.5-0.1MG	TABLET	1	F, QL	MAX ONE TABLET PER DAY
ACTONEL	*	RISEDRONATE SODIUM	150MG	TABLET	3	PA	ALT: BONIVA AND FOSAMAX
ACTONEL	*	RISEDRONATE SODIUM	30MG	TABLET	3	PA	ALT: BONIVA AND FOSAMAX
ACTONEL	*	RISEDRONATE SODIUM	35MG	TABLET	3	PA	ALT: BONIVA AND FOSAMAX
ACTONEL	*	RISEDRONATE SODIUM	5MG	TABLET	3	PA	ALT: BONIVA AND FOSAMAX
ACTOPLUS MET	*	PIOGLITAZONE HCL/ METFORMIN HCL	15MG-500MG	TABLET	3	PA	ALT: ACTOS PLUS METFORMIN
ACTOPLUS MET	*	PIOGLITAZONE HCL/ METFORMIN HCL	15MG-850MG	TABLET	3	PA	ALT: ACTOS PLUS METFORMIN
ACTOS	*	PIOGLITAZONE	15MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACTOS	*	PIOGLITAZONE	30MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACTOS	*	PIOGLITAZONE	45MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ACULAR	*	KETOROLAC TROMETHAMINE	0.5%	OPTIC	1		
ACULAR LS	*	KETOROLAC TROMETHAMINE	0.4%	OPTIC	1	QL	MAX 5ML PER FILL
ACUVAIL		KETOROLAC TROMETHAMINE	0.45%	OPTIC	3	PA	ALT: ACULAR AND VOLTAREN
ACZONE		DAPSONE	5%	GEL	3	PA	ALT: BENZAMYCIN, CLEOCIN, MINOCIN AND RETIN-A
ADALAT CC	*	NIFEDIPINE	30MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
ADALAT CC	*	NIFEDIPINE	60MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
ADALAT CC	*	NIFEDIPINE	90MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
ADCIRCA		TADALAFIL	20MG	TABLET	3	PA, SP	ALT: REVATIO BY PRIOR AUTHORIZATION
ADDERALL	*	AMPHETAMINE SALTS	10MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ADDERALL	*	AMPHETAMINE SALTS	12.5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ADDERALL	*	AMPHETAMINE SALTS	15MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ADDERALL	*	AMPHETAMINE SALTS	20MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ADDERALL	*	AMPHETAMINE SALTS	5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ADDERALL	*	AMPHETAMINE SALTS	7.5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ADDERALL	*	AMPHETAMINE SALTS	30MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ADDERALL XR	*	AMPHETAMINE SALTS	10MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ADDERALL XR	*	AMPHETAMINE SALTS	15MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ADDERALL XR	*	AMPHETAMINE SALTS	5MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY

ADDERALL XR	*	AMPHETAMINE SALTS	20MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
ADDERALL XR	*	AMPHETAMINE SALTS	25MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
ADDERALL XR	*	AMPHETAMINE SALTS	30MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
ADEMPAS		RIOCIGUAT	0.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
ADEMPAS		RIOCIGUAT	1.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
ADEMPAS		RIOCIGUAT	1MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
ADEMPAS		RIOCIGUAT	2.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
ADEMPAS		RIOCIGUAT	2MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
ADIPEX P	*	PHENTERMINE	37.5MG	TABLET	1	PA	DIET AID CRITERIA MUST BE MET
ADRENACLICK		EPINEPHRINE	0.3MG	DISP SYRIN	2	QL	MAX 4 PENS PER FILL
ADRUCIL	*	FLUOROURACIL	2%	SOLUTION	1		
ADVAIR DISKUS		FLUTICASONE/SALMETEROL	100-50MCG	DISK W/DEV	2	QL	MAX ONE INHALER PER MONTH
ADVAIR DISKUS		FLUTICASONE/SALMETEROL	250-50MCG	DISK W/DEV	2	QL	MAX ONE INHALER PER MONTH
ADVAIR DISKUS		FLUTICASONE/SALMETEROL	500-50MCG	DISK W/DEV	2	QL	MAX ONE INHALER PER MONTH
ADVAIR HFA		FLUTICASONE/SALMETEROL	115-21MCG	HFA AER AD	3	QL	MAX ONE INHALER PER MONTH
ADVAIR HFA		FLUTICASONE/SALMETEROL	230-21MCG	HFA AER AD	3	QL	MAX ONE INHALER PER MONTH
ADVAIR HFA		FLUTICASONE/SALMETEROL	45-21MCG	HFA AER AD	3	QL	MAX ONE INHALER PER MONTH
AEROBID		FLUNISOLODE	250MG	INHALER	3	QL	MAX ONE INHALER PER MONTH
AEROSPAN		FLUNISOLIDE	80MCG	HFA AER AD	3	QL	MAX ONE INHALER PER MONTH
AFINITOR		EVEROLIMUS	10MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
AFINITOR		EVEROLIMUS	2.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
AFINITOR		EVEROLIMUS	5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
AFINITOR		EVEROLIMUS	7.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
AGGRENOX	*	ASPIRIN/DIPYRIMADOLE	25MG-200MG	CPMP 12HR	1	PA	ALT: PERSANTINE PLUS ASPIRIN
AGRYLIN	*	ANAGRELIDE HCL	0.5MG	CAPSULE	1		
AGRYLIN	*	ANAGRELIDE HCL	1MG	CAPSULE	1		
AKNE-MYCIN		ERYTHROMYCIN BASE	2%	OINTMENT	3		
ALAVERT OTC	*	LORATADINE	10MG	TAB RAPDIS	1	QL	MAX ONE TABLET PER DAY
ALBENZA		ALBENDAZOLE	200MG	TABLET	3	QL	MAX FOUR TABLETS PER FILL
ALCAINE	*	PROPARACAINE HCL	0.5%	OPTIC	1		
ALCHOLOL SWABS OTC	*	ALCOHOL ANTISEPTIC PADS		MED PAD	2	QL	MAX OF 200 PADS PER MONTH
ALDACTAZIDE	*	SPIRONOLACTONE/HCTZ	50-50MG	TABLET	1	PA	ALT: ALDACTAZIDE 25-25MG TABLET
ALDACTAZIDE	*	SPIRONOLACTONE/HCTZ	25-25MG	TABLET	1		
ALDACTONE	*	SPIRONOLACTONE	100MG	TABLET	1		
ALDACTONE	*	SPIRONOLACTONE	25MG	TABLET	1		
ALDACTONE	*	SPIRONOLACTONE	50MG	TABLET	1		
ALDARA	*	IMIQUIMOD	5%	CREAM PACK	1	QL	MAX TWELVE PACKETS EVERY 25 DAYS
ALDOMET	*	METHYLDOPA	125MG	TABLET	1		

ALDOMET	*	METHYLDOPA	250MG	TABLET	1		
ALDOMET	*	METHYLDOPA	500MG	TABLET	1		
ALDORIL	*	METHYLDOPA/HCTZ	250-15MG	TABLET	1		
ALDORIL	*	METHYLDOPA/HCTZ	250-25MG	TABLET	1		
ALDORIL-D		METHYLDOPA/HCTZ	500-50MG	TABLET	3		
ALESSE	*	LEVONORGESTREL-ETHINYL ESTRADIOL	0.1-0.02	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ALINIA		NITAZOXANIDE	100MG/5ML	SUSP RECON	3	AG, QL	MAX AGE 10, MAX 300ML PER FILL
ALINIA		NITAZOXANIDE	500MG	TABLET	3	QL	MAX SIX TABLETS PER FILL
ALKERAN		MELPHALAN	2MG	TABLET	2		
ALLEGRA		FEXOFENADINE HCL	30MG/5ML	ORAL SUSP	3	PA	ALT: CLARITIN AND ZYRTEC LIQUID
ALLEGRA	*	FEXOFENADINE HCL	180MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ALLEGRA	*	FEXOFENADINE HCL	30MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ALLEGRA	*	FEXOFENADINE HCL	60MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ALLEGRA OTC	*	FEXOFENADINE HCL	180MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ALLEGRA OTC	*	FEXOFENADINE HCL	30MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ALLEGRA OTC	*	FEXOFENADINE HCL	60MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ALLEGRA-D 12HR OTC	*	PSEUDOEPHEDRINE	60-120MG	TAB ER 12HR	1	QL	MAX TWO TABLETS PER DAY
ALLEGRA-D 24HR OTC	*	PSEUDOEPHEDRINE	180-240MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
ALLI OTC		ORLISTAT	60MG	CAPSULE	3	PA	DIET AID CRITERIA MUST BE MET
ALORA	*	ESTRADIOL	.025MG/24HR	PATCH TDBW	1	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
ALORA	*	ESTRADIOL	.075MG/24H	PATCH TDBW	1	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
ALORA	*	ESTRADIOL	0.05MG/24H	PATCH TDBW	1	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
ALORA	*	ESTRADIOL	0.1MG/24HR	PATCH TDBW	1	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
ALPHAGAN	*	BRIMONIDINE TARTRATE	0.2%	OPTIC	1		
ALPHAGAN-P		BRIMONIDINE TARTRATE	0.1%	OPTIC	3	PA	ALT: GENERIC ALPHAGAN
ALPHAGAN-P	*	BRIMONIDINE TARTRATE	0.15%	OPTIC	1		
ALREX		LOTEPREDNOL ETABONATE	0.2%	OPTIC	3	PA	ALT: DECADRON, FLAREX, FML AND PRED FORTE
ALSUMA	*	SUMATRIPTAN	6MG/0.5ML	PEN INJECTOR	1	QL	MAX 2MLS PER MONTH
ALTABAX		RETAPAMULIN	1%	OINTMENT	3	PA	ALT: BACTROBAN CREAM AND OINTMENT
ALTACE	*	RAMIPRIL	1.25MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ALTACE	*	RAMIPRIL	2.5MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ALTACE	*	RAMIPRIL	5MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ALTACE	*	RAMIPRIL	10MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
ALTAVERA	*	ESTRADIOL	0.15-.03MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ALUPENT		METAPROTERENOL SULFATE	650MCG	AER W/ADAP	2		
ALUPENT	*	METAPROTERENOL SULFATE	50MG/ML	SOLUTION	1		
ALUPENT	*	METAPROTERENOL SULFATE	6MG/ML	SOLUTION	1		

ALUPENT	*	METAPROTERENOL SULFATE	10MG/5ML	SYRUP	1		
ALUPENT	*	METAPROTERENOL SULFATE	10MG	TABLET	1		
ALUPENT	*	METAPROTERENOL SULFATE	20MG	TABLET	1		
ALVESCO HFA		CICLESONIDE	160MCG	HFA AER AD	3	QL	MAX ONE INHALER PER MONTH
ALVESCO HFA		CICLESONIDE	80MCG	HFA AER AD	3	QL	MAX ONE INHALER PER MONTH
ALYACEN		NORETHINDRONE-ETHINYL ESTRADIOL	1MG-35MCG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ALYACEN		NORETHINDRONE-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
AMARYL	*	GLIMEPIRIDE	1MG	TABLET	1		
AMARYL	*	GLIMEPIRIDE	2MG	TABLET	1		
AMARYL	*	GLIMEPIRIDE	4MG	TABLET	1		
AMBIEN	*	ZOLPIDEM TARTRATE	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AMBIEN	*	ZOLPIDEM TARTRATE	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AMBIEN CR	*	ZOLPIDEM TARTRATE	12.5MG	TAB MPHASE	1	QL	MAX ONE TABLET PER DAY
AMBIEN CR	*	ZOLPIDEM TARTRATE	6.25MG	TAB MPHASE	1	QL	MAX ONE TABLET PER DAY
AMERGE	*	NARATRIPTAN HCL	1MG	TABLET	1	QL	MAX NINE TABLETS PER MONTH
AMERGE	*	NARATRIPTAN HCL	2.5MG	TABLET	1	QL	MAX NINE TABLETS PER MONTH
AMETHIA	*	LEVONORGESTREL- ETHINYL ESTRADIOL	150-30(84)	TBDSPK 3MO	3	PA	ALT: NORDETTE AND SEASONALE
AMETHIA LO	*	LEVONORGESTREL- ETHINYL ESTRADIOL	100-20(84)	TBDSPK 3MO	3	PA	ALT: NORDETTE AND SEASONALE
AMETHYST		LEVONORGESTREL- ETHINYL ESTRADIOL	90-20MCG	TABLET	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
AMICAR	*	AMINOCAPROIC ACID	1000MG	TABLET	3	PA	ALTERNATIVE: AMICAR 500MG
AMICAR	*	AMINOCAPROIC ACID	250MG/ML	SYRUP	1		
AMICAR	*	AMINOCAPROIC ACID	500MG	TABLET	1		
AMINOPHYLLINE	*	AMINOPHYLLINE	500MG	SUPPOS.	1		
AMINOPHYLLINE	*	AMINOPHYLLINE	100MG	TABLET	1		
AMITIZA		LUBIPROSTONE	24MCG	CAPSULE	3	QL	MAX TWO CAPSULES PER DAY
AMITIZA		LUBIPROSTONE	8MCG	CAPSULE	3	QL	MAX TWO CAPSULES PER DAY
AMOXIL	*	AMOXICILLIN TRIHYDRATE	250MG	CAPSULE	1		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	500MG	CAPSULE	1		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	1		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	200MG/5ML	SUSP RECON	1		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	1		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	400MG/5ML	SUSP RECON	1		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	50MG/ML	SUSP RECON	1		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	500MG	TABLET	1		

* If GEQ is indicated then generic must be used.

AMOXIL	*	AMOXICILLIN TRIHYDRATE	875MG	TABLET	1		
AMOXIL CHEW	*	AMOXICILLIN TRIHYDRATE	125MG	TAB CHEW	1		
AMOXIL CHEW	*	AMOXICILLIN TRIHYDRATE	250MG	TAB CHEW	1		
AMOXIL CHEW	*	AMOXICILLIN TRIHYDRATE	400MG	TAB CHEW	1		
AMPYRA		DALFAMPRIDINE	10MG	TAB ER 12HR	3	PA, SP	CRITERIA MUST BE MET
AMRIX	*	CYCLOBENZAPRINE HCL	15MG	CAP ER 24HR	3	PA	ALT: BACLOFEN, FLEXERIL, NORFLEX, ROBAXIN, SOMA AND ZANAFLEX
AMRIX	*	CYCLOBENZAPRINE HCL	30MG	CAP ER 24HR	3	PA	ALT: BACLOFEN, FLEXERIL, NORFLEX, ROBAXIN, SOMA AND ZANAFLEX
ANAFRANIL	*	CLOMIPRAMINE HCL	25MG	CAPSULE	1		
ANAFRANIL	*	CLOMIPRAMINE HCL	50MG	CAPSULE	1		
ANAFRANIL	*	CLOMIPRAMINE HCL	75MG	CAPSULE	1		
ANALPRAM HC	*	HYDROCORTISONE/ PRAMOXINE	1%-1%	CREAM/APPL	1	QL	MAX 30GMS PER FILL
ANALPRAM HC	*	HYDROCORTISONE/ PRAMOXINE	2.5%-1%	CREAM/APPL	1	QL	MAX 30GMS PER FILL
ANAPROX	*	NAPROXEN SODIUM	275MG	TABLET	1	QL	MAX SIX TABLETS PER DAY
ANAPROX DS	*	NAPROXEN SODIUM	550MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ANASPAZ	*	HYOSCYAMINE SULFATE	0.125MG	TAB RAPDIS	1		
ANDRODERM		TESTOSTERONE	2MG/24HR	PATCH TD24HR	3	PA	CRITERIA MUST BE MET
ANDRODERM		TESTOSTERONE	4MG/24HR	PATCH TD24HR	3	PA	CRITERIA MUST BE MET
ANDROGEL	*	TESTOSTERONE	1.25G (1%)	GEL MD PUMP	3	PA	CRITERIA MUST BE MET
ANDROGEL		TESTOSTERONE	20.25/1.25	GEL MD PUMP	3	PA	CRITERIA MUST BE MET
ANDROGEL		TESTOSTERONE	1.25GM-1.62%	GEL PACKET	3	PA	CRITERIA MUST BE MET
ANDROGEL		TESTOSTERONE	2.5GM-1.62%	GEL PACKET	3	PA	CRITERIA MUST BE MET
ANDROGEL	*	TESTOSTERONE	25MG (1%)	GEL PACKET	3	PA	CRITERIA MUST BE MET
ANDROGEL	*	TESTOSTERONE	50MG (1%)	GEL PACKET	3	PA	CRITERIA MUST BE MET
ANDROID		METHYLTESTOSTERONE	10MG	TABLET	2	PA	CRITERIA MUST BE MET
ANORO ELLIPTA		UMECLIDINIUM/ VILANTEROL	62.5-25MCG	BLST W/DEV	2	QL	MAX ONE INHALER PER MONTH
ANSAID	*	FLURBIPROFEN	100MG	TABLET	1		
ANSAID	*	FLURBIPROFEN	50MG	TABLET	1		
ANTABUSE	*	DISULFIRAM	250MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ANTABUSE	*	DISULFIRAM	500MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ANTIVERT		MECLIZINE HCL	50MG	TABLET	3	PA	ALTERNATIVE: ANTIVERT 25MG
ANTIVERT	*	MECLIZINE HCL	12.5MG	TABLET	1		
ANTIVERT	*	MECLIZINE HCL	25MG	TABLET	1		
ANTURANE	*	SULFINPYRAZONE	200MG	CAPSULE	1		
ANUSOL HC	*	HYDROCORTISONE ACETATE	25MG	SUPP.RECT	1		
ANZEMET		DOLASETRON MESYLATE	100MG	TABLET	3	PA	CANCER DIAGNOSIS
ANZEMET		DOLASETRON MESYLATE	50MG	TABLET	3	PA	CANCER DIAGNOSIS

APIDRA SOLOSTAR		INSULIN GLULISINE	100 UNITS/ML	INSULIN PEN	3		
APIDRA VIAL		INSULIN GLULISINE	100 U/ML	VIAL	3		
APRESAZIDE		HYDRALAZINE HCL/HCTZ	100-50MG	CAPSULE	2		
APRESAZIDE	*	HYDRALAZINE HCL/HCTZ	25-25MG	CAPSULE	1		
APRESAZIDE	*	HYDRALAZINE HCL/HCTZ	50-50MG	CAPSULE	1		
APRESOLINE	*	HYDRALAZINE HCL	100MG	TABLET	1		
APRESOLINE	*	HYDRALAZINE HCL	10MG	TABLET	1		
APRESOLINE	*	HYDRALAZINE HCL	25MG	TABLET	1		
APRESOLINE	*	HYDRALAZINE HCL	50MG	TABLET	1		
APRI	*	ESTRADIOL	0.15-0.03	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
APRISO		MESALAMINE	0.375GM	CAP ER 24HR	2	QL	MAX FOUR CAPSULES PER DAY
APTIVUS		TIPRANAVIR	250MG	CAPSULE	2	QL	MAX FOUR CAPSULES PER DAY
ARANELLE	*	ESTRADIOL	7-9-5	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ARANESP		DARBEPOETIN ALPHA	100MCG/0.5ML	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA	150MCG/0.5	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA	200MCG/0.4	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA	25MCG/0.42ML	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA	300MCG/0.6	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA	40MCG/0.4ML	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA	500MCG/ML	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA	60MCG/0.3ML	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
ARAVA	*	LEFLUNOMIDE	10MG	TABLET	1		
ARAVA	*	LEFLUNOMIDE	20MG	TABLET	1		
ARCAPTA NEOHALER		INDACETEROL	75MCG	CAP W/DEV	2	QL	MAX ONE INHALER PER MONTH
ARICEPT	*	DONEPEZIL HCL	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ARICEPT	*	DONEPEZIL HCL	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ARIMIDEX	*	ANASTROZOLE	1MG	TABLET	1	F, QL	MAX ONE TABLET PER DAY
ARIXTRA	*	FONDAPARINUX SODIUM	10MG/0.8ML	DISP SYRIN	1	PA	CRITERIA MUST BE MET
ARIXTRA	*	FONDAPARINUX SODIUM	2.5MG/0.5ML	DISP SYRIN	1	PA	CRITERIA MUST BE MET
ARIXTRA	*	FONDAPARINUX SODIUM	5MG/0.4ML	DISP SYRIN	1	PA	CRITERIA MUST BE MET
ARIXTRA	*	FONDAPARINUX SODIUM	7.5MG/0.6ML	DISP SYRIN	1	PA	CRITERIA MUST BE MET
ARMOUR THYROID		THYROID	120MG	TABLET	2	QL	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	15MG	TABLET	2	QL	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	180MG	TABLET	2	QL	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	240MG	TABLET	2	QL	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	300MG	TABLET	2	QL	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	30MG	TABLET	2	QL	MAX ONE TABLET PER DAY

* If GEQ is indicated then generic must be used.

ARMOUR THYROID		THYROID	60MG	TABLET	2	QL	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	90MG	TABLET	2	QL	MAX ONE TABLET PER DAY
AROMASIN	*	EXEMESTANE	25MG	TABLET	1	F, QL	MAX ONE TABLET PER DAY
ARTANE	*	TRIHEXYPHENIDYL HCL	2MG/5ML	ELIXIR	1		
ARTANE	*	TRIHEXYPHENIDYL HCL	2MG	TABLET	1		
ARTANE	*	TRIHEXYPHENIDYL HCL	5MG	TABLET	1		
ARTHROTEC	*	DICLOFENAC/ MISOPROSTOL	50-0.2MG	TABLET DR	3	PA	ALT: VOLTAREN PLUS CYTOTEC
ARTHROTEC	*	DICLOFENAC/ MISOPROSTOL	75-0.2MG	TABLET DR	3	PA	ALT: VOLTAREN PLUS CYTOTEC
ASACOL HD		MESALAMINE	800MG	TABLET DR	3	QL	MAX SIX TABLETS PER DAY
ASENDIN	*	AMOXAPINE	100MG	TABLET	1		
ASENDIN	*	AMOXAPINE	150MG	TABLET	1		
ASENDIN	*	AMOXAPINE	150MG	TABLET	1		
ASENDIN	*	AMOXAPINE	25MG	TABLET	1		
ASENDIN	*	AMOXAPINE	50MG	TABLET	1		
ASMANEX		MOMETASONE FUROATE	110MCG (30)	AER PWD BA	3	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	110MCG (7)	AER PWD BA	3	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	220MCG (120)	AER PWD BA	3	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	220MCG (14)	AER PWD BA	3	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	220MCG (30)	AER PWD BA	3	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	220MCG (60)	AER PWD BA	3	QL	MAX ONE INHALER PER MONTH
ASMANEX HFA		MOMETASONE FUROATE	110MCG	HFA AER AD	3	QL	MAX ONE INHALER PER MONTH
ASMANEX HFA		MOMETASONE FUROATE	220MCG	HFA AER AD	3	QL	MAX ONE INHALER PER MONTH
ASTELIN	*	AZELASTINE HCL	137MCG	NASAL SPRAY	1	QL	MAX ONE CANNISTER EVERY 25 DAYS
ASTEPRO	*	AZELASTINE HCL	137MCG	NASAL SPRAY	3	PA	ALT: ASTELIN
ATACAND	*	CANDESARTAN CILEXETIL	16MG	TABLET	1	PA	ALT: AVAPRO, COZAAR AND DIOVAN
ATACAND	*	CANDESARTAN CILEXETIL	32MG	TABLET	1	PA	ALT: AVAPRO, COZAAR AND DIOVAN
ATACAND	*	CANDESARTAN CILEXETIL	4MG	TABLET	1	PA	ALT: AVAPRO, COZAAR AND DIOVAN
ATACAND	*	CANDESARTAN CILEXETIL	8MG	TABLET	1	PA	ALT: AVAPRO, COZAAR AND DIOVAN
ATACAND HCT	*	CANDESARTAN CIL/HCTZ	16-12.5MG	TABLET	1	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
ATACAND HCT	*	CANDESARTAN CIL/HCTZ	32-12.5MG	TABLET	1	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
ATACAND HCT	*	CANDESARTAN CIL/HCTZ	32-25MG	TABLET	1	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
ATARAX	*	HYDROXYZINE HCL	10MG/5ML	SYRUP	1		
ATARAX	*	HYDROXYZINE HCL	10MG	TABLET	1		
ATARAX	*	HYDROXYZINE HCL	25MG	TABLET	1		
ATARAX	*	HYDROXYZINE HCL	50MG	TABLET	1		
ATARAX	*	HYDROXYZINE HCL	25MG/ML	VIAL	1		
ATELVIA	*	RISEDRONATE SODIUM	35MG	TABLET DR	3	PA	ALT: BONIVA AND FOSAMAX

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ATIVAN	*	LORAZEPAM	2MG/ML	ORAL CONC.	1		
ATIVAN	*	LORAZEPAM	0.5MG	TABLET	1		
ATIVAN	*	LORAZEPAM	1MG	TABLET	1		
ATIVAN	*	LORAZEPAM	2MG	TABLET	1		
ATRIPLA		TENOFOVIR	600-200MG	TABLET	3	QL	MAX ONE TABLET PER DAY
ATROVENT	*	IPRATROPIUM BROMIDE	21MCG	NASAL SPRAY	2	QL	MAX 30MLS PER MONTH
ATROVENT	*	IPRATROPIUM BROMIDE	42MCG	NASAL SPRAY	2	QL	MAX 30MLS PER MONTH
ATROVENT	*	IPRATROPIUM BROMIDE	0.2MG/ML	SOLUTION	1		
ATROVENT HFA		IPRATROPIUM BROMIDE	17MCG	HFA AER AD	2	QL	MAX TWO INHALERS PER MONTH
AUBAGIO		TERIFLUNOMIDE	14MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
AUBAGIO		TERIFLUNOMIDE	7MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULANATE	200-28.5/5	SUSP RECON	1		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULANATE	250-62.5/5	SUSP RECON	1		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULANATE	400-57MG/5	SUSP RECON	1		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULANATE	200-28.5MG	TAB CHEW	1		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULANATE	400-57MG	TAB CHEW	1		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULANATE	250-125MG	TABLET	1		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULANATE	500-125MG	TABLET	1		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULANATE	875-125MG	TABLET	1		
AUGMENTIN ES	*	AMOXICILLIN/POTASSIUM CLAVULANATE	600-42.5/5	SUSP RECON	1		
AUGMENTIN XR	*	AMOXICILLIN/POTASSIUM CLAVULANATE	600-42.6/5	TABLET	1	QL	MAX FOUR TABLETS PER DAY
AURALGAN	*	ANTIPYRINE/BENZOCAINE/ GLYCERIN	5.4-1.4%	OPTIC	1		
AUVI-Q		EPINEPHRINE	.15MG/0.15ML	AUTO INJ	3	QL	MAX 4 PENS PER FILL
AUVI-Q		EPINEPHRINE	0.3MG/0.3ML	AUTO INJ	3	QL	MAX 4 PENS PER FILL
AVALIDE	*	IRBESARTAN/HCTZ	150-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AVALIDE	*	IRBESARTAN/HCTZ	150-25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AVALIDE	*	IRBESARTAN/HCTZ	300-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AVANDIA		ROSIGLITAZONE MALEATE	2MG	TABLET	3	PA	ALT: ACTOS
AVANDIA		ROSIGLITAZONE MALEATE	4MG	TABLET	3	PA	ALT: ACTOS

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AVANDIA		ROSIGLITAZONE MALEATE	8MG	TABLET	3	PA	ALT: ACTOS
AVAPRO	*	IRBESARTAN	150MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AVAPRO	*	IRBESARTAN	300MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AVAPRO	*	IRBESARTAN	75MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AVC		SULFANILAMIDE	15%	CREAM/APPL	2		
AVELOX	*	MOXIFLOXACIN HCL	400MG	TABLET	1	QL	MAX ONE TABLET PER DAY
AVIANE	*	LEVONORGESTREL-ETHINYL ESTRADIOL	0.1-0.02	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
AVINZA	*	MORPHINE SULFATE	120MG	CPMP 24HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
AVINZA	*	MORPHINE SULFATE	30MG	CPMP 24HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
AVINZA	*	MORPHINE SULFATE	45MG	CPMP 24HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
AVINZA	*	MORPHINE SULFATE	60MG	CPMP 24HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
AVINZA	*	MORPHINE SULFATE	75MG	CPMP 24HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
AVINZA	*	MORPHINE SULFATE	90MG	CPMP 24HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
AVODART	*	DUTASTERIDE	0.5MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
AVONEX		INTERFERON BETA-1A	30MCG/0.5ML	KIT	3	PA, SP	CRITERIA MUST BE MET
AVONEX PAK		INTERFERON BETA-1A	30MCG/0.5ML	KIT	3	PA, SP	CRITERIA MUST BE MET
AXERT	*	ALMOTRIPTAN MALATE	12.5MG	TABLET	3	PA, QL	ALT: AMERGE, IMITREX AND MAXALT
AXERT	*	ALMOTRIPTAN MALATE	6.25MG	TABLET	3	PA, QL	ALT: AMERGE, IMITREX AND MAXALT
AXID	*	NIZATIDINE	150MG/10ML	SOLUTION	1	QL	MAX 20MLS PER DAY
AXID	*	NIZATIDINE	150MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
AXID	*	NIZATIDINE	300MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
AXIRON		TESTOSTERONE	30MG	SOL MD PUMP	3	PA	CRITERIA MUST BE MET
AYGESTIN	*	NORETHINDRONE ACETATE	5MG	TABLET	1		
AZASAN		AZATHIOPRINE	100MG	TABLET	3	PA	ALT: IMURAN
AZASAN		AZATHIOPRINE	75MG	TABLET	3	PA	ALT: IMURAN
AZASITE		AZITHROMYCIN	1%	OPTIC	3		
AZILECT		RASAGILINE MESYLATE	0.5MG	TABLET	3	QL	MAX ONE TABLET PER DAY
AZILECT		RASAGILINE MESYLATE	1MG	TABLET	3	QL	MAX ONE TABLET PER DAY
AZOPT		BRINZOLAMIDE	1%	OPTIC	2		
AZULFIDINE	*	SULFASALAZINE	500MG	TABLET	1		
AZULFIDINE ENTAB	*	SULFASALAZINE	500MG	TABLET DR	1		
AZURETTE	*	ESTRADIOL	21-5	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
B&O SUPPRETTES	*	OPIUM/BELLADONNA ALKALOIDS	30-16.2MG	SUPP.RECT	1		
B&O SUPPRETTES	*	OPIUM/BELLADONNA ALKALOIDS	60-16.2MG	SUPP.RECT	1		
BACTOCIL		OXACILLIN SODIUM	250MG	CAPSULE	2		
BACTOCIL		OXACILLIN SODIUM	500MG	CAPSULE	2		
BACTRIM	*	SULFAMETHOXAZOLE/TMP	200-40MG/5	ORAL SUSP	1		

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BACTRIM	*	SULFAMETHOXAZOLE/TMP	400-80MG	TABLET	1		
BACTRIM DS	*	SULFAMETHOXAZOLE/TMP	800-160MG	TABLET	1		
BACTROBAN	*	MUPIROCIN	2%	CREAM	1	QL	MAX 15GMS PER FILL
BACTROBAN	*	MUPIROCIN	2%	OINT.(GM)	1		
BACTROBAN NASAL		MUPIROCIN	2%	OINT.(GM)	3	PA	ALT: BACTROBAN CREAM AND OINTMENT
BANZEL		RUFINAMIDE	40MG/ML	ORAL SUSP	2		
BANZEL		RUFINAMIDE	200MG	TABLET	2		
BANZEL		RUFINAMIDE	400MG	TABLET	2		
BARACLUDE		ENTECAVIR	0.05MG/ML	SOLUTION	3	PA, SP	CRITERIA MUST BE MET
BARACLUDE	*	ENTECAVIR	0.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
BARACLUDE	*	ENTECAVIR	1MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
BECONASE AQ		DIPROPIONATE	42MCG	NASAL SPRAY	3	PA	ALT: FLONASE AND NASACORT OTC
BELVIQ		LORCASERIN HCL	10MG	TABLET	3	PA	DIET AID CRITERIA MUST BE MET
BENEMID	*	PROBENECID	500MG	TABLET	1		
BENICAR		OLMESARTAN MEDOXOMIL	20MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
BENICAR		OLMESARTAN MEDOXOMIL	40MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
BENICAR		OLMESARTAN MEDOXOMIL	5MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
BENICAR HCT		OLMESARTAN MEDOXOMIL/ HCTZ	20-12.5MG	TABLET	3	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
BENICAR HCT		OLMESARTAN MEDOXOMIL/ HCTZ	40-12.5MG	TABLET	3	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
BENICAR HCT		OLMESARTAN MEDOXOMIL/ HCTZ	40-25MG	TABLET	3	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
BENTYL	*	DICYCLOMINE HCL	10MG	CAPSULE	1		
BENTYL	*	DICYCLOMINE HCL	10MG/5ML	SYRUP	1		
BENTYL	*	DICYCLOMINE HCL	20MG	TABLET	1		
BENZAC AC	*	BENZOYL PEROXIDE	10%	CLEANSER	1		
BENZAC AC	*	BENZOYL PEROXIDE	5%	CLEANSER	1		
BENZAC AC	*	BENZOYL PEROXIDE	10%	GEL	1		
BENZAC AC	*	BENZOYL PEROXIDE	10%	GEL	1		
BENZAC AC	*	BENZOYL PEROXIDE	2.5%	GEL	1		
BENZAC AC	*	BENZOYL PEROXIDE	5%	GEL	1		
BENZAC AC	*	BENZOYL PEROXIDE	5%	GEL	1		
BENZAC W WASH	*	BENZOYL PEROXIDE	10%	CLEANSER	1		
BENZAC W WASH	*	BENZOYL PEROXIDE	5%	CLEANSER	1		
BENZAC W WASH	*	BENZOYL PEROXIDE	10%	LIQUID	1		
BENZACLIN	*	CLINDAMYCIN/BENZOYL PEROXIDE	1%-5%	GEL	3	PA	ALT: BENZAMYCIN OR CLINDAMYCIN PLUS BENZOYL PEROXIDE
BENZAGEL -5	*	BENZOYL PEROXIDE	5%	GEL	1		
BENZAMYCIN	*	ERYTHROMYCIN BASE/BENZ PEROXIDE	3-5%	GEL	1		

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BENZOYL PEROXIDE	*	BENZOYL PEROXIDE	5%	WASH	1		
BEPREVE		BEPOTASTINE BESILATE	1.5%	OPTIC	3	PA	ALT: CROLOM, ELESTAT, OPTIVAR AND ZADITOR
BESIVANCE		BESIFLOXACIN HCL	0.60%	OPTIC	3	PA	ALT: CILOXAN, OCUFLOX AND QUIXIN
BETAGAN	*	LEVOBUNOLOL HCL	0.25%	OPTIC	1		
BETAGAN	*	LEVOBUNOLOL HCL	0.5%	OPTIC	1		
BETAPACE	*	SOTALOL HCL	120MG	TABLET	1		
BETAPACE	*	SOTALOL HCL	160MG	TABLET	1		
BETAPACE	*	SOTALOL HCL	240MG	TABLET	1		
BETAPACE	*	SOTALOL HCL	80MG	TABLET	1		
BETASERON		INTERFERON BETA-1B	0.3MG	KIT	3	PA, SP	CRITERIA MUST BE MET
BETIMOL		TIMOLOL	0.25%	OPTIC	3		
BETIMOL		TIMOLOL	0.5%	OPTIC	3		
BETOPTIC	*	BETAXOLOL HCL	0.5%	OPTIC	1		
BETOPTIC-S		BETAXOLOL HCL	0.25%	OPTIC	2		
BIAXIN	*	CLARITHROMYCIN	125MG/5ML	SUSP RECON	1		
BIAXIN	*	CLARITHROMYCIN	250MG/5ML	SUSP RECON	1		
BIAXIN	*	CLARITHROMYCIN	250MG	TABLET	1		
BIAXIN	*	CLARITHROMYCIN	500MG	TABLET	1		
BIAXIN XL	*	CLARITHROMYCIN	500MG	TAB ER 24HR	1		
BICITRA		CITRIC ACID/SODIUM CITRATE	300-500MG	SOLUTION	2		
BICITRA		CITRIC ACID/SODIUM CITRATE	334-500MG	SOLUTION	2		
BIDIL		HYDRALAZINE HCL	20-37.5MG	TABLET	3	PA	ALT: APRESOLINE AND ISORDIL
BLEPH 10	*	SULFACETAMIDE SODIUM	10%	OPTIC	1		
BLEPHAMIDE		SULFACETAMIDE/ PREDNISOLONE	0.2%	OPTIC	2		
BLEPHAMIDE SOP		NA SULFACETM/ PREDNISOL AC	10-0.2%	OINT.(GM)	2		
BLOCADREN	*	TIMOLOL MALEATE	10MG	TABLET	1		
BLOCADREN	*	TIMOLOL MALEATE	20MG	TABLET	1		
BLOCADREN	*	TIMOLOL MALEATE	5MG	TABLET	1		
BONIVA	*	IBANDRONATE SODIUM	150MG	TABLET	1	QL	MAX ONE TABLET EVERY 28 DAYS
BOSULIF		BOSUTINIB	100MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
BOSULIF		BOSUTINIB	500MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
B-PLEX	*	FOLIC ACID/ VITAMIN B W/C	0.5MG	TABLET	1		
B-PLEX PLUS	*	MULTIVITS/FE/HEMATIN	27MG-0.8MG	TABLET	1		
BPO-10	*	BENZOYL PEROXIDE	10%	CLEANSER	1		
BPO-5	*	BENZOYL PEROXIDE	5%	CLEANSER	1		
BREO ELLIPTA		FLUTICASONE/ VILANTEROL	100-25MCG	BLST W/DEV	3	QL	MAX ONE INHALER PER MONTH
BREO ELLIPTA		FLUTICASONE/ VILANTEROL	200-5MCG	BLST W/DEV	3	QL	MAX ONE INHALER PER MONTH

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BRETHINE	*	TERBUTALINE SULFATE	2.5MG	TABLET	1		
BRETHINE	*	TERBUTALINE SULFATE	5MG	TABLET	1		
BREVICON	*	NORETHINDRONE-ETHINYL ESTRADIOL	0.5-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
BREVOXYL GEL	*	BENZOYL PEROXIDE	4%	GEL	1		
BREVOXYL GEL	*	BENZOYL PEROXIDE	8%	GEL	1		
BREVOXYL WASH	*	BENZOYL PEROXIDE	4%	LOTION	1		
BREVOXYL WASH	*	BENZOYL PEROXIDE	8%	LOTION	1		
BRIELLYN	*	NORETHINDRONE- ETHINYL ESTRADIOL	0.4-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
BRILINTA		TICAGRELOR	90MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
BRINTELLIX		VORTIOXETINE HBR	10MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
BRINTELLIX		VORTIOXETINE HBR	20MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
BRINTELLIX		VORTIOXETINE HBR	5MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
BROMDAY	*	BROMFENAC SODIUM	0.09%	DROPS	1	PA	ALT: ACULAR AND VOLTAREN
BRONKOSOL		ISOETHARINE HCL	10MG/ML	SOLUTION	2		
BROVANA		ARFORMOTEROL TARTRATE	15MCG/2ML	VIAL-NEB	3	PA	ALT: ARCAPTA, FORADIL AND SEREVENT
BUMEX	*	BUMETANIDE	0.5MG	TABLET	1		
BUMEX	*	BUMETANIDE	1MG	TABLET	1		
BUMEX	*	BUMETANIDE	2MG	TABLET	1		
BUPHENYL		SODIUM PHENYLBUTYRATE	500MG	TABLET	3	PA	CRITERIA MUST BE MET
BUSPAR	*	BUSPIRONE HCL	10MG	TABLET	1		
BUSPAR	*	BUSPIRONE HCL	15MG	TABLET	1		
BUSPAR	*	BUSPIRONE HCL	30MG	TABLET	1		
BUSPAR	*	BUSPIRONE HCL	5MG	TABLET	1		
BUSPAR	*	BUSPIRONE HCL	7.5MG	TABLET	1		
BUTISOL		BUTABARBITAL SODIUM	30MG/5ML	ELIXIR	2		
BUTISOL		BUTABARBITAL SODIUM	30MG	TABLET	2		
BUTISOL		BUTABARBITAL SODIUM	50MG	TABLET	2		
BUTRANS		BUPRENORPHINE	10MCG/HR	PATCH TDWK	3	QL	MAX ONE PATCH PER WEEK
BUTRANS		BUPRENORPHINE	15MCH/HR	PATCH TDWK	3	QL	MAX ONE PATCH PER WEEK
BUTRANS		BUPRENORPHINE	20MCG/HR	PATCH TDWK	3	QL	MAX ONE PATCH PER WEEK
BUTRANS		BUPRENORPHINE	5MCG/HR	PATCH TDWK	3	QL	MAX ONE PATCH PER WEEK
BYDUREON		EXENATIDE MICROSPEHERES	2MG	VIAL	3	PA	CRITERIA MUST BE MET
BYDUREON		EXENATIDE MICROSPEHERES	2MG/0.65ML	PEN INJECTOR	3	PA	CRITERIA MUST BE MET
BYETTA		EXENATIDE	10MCG/0.04ML	PEN INJECTOR	3	PA	CRITERIA MUST BE MET

* If GEQ is indicated then generic must be used.

BYETTA		EXENATIDE	5MCG/0.02ML	PEN INJECTOR	3	PA	CRITERIA MUST BE MET
BYSTOLIC		NEBIVOLOL	10MG	TABLET	3	QL	MAX ONE TABLET PER DAY
BYSTOLIC		NEBIVOLOL	2.5MG	TABLET	3	QL	MAX ONE TABLET PER DAY
BYSTOLIC		NEBIVOLOL	20MG	TABLET	3	QL	MAX ONE TABLET PER DAY
BYSTOLIC		NEBIVOLOL	5MG	TABLET	3	QL	MAX ONE TABLET PER DAY
CADUET	*	AMLODIPINE/ATORVASTATIN	10/10	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	10/20	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	10/40	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	10/80	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	2.5/10	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	2.5/20	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	2.5/40	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	5/10	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	5/20	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	5/40	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CADUET	*	AMLODIPINE/ATORVASTATIN	5/80	TABLET	3	PA	ALT: NORVASC PLUS LIPITOR
CAFECIT	*	CAFFEINE CITRATED	60MG/3ML	ORAL SOLN	1	AG	MAX AGE OF ONE YEAR OLD
CAFECIT	*	CAFFEINE CITRATED	60MG/3ML	VIAL	1	AG	MAX AGE OF ONE YEAR OLD
CAFERGOT	*	ERGOTAMINE TARTRATE/CAFFEINE	2-100MG	SUPP.RECT	1		
CAFERGOT	*	ERGOTAMINE TARTRATE/CAFFEINE	1-100MG	TABLET	1		
CALAN	*	VERAPAMIL HCL	120MG	TABLET	1		
CALAN	*	VERAPAMIL HCL	80MG	TABLET	1		
CALAN SR	*	VERAPAMIL HCL	120MG	TABLET ER	1		
CALAN SR	*	VERAPAMIL HCL	180MG	TABLET ER	1		
CALAN SR	*	VERAPAMIL HCL	240MG	TABLET ER	1		
CAMPRAL	*	ACAMPROSATE CALCIUM	333MG	TABLET	1	QL	MAX SIX TABLETS PER DAY
CAMRESE	*	LEVONORGESTREL-ETHINYL ESTRADIOL	150-30(84)	TBDSPK 3MO	3	PA	ALT: NORDETTE AND SEASONALE
CAMRESE LO	*	LEVONORGESTREL-ETHINYL ESTRADIOL	100-20(84)	TBDSPK 3MO	3	PA	ALT: NORDETTE AND SEASONALE
CANASA		MESALAMINE	1000MG	SUPP.RECT	3	QL	MAX ONE SUPPOSITORY PER DAY
CANTIL		MEPENZOLATE BROMIDE	25MG	TABLET	2		
CAPEX		FLUOCINOLONE ACETONIDE	0.01%	SHAMPOO	2	QL	MAX 120ML PER FILL
CAPITAL W/ CODEINE		CODEINE PHOS/ACETAMINOPHEN	12-120MG/5	ORAL SUSP	2		
CAPOTEN	*	CAPTOPRIL	100MG	TABLET	1		
CAPOTEN	*	CAPTOPRIL	12.5MG	TABLET	1		
CAPOTEN	*	CAPTOPRIL	25MG	TABLET	1		
CAPOTEN	*	CAPTOPRIL	50MG	TABLET	1		

* If GEQ is indicated then generic must be used.

CAPOZIDE	*	CAPTOPRIL/HCTZ	25-15MG	TABLET	1		
CAPOZIDE	*	CAPTOPRIL/HCTZ	25-25MG	TABLET	1		
CAPOZIDE	*	CAPTOPRIL/HCTZ	50-15MG	TABLET	1		
CAPOZIDE	*	CAPTOPRIL/HCTZ	50-25MG	TABLET	1		
CAPRELSA		VANDETANIB	100MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
CAPRELSA		VANDETANIB	300MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
CARAC		FLUOROURACIL	0.5%	CREAM	2	QL	MAX 30GMS PER FILL
CARAFATE	*	SUCRALFATE	1G/10ML	ORAL SUSP	1		
CARAFATE	*	SUCRALFATE	1G	TABLET	1		
CARBAGLU		CARGLUMIC ACID	200MG	TAB DISPER	3	PA, SP	CRITERIA MUST BE MET
CARBATROL	*	CARBAMAZEPINE	100MG	CPMP 12HR	1		
CARBATROL	*	CARBAMAZEPINE	200MG	CPMP 12HR	1		
CARBATROL	*	CARBAMAZEPINE	300MG	CPMP 12HR	1		
CARDENE	*	NICARDIPINE HCL	20MG	CAPSULE	1		
CARDENE	*	NICARDIPINE HCL	30MG	CAPSULE	1		
CARDIZEM	*	DILTIAZEM HCL	120MG	TABLET	1		
CARDIZEM	*	DILTIAZEM HCL	30MG	TABLET	1		
CARDIZEM	*	DILTIAZEM HCL	60MG	TABLET	1		
CARDIZEM	*	DILTIAZEM HCL	90MG	TABLET	1		
CARDIZEM CD	*	DILTIAZEM HCL	360MG	CAP ER 24HR	3	PA	ALT: CARDIZEM CD 180MG (2/DAY)
CARDIZEM CD	*	DILTIAZEM HCL	120MG	CAP ER 24HR	1	QL	MAX ONE CAPSULE PER DAY
CARDIZEM CD	*	DILTIAZEM HCL	240MG	CAP ER 24HR	1	QL	MAX ONE CAPSULE PER DAY
CARDIZEM CD	*	DILTIAZEM HCL	300MG	CAP ER 24HR	1	QL	MAX ONE CAPSULE PER DAY
CARDIZEM CD	*	DILTIAZEM HCL	180MG	CAP ER 24HR	1	QL	MAX TWO CAPSULES PER DAY
CARDIZEM LA	*	DILTIAZEM HCL	120MG	TAB ER 24HR	1	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	180MG	TAB ER 24HR	1	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	240MG	TAB ER 24HR	1	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	300MG	TAB ER 24HR	1	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	360MG	TAB ER 24HR	1	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	420MG	TAB ER 24HR	1	PA	ALT: CARDIZEM CD
CARDIZEM SR	*	DILTIAZEM HCL	120MG	CAP ER 12HR	1		
CARDIZEM SR	*	DILTIAZEM HCL	60MG	CAP ER 12HR	1		
CARDIZEM SR	*	DILTIAZEM HCL	90MG	CAP ER 12HR	1		
CARDURA	*	DOXAZOSIN MESYLATE	1MG	TABLET	1		
CARDURA	*	DOXAZOSIN MESYLATE	2MG	TABLET	1		
CARDURA	*	DOXAZOSIN MESYLATE	4MG	TABLET	1		
CARDURA	*	DOXAZOSIN MESYLATE	8MG	TABLET	1		

CARMOL-20	*	UREA	20%	CREAM	1		
CARMOL-40	*	UREA	40%	CREAM	1		
CARMOL-40	*	UREA	40%	GEL	1		
CARMOL-40	*	UREA	40%	LOTION	1		
CARNITOR	*	LEVOCARNITINE	100MG/ML	SOLUTION	1	AG	MAX AGE 10
CARNITOR	*	LEVOCARNITINE	330MG	TABLET	1		
CARNITOR SF		LEVOCARNITINE	100MG/ML	SOLUTION	2	PA	CRITERIA MUST BE MET
CASODEX	*	BICALUTAMIDE	50MG	TABLET	1	M, QL	MAX ONE TABLET PER DAY
CATAFLAM	*	DICLOFENAC POTASSIUM	50MG	TABLET	1		
CATAPRES	*	CLONIDINE HCL	0.1MG	TABLET	1		
CATAPRES	*	CLONIDINE HCL	0.2MG	TABLET	1		
CATAPRES	*	CLONIDINE HCL	0.3MG	TABLET	1		
CATAPRES-TTS 1	*	CLONIDINE	0.1MG/24HR	PATCH TDWK	1	QL	MAX ONE PATCH PER WEEK
CATAPRES-TTS 2	*	CLONIDINE	0.2MG/24HR	PATCH TDWK	1	QL	MAX ONE PATCH PER WEEK
CATAPRES-TTS 3	*	CLONIDINE	0.3MG/24HR	PATCH TDWK	1	QL	MAX ONE PATCH PER WEEK
CAVERJECT		ALPROSTADIL	10MCG	INJECTION	3	M, PA, QL	ALT: CIALIS, LEVITRA AND VIAGRA
CAVERJECT		ALPROSTADIL	20MCG/HR	INJECTION	3	M, PA, QL	ALT: CIALIS, LEVITRA AND VIAGRA
CAZIAN	*	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CECLOR	*	CEFACLOR	250MG	CAPSULE	1		
CECLOR	*	CEFACLOR	500MG	CAPSULE	1		
CECLOR	*	CEFACLOR	125MG/5ML	SUSP RECON	1		
CECLOR	*	CEFACLOR	187MG/5ML	SUSP RECON	1		
CECLOR	*	CEFACLOR	250MG/5ML	SUSP RECON	1		
CECLOR	*	CEFACLOR	375MG/5ML	SUSP RECON	1		
CEDAX	*	CEFTIBUTEN DIHYDRATE	400MG	CAPSULE	3	PA	ALT: OMNICEF AND VANTIN
CEDAX	*	CEFTIBUTEN DIHYDRATE	90MG/5ML	SUSP RECON	3	PA	ALT: OMNICEF AND VANTIN
CEENU		LOMUSTINE	100MG	CAPSULE	2	PA	CRITERIA MUST BE MET
CEENU		LOMUSTINE	10MG	CAPSULE	2	PA	CRITERIA MUST BE MET
CEENU		LOMUSTINE	40MG	CAPSULE	2	PA	CRITERIA MUST BE MET
CEFTIN		CEFUROXIME AXETIL	125MG/5ML	SUSP RECON	2		
CEFTIN		CEFUROXIME AXETIL	250MG/5ML	SUSP RECON	2		
CEFTIN	*	CEFUROXIME AXETIL	250MG	TABLET	1		
CEFTIN	*	CEFUROXIME AXETIL	500MG	TABLET	1		
CEFZIL	*	CEFPROZIL	125MG/5ML	SUSP RECON	1		
CEFZIL	*	CEFPROZIL	250MG/5ML	SUSP RECON	1		
CEFZIL	*	CEFPROZIL	250MG	TABLET	1		
CEFZIL	*	CEFPROZIL	500MG	TABLET	1		

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CELEBREX	*	CELECOXIB	100MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
CELEBREX	*	CELECOXIB	200MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
CELEBREX	*	CELECOXIB	400MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
CELEBREX	*	CELECOXIB	50MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
CELESTONE		BETAMETHASONE	0.6MG/5ML	SYRUP	2		
CELEXA	*	CITALOPRAM HYDROBROMIDE	10MG	TABLET	1	QL	MAX 1.5 TABLETS PER DAY
CELEXA	*	CITALOPRAM HYDROBROMIDE	20MG	TABLET	1	QL	MAX 1.5 TABLETS PER DAY
CELEXA	*	CITALOPRAM HYDROBROMIDE	40MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
CELEXA	*	CITALOPRAM HYDROBROMIDE	10MG/5ML	SOLUTION	1		
CELLCEPT	*	MYCOPHENOLATE MOFETIL	250MG	CAPSULE	1		
CELLCEPT	*	MYCOPHENOLATE MOFETIL	500MG	TABLET	1		
CELONTIN		METHSUXIMIDE	300MG	CAPSULE	2		
CENESTIN		ESTROGENS, CONJ SYNTHETIC	0.3MG	TABLET	3	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
CENESTIN		ESTROGENS, CONJ SYNTHETIC	0.45MG	TABLET	3	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
CENESTIN		ESTROGENS, CONJ SYNTHETIC	0.625MG	TABLET	3	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
CENESTIN		ESTROGENS, CONJ SYNTHETIC	0.9MG	TABLET	3	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
CENESTIN		ESTROGENS, CONJ SYNTHETIC	1.25MG	TABLET	3	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
CEPHRADINE		CEPHRADINE	250MG	CAPSULE	2		
CEPHRADINE		CEPHRADINE	500MG	CAPSULE	2		
CEPHULAC	*	LACTULOSE	10G/15ML	SYRUP	1		
CERUMENEX		TRIETHANOLAMINE	10%	OTIC	3	QL	MAX 6MLS PER FILL
CESAMET		NABILONE	1MG	CAPSULE	3	PA	CRITERIA MUST BE MET
CETRAXAL		CIPROFLOXACIN HCL	0.2%	OTIC	3	QL	MAX 14MLS PER FILL
CHANTIX		VARENICLINE TARTRATE	0.5MG	TABLET	P	QL	MAX TWO TABLETS PER DAY
CHANTIX		VARENICLINE TARTRATE	1MG	TABLET	P	QL	MAX TWO TABLETS PER DAY
CHANTIX DOSE PACK		VARENICLINE TARTRATE	0.5(11)-1	TABLET	P	QL	MAX TWO TABLETS PER DAY
CHEMET		SUCCIMER	100MG	CAPSULE	2		
CHLOROQUINE	*	CHLOROQUINE PHOSPHATE	250MG	TABLET	1		
CHLOROQUINE	*	CHLOROQUINE PHOSPHATE	500MG	TABLET	1		
CHROMAGEN	*	IRON AG/C/B12/CA/SUC ACID/STOM	70-150-10	TABLET	1		
CHROMAGEN FORTE	*	IRON FUM AG/C/B12/FA/CA/SUCC	151-60-1MG	TABLET	1		
CHRONULAC	*	LACTULOSE	10G/15ML	SYRUP	1		
CIALIS		TADALAFIL	5MG	TABLET	3	M, QL	MAX ONE TABLET PER DAY
CIALIS		TADALAFIL	2.5MG	TABLET	3	M, QL	MAX ONE TABLET PER DAY
CIALIS		TADALAFIL	10MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
CIALIS		TADALAFIL	20MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
CIBALITH S	*	LITHIUM CITRATE	8MEQ/5ML	SYRUP	1		

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CILOXAN		CIPROFLOXACIN HCL	0.3%	OINT.(GM)	2		
CILOXAN	*	CIPROFLOXACIN HCL	0.3%	OPTIC	1		
CIMZIA		CERTOLIZUMAB ERGOL	400MG	KIT	3	PA, SP	CRITERIA MUST BE MET
CIMZIA		CERTOLIZUMAB ERGOL	400MG/2ML	SYRINGE	3	PA, SP	CRITERIA MUST BE MET
CIPRO	*	CIPROFLOXACIN HCL	250MG	TABLET	1	AG	MIN AGE 18
CIPRO	*	CIPROFLOXACIN HCL	500MG	TABLET	1	AG	MIN AGE 18
CIPRO	*	CIPROFLOXACIN HCL	750MG	TABLET	1	AG	MIN AGE 18
CIPRO	*	CIPROFLOXACIN	250MG/5ML	SUS MC REC	2		
CIPRO	*	CIPROFLOXACIN	500MG/5ML	SUS MC REC	2		
CIPRO	*	CIPROFLOXACIN HCL	100MG	TABLET	1		
CIPRO HC		CIPROFLOXACIN HCL	0.2%-1%	OTIC	3	QL	MAX 10ML PER FILL
CIPRO XR	*	CIPROFLOXACIN HCL	1000MG	TBMP 24HR	1	PA	ALT: CIPRO (NOT XR), FLOXIN AND LEVAQUIN
CIPRO XR	*	CIPROFLOXACIN HCL	500MG	TBMP 24HR	1	PA	ALT: CIPRO (NOT XR), FLOXIN AND LEVAQUIN
CIPRODEX		CIPROFLOXACIN HCL/ DEXAMETHASONE	0.3-0.1%	OTIC	2		
CITRANATAL ASSURE		PNV38/IRON CBNG/LUC/FA/DSS/DHA	35-1-50MG	COMBO PACK	3	F, QL	MAX 60 UNITS PER MONTH
CITRANATAL DHA		PNV22/IRON/FA/DSS/DHA	27-1-50MG	COMBO PACK	3	F, QL	MAX 60 UNITS PER MONTH
CITRANATAL HARMONY	*	PNV34/IRON/FA/DSS/DHA	30-1-50MG	CAPSULE	3	F, QL	MAX 60 CAPSULES PER MONTH
CLARINEX		DESLORATADINE	2.5MG/5ML	SYRUP	3	PA	ALT: CLARITIN AND ZYRTEC LIQUID
CLARINEX	*	DESLORATADINE	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
CLARITIN OTC	*	LORATADINE	5MG/5ML	SYRUP	1		
CLARITIN OTC	*	LORATADINE	10MG	TABLET	1		
CLARITIN REDITAB OTC	*	LORATADINE	10MG	TAB RAPDIS	1	QL	MAX ONE TABLET PER DAY
CLARITIN-D 12 HR OTC	*	P-EPHED SUL/LORATADINE	120-5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
CLARITIN-D 24 HR OTC	*	P-EPHED SUL/LORATADINE	240-10MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
CLEOCIN	*	CLINDAMYCIN HCL	150MG	CAPSULE	1		
CLEOCIN	*	CLINDAMYCIN HCL	300MG	CAPSULE	1		
CLEOCIN	*	CLINDAMYCIN PHOSPHATE	2%	CREAM/APPL	1		
CLEOCIN	*	CLINDAMYCIN PHOSPHATE	1%	LOTION	1		
CLEOCIN	*	CLINDAMYCIN PALMITATE	75MG/5ML	SOLN RECON	1		
CLEOCIN	*	CLINDAMYCIN PHOSPHATE	1%	SOLUTION	1		
CLEOCIN	*	CLINDAMYCIN PHOSPHATE	150MG/ML	VIAL	1		
CLEOCIN T	*	CLINDAMYCIN PHOSPHATE	1%	MED SWAB	1	QL	MAX 60 SWABS/MONTH
CLIMARA	*	ESTRADIOL	0.025MG/24H	PATCH TDWK	1	F, QL	MAX ONE PATCH PER WEEK
CLIMARA	*	ESTRADIOL	0.0375MG/24H	PATCH TDWK	1	F, QL	MAX ONE PATCH PER WEEK
CLIMARA	*	ESTRADIOL	0.05MG/24H	PATCH TDWK	1	F, QL	MAX ONE PATCH PER WEEK
CLIMARA	*	ESTRADIOL	0.06MG/24H	PATCH TDWK	1	F, QL	MAX ONE PATCH PER WEEK

CLIMARA	*	ESTRADIOL	0.075MG/24H	PATCH TDWK	1	F, QL	MAX ONE PATCH PER WEEK
CLIMARA	*	ESTRADIOL	0.1MG/24HR	PATCH TDWK	1	F, QL	MAX ONE PATCH PER WEEK
CLIMARA PRO		ESTRADIOL/LEVONORGESTREL	45-15	PATCH TDWK	3	F, QL	MAX ONE PATCH PER WEEK
CLINDESSE		CLINDAMYCIN PHOSPHATE	2%	CREAM	3	QL	MAX 1 BOX PER FILL
CLINORIL	*	SULINDAC	150MG	TABLET	1		
CLINORIL	*	SULINDAC	200MG	TABLET	1		
CLOBEX		CLOBETASOL PROPIONATE	0.05%	LOTION	3	PA	ALT: SYNALAR AND TEMOVATE
CLOBEX		CLOBETASOL PROPIONATE	0.05%	SHAMPOO	3	PA	ALT: SYNALAR AND TEMOVATE
CLOBEX		CLOBETASOL PROPIONATE	0.05%	SPRAY	3	PA	ALT: SYNALAR AND TEMOVATE
CLORPRES	*	CLONIDINE HCL/ CHLORTHALIDONE	0.1-15MG	TABLET	1		
CLORPRES	*	CLONIDINE HCL/ CHLORTHALIDONE	0.2-15MG	TABLET	1		
CLORPRES	*	CLONIDINE HCL/ CHLORTHALIDONE	0.3-15MG	TABLET	1		
CLOZARIL	*	CLOZAPINE	100MG	TABLET	1		
CLOZARIL	*	CLOZAPINE	200MG	TABLET	1		
CLOZARIL	*	CLOZAPINE	25MG	TABLET	1		
CLOZARIL	*	CLOZAPINE	50MG	TABLET	1		
CODEINE		CODEINE SULFATE	15MG	TABLET	1		
CODEINE		CODEINE SULFATE	30MG	TABLET	1		
CODEINE		CODEINE SULFATE	60MG	TABLET	1		
COGENTIN	*	BENZTROPINE MESYLATE	0.5MG	TABLET	1		
COGENTIN	*	BENZTROPINE MESYLATE	1MG	TABLET	1		
COGENTIN	*	BENZTROPINE MESYLATE	2MG	TABLET	1		
COLAZAL	*	BALSALAZIDE DISODIUM	750MG	CAPSULE	1		
COLBENEMID	*	COLCHICINE/PROBENECID	0.5-500MG	TABLET	1		
COLCHICINE	*	COLCHICINE	0.6MG	TABLET	1		
COLCRYS	*	COLCHICINE	0.6MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
COLESTID	*	COLESTIPOL HCL	5G	GRANULES	1		
COLESTID	*	COLESTIPOL HCL	5G	PACKET	1		
COLESTID		COLESTIPOL HCL	7.5G	PACKET	2		
COLESTID	*	COLESTIPOL HCL	1G	TABLET	1		
COLYTE	*	ELECTROLYTE SOLUTION/PEG'S		SOLUTION	1		
COMBIGAN		BRIMONIDINE TARTRATE/TIMOLOL	0.2%-0.5%	OPTIC	3	PA	ALT: ACULAR PLUS TIMOPTIC
COMBIPATCH		ESTRADIOL/NORETH AC	.05-14/24	PATCH TDSW	2	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
COMBIPATCH		ESTRADIOL/NORETH AC	.05-25/24	PATCH TDSW	2	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
COMBIVENT RESPIMAT		ALBUTEROL/ IPRATROPIUM	20-100MCG	AER INH	2	QL	MAX ONE INHALER EVERY 25 DAYS
COMBIVIR	*	LAMIVUDINE/ZIDOVUDINE	150-300MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
COMETRIQ		CABOZANTINIB S-MALATE	100MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
COMETRIQ		CABOZANTINIB S-MALATE	140MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET

COMETRIQ		CABOZANTINIB S-MALATE	60MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
COMPAZINE	*	PROCHLORPERAZINE MALEATE	25MG	SUPP.RECT	1	QL	MAX TWELVE SUPPOSITORIES PER FILL
COMPAZINE		PROCHLORPERAZINE EDISYLATE	5MG/5ML	SYRUP	2		
COMPAZINE	*	PROCHLORPERAZINE MALEATE	10MG	TABLET	2		
COMPAZINE	*	PROCHLORPERAZINE MALEATE	5MG	TABLET	1		
COMPLERA		EMTRICITABINE/RILPIVIRINE/ TENOFIVIR	200-25-30	TABLET	3	QL	MAX ONE TABLET PER DAY
COMTAN	*	ENTACAPONE	200MG	TABLET	1	QL	MAX EIGHT TABLETS PER DAY
CONCEPT DHA	*	PNV16/IRON/FA/OM-3	35-1-200MG	CAPSULE	3	F, QL	MAX ONE CAPSULE PER DAY
CONCEPT OB		PNV15/IRON/FA	85MG-1MG	CAPSULE	3	F, QL	MAX ONE CAPSULE PER DAY
CONCERTA	*	METHYLPHENIDATE HCL	18MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
CONCERTA	*	METHYLPHENIDATE HCL	27MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
CONCERTA	*	METHYLPHENIDATE HCL	54MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
CONCERTA	*	METHYLPHENIDATE HCL	36MG	TAB ER 24HR	1	QL	MAX TWO TABLETS PER DAY
CONDYLOX		PODOFILOX	0.5%	GEL	3	PA	ALT: CONDYLOX SOLUTION
CONDYLOX	*	PODOFILOX	0.5%	SOLUTION	1		
COPAXONE		GLATIRAMER ACETATE	20MG/ML	SYRINGE	3	PA, SP	CRITERIA MUST BE MET
COPAXONE		GLATIRAMER ACETATE	40MG/ML	SYRINGE	3	PA, SP	CRITERIA MUST BE MET
COPEGUS	*	RIBAVIRIN	200MG	TABLET	1		
CORDARONE	*	AMIODARONE HCL	200MG	TABLET	1		
COREG	*	CARVEDILOL	12.5MG	TABLET	1		
COREG	*	CARVEDILOL	25MG	TABLET	1		
COREG	*	CARVEDILOL	3.125MG	TABLET	1		
COREG	*	CARVEDILOL	6.25MG	TABLET	1		
COREG CR		CARVEDILOL PHOSPHATE	20MG	CPMP 24HR	3	PA	ALT: COREG
COREG CR		CARVEDILOL PHOSPHATE	40MG	CPMP 24HR	3	PA	ALT: COREG
COREG CR		CARVEDILOL PHOSPHATE	80MG	CPMP 24HR	3	PA	ALT: COREG
COREG CR		CARVEDILOL PHOSPHATE	10MG	CPMP 24HR	3	PA	ALT: COREG
CORGARD	*	NADOLOL	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
CORGARD	*	NADOLOL	40MG	TABLET	1	QL	MAX ONE TABLET PER DAY
CORGARD	*	NADOLOL	80MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
CORTEF	*	HYDROCORTISONE	10MG	TABLET	1		
CORTEF	*	HYDROCORTISONE	20MG	TABLET	1		
CORTEF	*	HYDROCORTISONE	5MG	TABLET	1		
CORTENEMA	*	HYDROCORTISONE	100MG/60ML	ENEMA	1		
CORTIFOAM		HYDROCORTISONE ACETATE	10%	FOAM	3	QL	MAX 30GM PER FILL
CORTISPORIN	*	NEOMY SULF/BACITRAC ZN/POLY/HC	1%	OINT.(GM)	1		

CORTISPORIN		NEOMYCIN/BACITRA/POLYMYXIN/H C	1%	OINT.(GM)	2		
CORTISPORIN	*	NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	OTIC	1		
CORTISPORIN	*	NEOMY SULF/POLYMYX B SULF/HC		OTIC	1		
CORTISPORIN	*	NEOMY SULF/POLYMYX B SULF/HC	1%	SOLUTION	1		
CORTONE	*	CORTISONE ACETATE	25MG	TABLET	1		
CORZIDE	*	NADOLOL/ BENDROFLUMETHIAZIDE	40-5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
CORZIDE	*	NADOLOL/ BENDROFLUMETHIAZIDE	80-5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
COSOPT	*	MALEATE	2%/0.5%	OPTIC	1	QL	MAX 10MLS PER MONTH
COUMADIN	*	WARFARIN SODIUM	10MG	TABLET	1		
COUMADIN	*	WARFARIN SODIUM	1MG	TABLET	1		
COUMADIN	*	WARFARIN SODIUM	2.5MG	TABLET	1		
COUMADIN	*	WARFARIN SODIUM	2MG	TABLET	1		
COUMADIN	*	WARFARIN SODIUM	3MG	TABLET	1		
COUMADIN	*	WARFARIN SODIUM	4MG	TABLET	1		
COUMADIN	*	WARFARIN SODIUM	5MG	TABLET	1		
COUMADIN	*	WARFARIN SODIUM	6MG	TABLET	1		
COUMADIN	*	WARFARIN SODIUM	7.5MG	TABLET	1		
COZAAR	*	LOSARTAN POTASSIUM	100MG	TABLET	1	QL	MAX ONE TABLET PER DAY
COZAAR	*	LOSARTAN POTASSIUM	25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
COZAAR	*	LOSARTAN POTASSIUM	50MG	TABLET	1	QL	MAX ONE TABLET PER DAY
CREON		LIPASE/PROTEASE/AMYLASE	12K-38-60K	CAPSULE DR	2		
CREON		LIPASE/PROTEASE/AMYLASE	24K-76K-120K	CAPSULE DR	2		
CREON		LIPASE/PROTEASE/AMYLASE	36-114-180K	CAPSULE DR	2		
CREON		LIPASE/PROTEASE/AMYLASE	3-9.5-15K	CAPSULE DR	2		
CREON		LIPASE/PROTEASE/AMYLASE	6K-19K-30K	CAPSULE DR	2		
CRESTOR	*	ROSUVASTATIN CALCIUM	10MG	TABLET	1	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
CRESTOR	*	ROSUVASTATIN CALCIUM	20MG	TABLET	1	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
CRESTOR	*	ROSUVASTATIN CALCIUM	40MG	TABLET	1	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
CRESTOR	*	ROSUVASTATIN CALCIUM	5MG	TABLET	1	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
CRINONE		PROGESTERONE	4%	GEL PF APP	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
CRINONE		PROGESTERONE	8%	GEL PF APP	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
CRIXIVAN		INDINAVIR SULFATE	100MG	CAPSULE	2		
CRIXIVAN		INDINAVIR SULFATE	200MG	CAPSULE	2		
CRIXIVAN		INDINAVIR SULFATE	400MG	CAPSULE	2		
CROLOM	*	CROMOLYN SODIUM	4%	OPTIC	1		

CRYSSELLE	*	NORGESTREL-ETHINYL ESTRADIOL, LOW-OGESTREL	0.3-0.03MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CUPRIMINE		PENICILLAMINE	250MG	CAPSULE	2	PA	CRITERIA MUST BE MET
CUTIVATE	*	FLUTICASONE PROPIONATE	0.05%	CREAM	1		
CUTIVATE	*	FLUTICASONE PROPIONATE	0.01%	OINT.(GM)	1		
CUVPOSA		GLYCOPYRROLATE	1MG/5ML	SOLUTION	3	AG	MAX AGE 10
CYCLAFEM	*	NORETHINDRONE- ETHINYL ESTRADIOL	1MG-35MCG%	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CYCLAFEM	*	NORETHINDRONE- ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CYCLESSA	*	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CYCLOCORT	*	AMCINONIDE	0.1%	CREAM	1	QL	MAX 60GMS PER FILL
CYCLOCORT	*	AMCINONIDE	0.1%	LOTION	1	QL	MAX 60GMS PER FILL
CYCLOCORT	*	AMCINONIDE	0.1%	OINTMENT	1	QL	MAX 60GMS PER FILL
CYCLOGYL	*	CYCLOPENTOLATE HCL	1%	OPTIC	1		
CYCLOGYL	*	CYCLOPENTOLATE HCL	2%	OPTIC	1		
CYCLOMYDRIL		PHENYLEPHRINE/ CYCLOPENT HCL	1-0.2%	OPTIC	2		
CYCLOSET		BROMOCRIPTINE MESYLATE	0.8MG	TABLET	3	PA	AND STARLIX
CYMBALTA	*	DULOXETINE	30MG	CAPSULE DR	1	QL	MAX ONE CAPSULE PER DAY
CYMBALTA	*	DULOXETINE	20MG	CAPSULE DR	1	QL	MAX TWO CAPSULES PER DAY
CYMBALTA	*	DULOXETINE	60MG	CAPSULE DR	1	QL	MAX TWO CAPSULES PER DAY
CYSTAGON		CYSTEAMINE BITARTRATE	150MG	CAPSULE	3		
CYSTAGON		CYSTEAMINE BITARTRATE	50MG	CAPSULE	3		
CYTOMEL	*	LIOTHYRONINE	5MCG	TABLET	1	QL	MAX FOUR TABLETS PER DAY
CYTOMEL	*	LIOTHYRONINE	25MCG	TABLET	1	QL	MAX TWO TABLETS PER DAY
CYTOMEL	*	LIOTHYRONINE	50MCG	TABLET	1	QL	MAX TWO TABLETS PER DAY
CYTOTEC	*	MISOPROSTOL	100MCG	TABLET	1		
CYTOTEC	*	MISOPROSTOL	200MCG	TABLET	1		
CYTOVENE	*	GANCICLOVIR	250MG	CAPSULE	1	PA	CRITERIA MUST BE MET
CYTOVENE	*	GANCICLOVIR	500MG	CAPSULE	1	PA	CRITERIA MUST BE MET
CYTOXAN	*	CYCLOPHOSPHAMIDE	25MG	TABLET	1		
CYTOXAN	*	CYCLOPHOSPHAMIDE	50MG	TABLET	1		
DALIRESP		ROFLUMILAST	500MCG	TABLET	3	QL	MAX ONE TABLET PER DAY
DALMANE	*	FLURAZEPAM HCL	30MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
DALMANE	*	FLURAZEPAM HCL	15MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
DANOCRINE	*	DANAZOL	100MG	CAPSULE	1		
DANOCRINE	*	DANAZOL	200MG	CAPSULE	1		
DANOCRINE	*	DANAZOL	50MG	CAPSULE	1		

DANTRIUM	*	DANTROLENE SODIUM	100MG	CAPSULE	1	QL	MAX FOUR CAPSULES PER DAY
DANTRIUM	*	DANTROLENE SODIUM	25MG	CAPSULE	1	QL	MAX THREE CAPSULES PER DAY
DANTRIUM	*	DANTROLENE SODIUM	50MG	CAPSULE	1	QL	MAX THREE CAPSULES PER DAY
DAPSONE		DAPSONE	100MG	TABLET	2	QL	MAX THREE TABLETS PER DAY
DAPSONE		DAPSONE	25MG	TABLET	2	QL	MAX THREE TABLETS PER DAY
DARAPRIM		PYRIMETHAMINE	25MG	TABLET	2		
DASETTA	*	NORETHINDRONE- ETHINYL ESTRADIOL	1MG-35MCG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DASETTA	*	NORETHINDRONE- ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DAYPRO	*	OXAPROZIN	600MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
DAYTRANA		METHYLPHENIDATE HCL	10MG/9HR	PATCH TD24HR	3	AG	MAX AGE 10
DAYTRANA		METHYLPHENIDATE HCL	15MG/9HR	PATCH TD24HR	3	AG	MAX AGE 10
DAYTRANA		METHYLPHENIDATE HCL	20MG/9HR	PATCH TD24HR	3	AG	MAX AGE 10
DAYTRANA		METHYLPHENIDATE HCL	30MG/9HR	PATCH TD24HR	3	AG	MAX AGE 10
DDAVP	*	DESMOPRESSIN ACETATE	0.1MG/ML	SPRAY/PUMP	1		
DDAVP	*	DESMOPRESSIN ACETATE	0.1MG	TABLET	1		
DDAVP	*	DESMOPRESSIN ACETATE	0.2MG	TABLET	1		
DECADRON	*	DEXAMETHASONE	0.5MG/5ML	ELIXIR	1		
DECADRON	*	DEXAMETHASONE SOD PHOS	0.05%	OINT.(GM)	1		
DECADRON	*	DEXAMETHASONE SOD PHOS	0.1%	OPTIC	1		
DECADRON	*	DEXAMETHASONE	0.5MG	TABLET	1		
DECADRON	*	DEXAMETHASONE	0.75-1.5	TABLET	1		
DECADRON	*	DEXAMETHASONE	0.75MG	TABLET	1		
DECADRON	*	DEXAMETHASONE	1.5MG	TABLET	1		
DECADRON	*	DEXAMETHASONE	2MG	TABLET	1		
DECADRON	*	DEXAMETHASONE	4MG	TABLET	1		
DECADRON	*	DEXAMETHASONE	6MG	TABLET	1		
DECADRON	*	DEXAMETHASONE	1MG	TABLET	1		
DECHOLIN		DEHYDROCHOLIC ACID	250MG	TABLET	2		
DECLOMYCIN	*	DEMECLOCYCLINE HCL	150MG	TABLET	1		
DECLOMYCIN	*	DEMECLOCYCLINE HCL	300MG	TABLET	1		
DELTA CORTEF	*	PREDNISOLONE	5MG	TABLET	1		
DELTASONE	*	PREDNISON	10MG	TAB DS PK	1		
DELTASONE	*	PREDNISON	5MG	TAB DS PK	1		
DELTASONE	*	PREDNISON	10MG	TABLET	1		
DELTASONE	*	PREDNISON	1MG	TABLET	1		
DELTASONE	*	PREDNISON	2.5MG	TABLET	1		

DELTASONE	*	PREDNISONE	20MG	TABLET	1		
DELTASONE	*	PREDNISONE	50MG	TABLET	1		
DELTASONE	*	PREDNISONE	5MG	TABLET	1		
DELZICOL		MESALAMINE	400MG	CAPSULE DR	2	QL	MAX SIX CAPSULES PER DAY
DEMADEX	*	TORSEMIDE	100MG	TABLET	1		
DEMADEX	*	TORSEMIDE	10MG	TABLET	1		
DEMADEX	*	TORSEMIDE	20MG	TABLET	1		
DEMADEX	*	TORSEMIDE	5MG	TABLET	1		
DEMEROL	*	MEPERIDINE HCL	50MG/5ML	SOLUTION	1		
DEMEROL	*	MEPERIDINE HCL	100MG	TABLET	1		
DEMEROL	*	MEPERIDINE HCL	50MG	TABLET	1		
DEMSEER		METYROSINE	250MG	CAPSULE	3		
DEMULEN	*	ETHYNODIOL DIACE-ETH ESTRADIOL	1MG/35MCG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DEMULEN	*	ETHYNODIOL DIACE-ETH ESTRADIOL	1MG/50MCG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DENAVIR		PENCICLOVIR	1%	CREAM	3	QL	MAX 1.5GM PER FILL
DEPAKENE	*	VALPROIC ACID	250MG	CAPSULE	1		
DEPAKENE	*	VALPROATE SODIUM	250MG/5ML	SYRUP	1		
DEPAKOTE	*	DIVALPROEX SODIUM	125MG	CAP SPRINK	1		
DEPAKOTE	*	DIVALPROEX SODIUM	125MG	TABLET DR	1		
DEPAKOTE	*	DIVALPROEX SODIUM	250MG	TABLET DR	1		
DEPAKOTE	*	DIVALPROEX SODIUM	500MG	TABLET DR	1		
DEPAKOTE ER	*	DIVALPROEX SODIUM	250MG	TAB ER 24HR	1		
DEPAKOTE ER	*	DIVALPROEX SODIUM	500MG	TAB ER 24HR	1		
DEPEN		PENICILLAMINE	250MG	TABLET	2	PA	CRITERIA MUST BE MET
DEPO PROVERA	*	MEDROXYPROGESTERONE ACETATE	150MG/ML	DISP SYRIN	1	F, QL	MAX 1 INJECTION EVERY 75 DAYS
DEPO PROVERA	*	MEDROXYPROGESTERONE ACETATE	150MG/ML	VIAL	1	F, QL	MAX 1 INJECTION EVERY 75 DAYS
DEPO-TESTOSTERONE	*	TESTOSTERONE CYPIONATE	100MG/ML	INJECTION	1	PA	CRITERIA MUST BE MET
DEPO-TESTOSTERONE	*	TESTOSTERONE CYPIONATE	200MG/ML	INJECTION	1	PA	CRITERIA MUST BE MET
DERMA-SMOOTH FS	*	FLUOCINOLONE/SHOWER CAP	0.01%	OIL	1		
DERMA-SMOOTH FS	*	FLUOCINOLONE ACETONIDE	0.01%	OIL	1		
DERMATOP	*	PREDNICARBATE	0.1%	CREAM	1	QL	MAX 60GM PER FILL
DERMATOP	*	PREDNICARBATE	0.1%	OINT.(GM)	1	QL	MAX 60GM PER FILL
DERMOTIC	*	FLUOCINOLONE ACETONIDE OIL	0.01%	OTIC	1		
DESOGEN	*	DESOGESTRIL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS

DESONATE		DESONIDE	0.05%	GEL	3	PA	ALT: DESOWEN
DESOWEN	*	DESONIDE	0.05%	OINT.(GM)	1	QL	MAX 59ML PER FILL
DESOWEN	*	DESONIDE	0.05%	CREAM	1	QL	MAX 60GMS PER FILL
DESOWEN	*	DESONIDE	0.05%	LOTION	1	QL	MAX 60GMS PER FILL
DESOXYN	*	METHAMPHETAMINE	5MG	TABLET	3	PA	ALTERNATIVES: ADDERALL, DEXEDRINE, FOCALIN AND RITALIN
DESQUAM-E	*	BENZOYL PEROXIDE	5%	GEL	1		
DESQUAM-X	*	BENZOYL PEROXIDE	10%	CLEANSER	1		
DESQUAM-X	*	BENZOYL PEROXIDE	5%	CLEANSER	1		
DESQUAM-X	*	BENZOYL PEROXIDE	10%	GEL	1		
DESYREL	*	TRAZODONE HCL	100MG	TABLET	1		
DESYREL	*	TRAZODONE HCL	100MG	TABLET	1		
DESYREL	*	TRAZODONE HCL	300MG	TABLET	1		
DESYREL	*	TRAZODONE HCL	50MG	TABLET	1		
DESYREL	*	TRAZODONE HCL	50MG	TABLET	1		
DESYREL DIVIDOSE	*	TRAZODONE HCL	150MG	TABLET	1		
DETROL	*	TOLTERODINE TARTRATE	1MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
DETROL	*	TOLTERODINE TARTRATE	2MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
DETROL LA	*	TOLTERODINE TARTRATE	2MG	CAP ER 24HR	1	QL	MAX ONE CAPSULE PER DAY
DETROL LA	*	TOLTERODINE TARTRATE	4MG	CAP ER 24HR	1	QL	MAX ONE CAPSULE PER DAY
DEXEDRINE	*	D-AMPHETAMINE SULFATE	10MG	CAPSULE SA	1		
DEXEDRINE	*	D-AMPHETAMINE SULFATE	15MG	CAPSULE SA	1		
DEXEDRINE	*	D-AMPHETAMINE SULFATE	5MG	CAPSULE SA	1		
DEXILANT		DEXLANSOPRAZOLE	30MG	CAP DR MP	3	PA	ALT: ACIPHEX, NEXIUM OTC, PREVACID, PRILOSEC AND PROTONIX
DEXILANT		DEXLANSOPRAZOLE	60MG	CAP DR MP	3	PA	ALT: ACIPHEX, NEXIUM OTC, PREVACID, PRILOSEC AND PROTONIX
DEXTROSTAT	*	D-AMPHETAMINE SULFATE	10MG	TABLET	1		
DEXTROSTAT	*	D-AMPHETAMINE SULFATE	5MG	TABLET	1		
DIABETA	*	GLYBURIDE	1.25MG	TABLET	1		
DIABETA	*	GLYBURIDE	2.5MG	TABLET	1		
DIABETA	*	GLYBURIDE	5MG	TABLET	1		
DIABINESE	*	CHLORPROPAMIDE	100MG	TABLET	1		
DIABINESE	*	CHLORPROPAMIDE	250MG	TABLET	1		
DIAMOX	*	ACETAZOLAMIDE	125MG	TABLET	1		
DIAMOX	*	ACETAZOLAMIDE	250MG	TABLET	1		
DIAMOX SEQUELS	*	ACETAZOLAMIDE	500MG	CAPSULE SA	1	QL	MAX TWO CAPSULES PER DAY
DIASTAT	*	DIAZEPAM	2.5MG	KIT	3	QL	MAX 2 KITS PER FILL

DIASTAT ACCUDIAL	*	DIAZEPAM	12.5-15-20MG	KIT	3	QL	MAX 2 KITS PER FILL
DIASTAT ACCUDIAL	*	DIAZEPAM	5-7.5-10MG	KIT	3	QL	MAX 2 KITS PER FILL
DIDREX	*	BENZPHENTERMINE	50MG	TABLET	1	PA	DIET AID CRITERIA MUST BE MET
DIDRONEL	*	ETIDRONATE DISODIUM	200MG	TABLET	1		
DIDRONEL	*	ETIDRONATE DISODIUM	400MG	TABLET	1		
DIFFERIN	*	ADAPALENE	0.1%	CREAM	1	QL	MAX 45GM PER MONTH
DIFFERIN	*	ADAPALENE	0.1%	GEL	1	QL	MAX 45GM PER MONTH
DIFFERIN	*	ADAPALENE	0.3%	GEL	1	PA	ALT: BENZAMYCIN, CLEOCIN AND RETIN-A
DIFFERIN	*	ADAPALENE	0.1%	LOTION	1	PA	ALT: BENZAMYCIN, CLEOCIN AND RETIN-A
DIFICID		FIDAXOMICIN	200MG	TABLET	3	PA	CRITERIA MUST BE MET
DIFLUCAN	*	FLUCONAZOLE	10MG/ML	SUSP RECON	1		
DIFLUCAN	*	FLUCONAZOLE	40MG/ML	SUSP RECON	1		
DIFLUCAN	*	FLUCONAZOLE	100MG	TABLET	1		
DIFLUCAN	*	FLUCONAZOLE	150MG	TABLET	1		
DIFLUCAN	*	FLUCONAZOLE	200MG	TABLET	1		
DIFLUCAN	*	FLUCONAZOLE	50MG	TABLET	1		
DILACOR XR	*	DILTIAZEM HCL	120MG	CAP ER DEG	1	QL	MAX ONE CAPSULE PER DAY
DILACOR XR	*	DILTIAZEM HCL	180MG	CAP ER DEG	1	QL	MAX ONE CAPSULE PER DAY
DILACOR XR	*	DILTIAZEM HCL	240MG	CAP ER DEG	1	QL	MAX ONE CAPSULE PER DAY
DILANTIN	*	PHENYTOIN SODIUM EXTENDED	100MG	CAPSULE	1		
DILANTIN		PHENYTOIN SODIUM EXTENDED	30MG	CAPSULE	2		
DILANTIN	*	PHENYTOIN	125MG/5ML	ORAL SUSP	1		
DILANTIN	*	PHENYTOIN	50MG	TAB CHEW	1		
DILATRATE-SR		ISOSORBIDE DINITRATE	40MG	CAPSULE SA	2		
DILAUDID	*	HYDROMORPHONE HCL	1MG/ML	LIQUID	1		
DILAUDID	*	HYDROMORPHONE HCL	3MG	SUPP.RECT	1		
DILAUDID	*	HYDROMORPHONE HCL	2MG	TABLET	1		
DILAUDID	*	HYDROMORPHONE HCL	4MG	TABLET	1		
DILAUDID	*	HYDROMORPHONE HCL	8MG	TABLET	1		
DIOVAN	*	VALSARTAN	160MG	TABLET	1	QL	MAX ONE TABLET PER DAY
DIOVAN	*	VALSARTAN	320MG	TABLET	1	QL	MAX ONE TABLET PER DAY
DIOVAN	*	VALSARTAN	40MG	TABLET	1	QL	MAX ONE TABLET PER DAY
DIOVAN	*	VALSARTAN	80MG	TABLET	1	QL	MAX ONE TABLET PER DAY
DIOVAN HCT	*	VALSARTAN/HCTZ	160-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
DIOVAN HCT	*	VALSARTAN/HCTZ	160-25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
DIOVAN HCT	*	VALSARTAN/HCTZ	320-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
DIOVAN HCT	*	VALSARTAN/HCTZ	320-25MG	TABLET	1	QL	MAX ONE TABLET PER DAY

* If GEQ is indicated then generic must be used.

DIOVAN HCT	*	VALSARTAN/HCTZ	80-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
DIPENTUM		OLSALAZINE SODIUM	250MG	CAPSULE	3		
DIPROLENE	*	BETAMET DIPROP/PROP GLY	0.05%	CREAM	1	QL	MAX 45GM PER FILL
DIPROLENE	*	BETAMET DIPROP/PROP GLY	0.05%	OINT.(GM)	1	QL	MAX 45GM PER FILL
DIPROLENE	*	BETAMET DIPROP/PROP GLY	0.05%	LOTION	1	QL	MAX 60ML PER FILL
DIPROLENE	*	BETAMET DIPROP/PROP GLY	0.05%	GEL	1	QL	MAX 45GM PER FILL
DIPROSONE	*	BETAMETHASONE DIPROPIONATE	0.05%	CREAM	1		
DIPROSONE	*	BETAMETHASONE DIPROPIONATE	0.05%	GEL	1		
DIPROSONE	*	BETAMETHASONE DIPROPIONATE	0.05%	LOTION	1		
DIPROSONE	*	BETAMETHASONE DIPROPIONATE	0.05%	OINT.(GM)	1		
DISALCID	*	SALSALATE	500MG	TABLET	1		
DISALCID	*	SALSALATE	750MG	TABLET	1		
DITROPAN	*	OXYBUTYNIN CHLORIDE	5MG/5ML	SYRUP	1		
DITROPAN	*	OXYBUTYNIN CHLORIDE	5MG	TABLET	1		
DITROPAN XL	*	OXYBUTYNIN HCL	10MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
DITROPAN XL	*	OXYBUTYNIN HCL	15MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
DITROPAN XL	*	OXYBUTYNIN HCL	5MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
DIURIL		CHLOROTHIAZIDE	250MG/5ML	ORAL SUSP	2		
DIURIL	*	CHLOROTHIAZIDE	250MG	TABLET	1		
DIURIL	*	CHLOROTHIAZIDE	500MG	TABLET	1		
DIVIGEL		ESTRADIOL	0.25MG(0.1%)	GEL PACKET	3	F, QL	MAX ONE PACKET PER DAY
DIVIGEL		ESTRADIOL	0.5MG(0.1%)	GEL PACKET	3	F, QL	MAX ONE PACKET PER DAY
DIVIGEL		ESTRADIOL	1MG(0.1%)	GEL PACKET	3	F, QL	MAX ONE PACKET PER DAY
DOLOBID	*	DIFLUNISAL	500MG	TABLET	1		
DOLOPHINE	*	METHADONE HCL	10MG	TABLET	1	QL	MAX SIX TABLETS PER DAY
DOLOPHINE	*	METHADONE HCL	5MG	TABLET	1	QL	MAX TWELVE TABLETS PER DAY
DOLOPHINE	*	METHADONE HCL	10MG/ML	ORAL CONC.	1		
DOLOPHINE	*	METHADONE HCL	5MG/5ML	SOLUTION	1		
DOMEBORO OTIC	*	ACETIC ACID/ALUMINUM ACETATE	2%	OTIC	1		
DONNATAL	*	BELLADONNA/PHENOBARB	16.2MG/5ML	ELIXIR	1	QL	MAX 120ML PER MONTH
DONNATAL	*	BELLADONNA/PHENOBARB	16.2MG	TABLET	1	QL	MAX THIRTY TABLETS PER MONTH
DORAL		QUAZEPAM	15MG	TABLET	3	PA	ALT: DALMANE, SERAX AND RESTORIL
DORYX		DOXYCYCLINE HYCLATE	200MG	TABLET DR	3	PA	ALT: MINOCIN, MONODOX AND VIBRATABS
DORYX		DOXYCYCLINE HYCLATE	150MG	TABLET DR	3	PA	ALT: MINOCIN, MONODOX AND VIBRATABS
DOSTINEX	*	CABERGOLINE	0.5MG	TABLET	1	QL	MAX FOUR TABLETS PER DAY
DOVONEX	*	CALCIPOTRIENE	0.005%	CREAM	1	QL	MAX 60GMS PER FILL
DOVONEX	*	CALCIPOTRIENE	0.005%	OINT.(GM)	1	QL	MAX 60GMS PER FILL
DOVONEX	*	CALCIPOTRIENE	0.005%	SOLUTION	1		

DRISDOL	*	ERGOCALCIFEROL	50,000 UNITS	CAPSULE	1		
DROXIA		HYDROXYUREA	200MG	CAPSULE	3	PA	CRITERIA MUST BE MET
DROXIA		HYDROXYUREA	300MG	CAPSULE	3	PA	CRITERIA MUST BE MET
DROXIA		HYDROXYUREA	400MG	CAPSULE	3	PA	CRITERIA MUST BE MET
DRYSOL		ALUMINUM CHLORIDE	20%	SOLUTION	2		
DUAC	*	CLINDAMYCIN/ BENZ PEROXIDE	1.2(1)%-5%	GEL	1	QL	MAX 45GM PER MONTH
DUAVEE		ESTROGENS/ BAZEDOXIFENE	0.45-20MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
DUET DHA BALANCED	*	PNV18/IRON/FA/OM-3	27-1-430MG	COMBO PACK	3	F, QL	MAX 60 UNITS PER MONTH
DUETACT	*	PIOGLITAZONE/GLIMEPIRIDE	30MG-2MG	TABLET	3	PA	ALT: ACTOS PLUS AMARYL
DUETACT	*	PIOGLITAZONE/GLIMEPIRIDE	30MG-4MG	TABLET	3	PA	ALT: ACTOS PLUS AMARYL
DULERA		MOMETASONE/FORMOTEROL	100-5MCG	HFA INHALER	2	QL	MAX ONE INHALER PER MONTH
DULERA		MOMETASONE/FORMOTEROL	200-5MCG	HFA INHALER	2	QL	MAX ONE INHALER PER MONTH
DUONEB	*	IPRATROPIUM/ALBUTEROL SULFATE	0.5-2.5/3	AMPUL-NEB.	1		
DURAGESIC	*	FENTANYL	100MCG/HR	PATCH TD72HR	1	QL	MAX 1 PATCH EVERY 3 DAYS (10/MONTH)
DURAGESIC	*	FENTANYL	12MCG/HR	PATCH TD72HR	1	QL	MAX 1 PATCH EVERY 3 DAYS (10/MONTH)
DURAGESIC	*	FENTANYL	25MCG/HR	PATCH TD72HR	1	QL	MAX 1 PATCH EVERY 3 DAYS (10/MONTH)
DURAGESIC	*	FENTANYL	50MCG/HR	PATCH TD72HR	1	QL	MAX 1 PATCH EVERY 3 DAYS (10/MONTH)
DURAGESIC	*	FENTANYL	75MCG/HR	PATCH TD72HR	1	QL	MAX 1 PATCH EVERY 3 DAYS (10/MONTH)
DUREZOL		DIFLUPREDNATE	0.05%	DROPS	3	PA	ALT: DECADRON, FLAREX, FML AND PRED FORTE
DURICEF	*	CEFADROXIL HYDRATE	500MG	CAPSULE	1		
DURICEF	*	CEFADROXIL HYDRATE	250MG/5ML	SUSP RECON	1		
DURICEF	*	CEFADROXIL HYDRATE	500MG/5ML	SUSP RECON	1		
DURICEF	*	CEFADROXIL HYDRATE	1G	TABLET	1		
DYAZIDE	*	TRIAMTERENCE/HCTZ	25/50	CAPSULE	1		
DYAZIDE	*	TRIAMTERENCE/HCTZ	37.5-25MG	CAPSULE	1		
DYMELOR	*	ACETOHEXAMIDE	500MG	TABLET	1		
DYMISTA		AZELASTINE/FLUTICASONE	137-50MCG	NASAL SPRAY	3	PA	ALT: ASTELIN PLUS FLONASE
DYNACIN	*	MINOCYCLINE HCL	100MG	TABLET	1	PA	ALT: MINOCIN, MONODOX AND VIBRATABS
DYNACIN	*	MINOCYCLINE HCL	50MG	TABLET	1	PA	ALT: MINOCIN, MONODOX AND VIBRATABS
DYNACIN	*	MINOCYCLINE HCL	75MG	TABLET	1	PA	ALT: MINOCIN, MONODOX AND VIBRATABS
DYNACIRC	*	ISRADIPINE	2.5MG	CAPSULE	1		
DYNACIRC	*	ISRADIPINE	5MG	CAPSULE	1		
DYNAPEN	*	DICLOXACILLIN SODIUM	250MG	CAPSULE	1		
DYNAPEN	*	DICLOXACILLIN SODIUM	500MG	CAPSULE	1		
DYRENIUM		TRIAMTERENE	100MG	CAPSULE	3		
DYRENIUM		TRIAMTERENE	50MG	CAPSULE	3		
E.E.S. 200	*	ERYTHROMYCIN ETHYLSUCCINATE	200MG/5ML	SUSP RECON	1		

E.E.S. 400	*	ERYTHROMYCIN ETHYLSUCCINATE	400MG	TABLET	1		
EC-NAPROSYN	*	NAPROXEN	375MG	TABLET DR	1	QL	MAX TWO TABLETS PER DAY
EC-NAPROSYN	*	NAPROXEN	500MG	TABLET DR	1	QL	MAX TWO TABLETS PER DAY
EDARBI		AZILSARTAN MEDOXIMIL	40MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
EDARBI		AZILSARTAN MEDOXIMIL	80MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
EDECIN		ETHACRYNIC ACID	25MG	TABLET	3		
EDEX		ALPROSTADIL	10MCG	KIT	3	PA	ALT: CIALIS, LEVITRA AND VIAGRA
EDEX		ALPROSTADIL	20MCG	KIT	3	PA	ALT: CIALIS, LEVITRA AND VIAGRA
EDEX		ALPROSTADIL	40MCG	KIT	3	PA	ALT: CIALIS, LEVITRA AND VIAGRA
EDURANT		RILPIVIRINE HCL	25MG	TABLET	3	QL	MAX ONE TABLET PER DAY
EFFEXOR	*	VENLAFAXINE HCL	100MG	TABLET	1		
EFFEXOR	*	VENLAFAXINE HCL	25MG	TABLET	1		
EFFEXOR	*	VENLAFAXINE HCL	37.5MG	TABLET	1		
EFFEXOR	*	VENLAFAXINE HCL	50MG	TABLET	1		
EFFEXOR	*	VENLAFAXINE HCL	75MG	TABLET	1		
EFFEXOR XR	*	VENLAFAXINE	150MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
EFFEXOR XR	*	VENLAFAXINE	37.5MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
EFFEXOR XR	*	VENLAFAXINE	75MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
EFFIENT		PRASUGREL HCL	10MG	TABLET	3	QL	MAX ONE TABLET PER DAY
EFFIENT		PRASUGREL HCL	5MG	TABLET	3	QL	MAX ONE TABLET PER DAY
EFUDEX	*	FLUOROURACIL	5%	CREAM	1		
EFUDEX	*	FLUOROURACIL	5%	SOLUTION	1		
ELAVIL	*	AMITRIPTYLINE HCL	100MG	TABLET	1		
ELAVIL	*	AMITRIPTYLINE HCL	10MG	TABLET	1		
ELAVIL	*	AMITRIPTYLINE HCL	150MG	TABLET	1		
ELAVIL	*	AMITRIPTYLINE HCL	25MG	TABLET	1		
ELAVIL	*	AMITRIPTYLINE HCL	50MG	TABLET	1		
ELAVIL	*	AMITRIPTYLINE HCL	75MG	TABLET	1		
ELDEPRYL	*	SELEGILINE HCL	5MG	CAPSULE	1		
ELESTAT	*	EPINASTINE HCL	0.05%	OPTIC	1	QL	MAX 5MLS PER FILL
ELESTRIN		ESTRADIOL		GEL PUMP	3	F, QL	MAX 52GMS PER MONTH
ELIDEL		PIMECROLIMUS	1%	CREAM	3	PA	CRITERIA MUST BE MET
ELIMITE	*	PERMETHRIN	5%	CREAM	1	QL	MAX THREE TUBES PER FILL
ELINEST	*	ESTRADIOL	0.3-0.03MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ELIQUIS		APIXABAN	2.5MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
ELIQUIS		APIXABAN	5MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
ELIXOPHYLLINE	*	THEOPHYLLINE ANHYDROUS	80MG/15ML	ELIXIR	1		

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ELLA		ULIPRISTAL ACETATE	30MG	TABLET	3	F, QL	MAX ONE TABLET PER MONTH
ELMIRON		PENTOSAN POLYSULFATE SODIUM	100MG	CAPSULE	2	PA	CRITERIA MUST BE MET
ELOCON	*	MOMETASONE FUROATE	0.10%	CREAM	1		
ELOCON	*	MOMETASONE FUROATE	0.10%	OINT.(GM)	1		
ELOCON	*	MOMETASONE FUROATE	0.10%	SOLUTION	1		
EMADINE		EMEDASTINE DIFUMARATE	0.05%	OPTIC	3	PA	ALT: CROLOM, ELESTAT, OPTIVAR AND ZADITOR
EMEND		APREPITANT	125MG-80MG	CAP DS PACK	3	PA	CANCER DIAGNOSIS
EMEND		APREPITANT	125MG	CAPSULE	3	PA	CANCER DIAGNOSIS
EMEND		APREPITANT	40MG	CAPSULE	3	PA	CANCER DIAGNOSIS
EMEND		APREPITANT	80MG	CAPSULE	3	PA	CANCER DIAGNOSIS
EMGEL	*	ERYTHROMYCIN/ ETHANOL	2%	GEL	1		
EMLA	*	LIDOCAINE/PRILOCAINE	2.5-2.5%	CREAM	1		
EMOQUETTE	*	DESOGESTRIL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
EMPIRIN W/CODEINE	*	CODEINE PHOSPHATE/ASPIRIN	15-325MG	TABLET	1		
EMPIRIN W/CODEINE	*	CODEINE PHOSPHATE/ASPIRIN	30-325MG	TABLET	1		
EMPIRIN W/CODEINE	*	CODEINE PHOSPHATE/ASPIRIN	60-325MG	TABLET	1		
EMSAM		SELEGILINE HCL	12MG/24HR	PATCH TD 24HR	3	PA	ALT: ELDEPRYL
EMSAM		SELEGILINE HCL	6MG/24HR	PATCH TD 24HR	3	PA	ALT: ELDEPRYL
EMSAM		SELEGILINE HCL	9MG/24HR	PATCH TD 24HR	3	PA	ALT: ELDEPRYL
EMTRIVA		EMTRICTABINE	200MG	CAPSULE	2	QL	MAX ONE CAPSULE PER DAY
E-MYCIN	*	ERYTHROMYCIN BASE	250MG	TABLET DR	1		
EMYCT		ESTRAMUSTINE PHOSPHATE SODIUM	140MG	CAPSULE	3	PA	
ENABLEX	*	DARIFENACIN HBR	15MG	TAB ER 24HR	3	QL	MAX ONE TABLET PER DAY
ENABLEX	*	DARIFENACIN HBR	7.5MG	TAB ER 24HR	3	QL	MAX ONE TABLET PER DAY
ENBREL		ETANERCPT	25MG	KIT	3	PA, SP	CRITERIA MUST BE MET
ENBREL		ETANERCPT	50MG	KIT	3	PA, SP	CRITERIA MUST BE MET
ENDOMETRIN		PROGRESTERONE	100MG	INSERT	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
ENDURON	*	METHYCLOTHIAZIDE	5MG	TABLET	1		
ENJUVA		ESTROGENS/CONJ/SYNTHETIC	0.3MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
ENJUVA		ESTROGENS/CONJ/SYNTHETIC	0.45MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
ENJUVA		ESTROGENS/CONJ/SYNTHETIC	0.625MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
ENJUVA		ESTROGENS/CONJ/SYNTHETIC	0.9MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
ENJUVA		ESTROGENS/CONJ/SYNTHETIC	1.25MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
ENPRESSE	*	ESTRADIOL	6-5-10	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ENSKYCE	*	DESOGESTREL- ETHINYL ESTRADIOL	0.15-0.03	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ENTOCORT	*	BUDESONIDE	3MG	CAPSULE DR	1	QL	MAX THREE TABLETS PER DAY

* If GEQ is indicated then generic must be used.

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ENULOSE	*	LACTULOSE	10GM/15ML	SOLUTION	1		
EPANED		ENALAPRIL MALEATE	1MG/ML	SOLN RECON	2	AG	MAX AGE 10
EPIDUO		ADAPALENE/BENZOYL PEROXIDE	0.1%-2.5%	GEL	3	PA	ALT: ADAPALENE PLUS BENZOYL PEROXIDE
EPINAL		EPINEPHRYL BORATE	1%	OPTIC	2		
EPIPEN	*	EPINEPHRINE	0.3MG	DISP SYRIN	1	QL	MAX 4 PENS PER FILL
EPIPEN JR		EPINEPHRINE	0.15MG	DISP SYRIN	2	QL	MAX 4 PENS PER FILL
EPIVIR	*	LAMIVUDINE	150MG	TABLET	1	QL	MAX ONE TABLET PER DAY
EPIVIR	*	LAMIVUDINE	300MG	TABLET	1	QL	MAX ONE TABLET PER DAY
EPIVIR		LAMIVUDINE	10MG/ML	SOLUTION	2		
EPIVIR HBV		LAMIVUDINE	25MG/5ML	SOLUTION	2	PA,SP	CRITERIA MUST BE MET
EPIVIR HBV	*	LAMIVUDINE	100MG	TABLET	1	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	10,000U/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	20,000/2ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	20,000U/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	2000U/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	3000U/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	40,000U/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	4000U/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
EPZICOM		ABACAVIR SULFATE/LAMUVUDINE	600-300MG	TABLET	2	QL	MAX ONE TABLET PER DAY
EQUETRO		CARBAMAZEPINE	100MG	CPMP 12HR	3	PA	ALT: TEGRETOL AND TEGRETOL XR
EQUETRO		CARBAMAZEPINE	200MG	CPMP 12HR	3	PA	ALT: TEGRETOL AND TEGRETOL XR
EQUETRO		CARBAMAZEPINE	300MG	CPMP 12HR	3	PA	ALT: TEGRETOL AND TEGRETOL XR
ERGOMAR		ERGOTAMINE TARTRATE	2MG	TAB SUBL	2		
ERIVEDGE		VISMODEGIB	150MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
ERRIN	*	NORETHINDRONE	0.35MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ERTACZO		SERTACONAZOLE NITRATE	2%	CREAM	3	PA	ALT: NIZORAL, NYSTATIN AND SPECTAZOLE
ERYC	*	ERYTHROMYCIN BASE	250MG	CAPSULE DR	1		
ERYCETTE	*	ERYTHROMYCIN/ ETHANOL	2%	MED SWAB	1	QL	MAX 60 SWABS/MONTH
ERYPED		ERYTHROMYCIN ETHYLSUCCINATE	200MG	TAB CHEW	2		
ERYPED 200		ERYTHROMYCIN ETHYLSUCCINATE	200MG/5ML	SUSP RECON	2		
ERYPED 400		ERYTHROMYCIN ETHYLSUCCINATE	400MG/5ML	SUSP RECON	2		
ERY-TAB	*	ERYTHROMYCIN BASE	250MG	TABLET DR	1		
ERY-TAB	*	ERYTHROMYCIN BASE	333MG	TABLET DR	1		
ERY-TAB	*	ERYTHROMYCIN BASE	500MG	TABLET DR	1		
ERYTHROMYCIN	*	ERYTHROMYCIN BASE	2%	SOLUTION	1		
ERYTHROMYCIN	*	ERYTHROMYCIN STEARATE	250MG	TABLET	1		
ERYTHROMYCIN	*	ERYTHROMYCIN STEARATE	500MG	TABLET	1		

* If GEQ is indicated then generic must be used.

ERYTHROMYCIN	*	ERYTHROMYCIN BASE	500MG	TABLET	1		
ESGIC	*	BUTABITAL/APAP/CAFFEINE	50-325-40MG	CAPSULE	1	QL	MAX SIX TABLETS PER DAY
ESKALITH	*	LITHIUM CARBONATE	300MG	CAPSULE	1		
ESKALITH	*	LITHIUM CARBONATE	300MG	TABLET	1		
ESKALITH CR	*	LITHIUM CARBONATE	450MG	TABLET ER	1		
ESTARYLLA	*	NORGESTIMATE- ETHINYL ESTRADIOL	0.25-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ESTRACE		ESTRADIOL	0.01%	CREAM/APPL	2	F	
ESTRACE	*	ESTRADIOL	0.5MG	TABLET	1	F	
ESTRACE	*	ESTRADIOL	1MG	TABLET	1	F	
ESTRACE	*	ESTRADIOL	2MG	TABLET	1	F	
ESTRASORB		ESTRADIOL	2.5/G-1.74	EMUL PACKET	3	F, QL	MAX OF 56 PACKETS EVERY 28 DAYS
ESTRATEST	*	ME-TESTOSTERONE/ ESTROGEN,ESTER	2.5-1.25MG	TABLET	1	F	
ESTRATEST HS	*	ME-TESTOSTERONE/ ESTROGEN,ESTER	1.25-0.625	TABLET	1	F	
ESTRING		ESTRADIOL	7.5MCG/24H	RING	3	F, QL	MAX ONE RING EVERY 84 DAYS
ESTROGEL		ESTRADIOL	1.25GM	GEL MD PUMP	3	F, QL	MAX 50GM PER MONTH
ESTROSTEP FE	*	FUMARATE	5-7-9-7	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ETHAQUIN		ETHAVERINE HCL	100MG	TABLET	3		
ETHYL CHLORIDE		ETHYL CHLORIDE	100%	SPRAY	3		
EULEXIN	*	FLUTAMIDE	125MG	CAPSULE	3		
EURAX		CROTAMITON	10%	CREAM	3	QL	MAX 60GMS PER FILL
EURAX		CROTAMITON	10%	LOTION	3	QL	MAX 60MLS PER FILL
EVAMIST		ESTRADIOL	1.53/SPRAY	SPRAY	3	F, QL	MAX 8.1MLS PER MONTH
EVISTA	*	RALOXIFENE HCL	60MG	TABLET	P	QL	MAX ONE TABLET PER DAY
EVOCLIN	*	CLINDAMYCIN	1%	FOAM	3	PA	FAILURE OF CLEOCIN GEL AND SOLUTION
EVOXAC	*	CEVIMELINE HCL	30MG	CAPSULE	1	QL	MAX THREE CAPSULES PER DAY
EXALGO	*	HYDROMORPHONE HCL	12MG	TAB ER 24HR	3	PA	CANCER DIAGNOSIS
EXALGO	*	HYDROMORPHONE HCL	16MG	TAB ER 24HR	3	PA	CANCER DIAGNOSIS
EXALGO	*	HYDROMORPHONE HCL	8MG	TAB ER 24HR	3	PA	CANCER DIAGNOSIS
EXELON		RIVASTIGMINE TARTATE	4.6MG/24HR	PATCH TD24HR	3	PA	ALT: EXELON CAPSULES
EXELON		RIVASTIGMINE TARTATE	9.5MG/24HR	PATCH TD24HR	3	PA	ALT: EXELON CAPSULES
EXELON	*	RIVASTIGMINE TARTATE	3MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
EXELON	*	RIVASTIGMINE TARTATE	4.5MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
EXELON	*	RIVASTIGMINE TARTATE	6MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
EXELON	*	RIVASTIGMINE TARTATE	1.5MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
EXFORGE	*	AMLODIPINE/VALSARTAN	5MG/160MG	TABLET	1	QL	MAX ONE TABLET PER DAY

EXFORGE	*	AMLODIPINE/VALSARTAN	10MG/160MG	TABLET	1	QL	MAX ONE TABLET PER DAY
EXFORGE	*	AMLODIPINE/VALSARTAN	5MG/320MG	TABLET	1	QL	MAX ONE TABLET PER DAY
EXFORGE	*	AMLODIPINE/VALSARTAN	10MG/320MG	TABLET	1	QL	MAX ONE TABLET PER DAY
EXJADE		DEFERASIROX	125MG	TAB DISPER	3	PA, SP	CRITERIA MUST BE MET
EXJADE		DEFERASIROX	250MG	TAB DISPER	3	PA, SP	CRITERIA MUST BE MET
EXJADE		DEFERASIROX	500MG	TAB DISPER	3	PA, SP	CRITERIA MUST BE MET
FALMINA	*	ESTRADIOL	0.1-0.02	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
FAMVIR	*	FAMCICLOVIR	125MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
FAMVIR	*	FAMCICLOVIR	250MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
FAMVIR	*	FAMCICLOVIR	500MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
FANAPT		ILOPERIDONE	10MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
FANAPT		ILOPERIDONE	12MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
FANAPT		ILOPERIDONE	1MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
FANAPT		ILOPERIDONE	2MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
FANAPT		ILOPERIDONE	4MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
FANAPT		ILOPERIDONE	6MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
FANAPT		ILOPERIDONE	8MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
FARESTON		TOREMIFENE CITRATE	60MG	TABLET	3		
FARXIGA		DAPAGLIFLOZIN PROPANEDIOL	5MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOPHAGE AND JANUVIA
FARXIGA		DAPAGLIFLOZIN PROPANEDIOL	10MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOPHAGE AND JANUVIA
FELBATOL	*	FELBAMATE	600MG/5ML	ORAL SUSP	1		
FELBATOL	*	FELBAMATE	400MG	TABLET	1		
FELBATOL	*	FELBAMATE	600MG	TABLET	1		
FELDENE	*	PIROXICAM	20MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
FELDENE	*	PIROXICAM	10MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
FEMARA	*	LETROZOLE	2.5MG	TABLET	1	F, QL	MAX ONE TABLET PER DAY
FEMHRT	*	NORETHIND AC/ETHINYL ESTRADIOL	1MG-5MCG	TABLET	1	F, QL	MAX ONE TABLET PER DAY
FEMHRT LO	*	NORETHIND AC/ETHINYL ESTRADIOL	0.5MG-2.5MCG	TABLET	1	F, QL	MAX ONE TABLET PER DAY
FEMRING		ESTRADIOL ACETATE	0.05MG/24HR	RING	3	F, QL	MAX ONE RING EVERY 84 DAYS
FEMRING		ESTRADIOL ACETATE	0.1MG/24HR	RING	3	F, QL	MAX ONE RING EVERY 84 DAYS
FEMTRACE		ESTRADIOL ACETATE	0.45MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
FEMTRACE		ESTRADIOL ACETATE	0.9MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
FENOGLIDE	*	FENOFIBRATE	120MG	TABLET	3	PA	ALT: FIBRICOR, LOFIBRA AND LOPID
FENOGLIDE	*	FENOFIBRATE	40MG	TABLET	3	PA	ALT: FIBRICOR, LOFIBRA AND LOPID
FENTORA		FENTANYL CITRATE	100MCG	TABLET EFF	3	PA	CANCER DIAGNOSIS
FENTORA		FENTANYL CITRATE	200MCG	TABLET EFF	3	PA	CANCER DIAGNOSIS

FENTORA		FENTANYL CITRATE	400MCG	TABLET EFF	3	PA	CANCER DIAGNOSIS
FENTORA		FENTANYL CITRATE	600MCG	TABLET EFF	3	PA	CANCER DIAGNOSIS
FENTORA		FENTANYL CITRATE	800MCG	TABLET EFF	3	PA	CANCER DIAGNOSIS
FERRIPROX	*	DEFERIPRONE	500MG	TABLET	3	PA, SP	
FEXMID	*	CYCLOBENZAPRINE HCL	7.5MG	TABLET	3	PA	ALT: BACLOFEN, FLEXERIL, NORFLEX, ROBAXIN, SOMA AND ZANAFLEX
FIBRICOR	*	FENOFIBRIC ACID	105MG	TABLET	1		
FIBRICOR	*	FENOFIBRIC ACID	35MG	TABLET	1		
FINACEA		AZELAID ACID	15%	GEL	3	PA	CRITERIA MUST BE MET
FIORICET	*	BUTABITAL/APAP/CAFFEINE	50-325-40	TABLET	1	QL	MAX SIX TABLETS PER DAY
FIORICET	*	BUTABITAL/APAP/CAFFEINE	50-300-40	TABLET	1	QL	MAX SIX TABLETS PER DAY
FIORICET-CODEINE	*	BUTABITAL/APAP/CAFF/ CODEINE	30-50-325	CAPSULE	1	QL	MAX SIX CAPSULES PER DAY
FIORINAL	*	BUTALBITAL/ASP/CAFFEINE	325-40-50	CAPSULE	1	QL	MAX SIX CAPSULES PER DAY
FIORINAL	*	BUTALBITAL/ASP/CAFFEINE	325-40-50	TABLET	1	QL	MAX SIX TABLETS PER DAY
FIORINAL-CODEINE	*	BUTALBITAL/ASP/CAFF/ CODEINE	30MG	CAPSULE	1	QL	MAX SIX CAPSULES PER DAY
FLAGYL	*	METRONIDAZOLE	375MG	CAPSULE	3	PA	ALT: FLAGYL 250MG OR 500MG
FLAGYL	*	METRONIDAZOLE	250MG	TABLET	1		
FLAGYL	*	METRONIDAZOLE	500MG	TABLET	1		
FLAGYL ER		METRONIDAZOLE	750MG	TABLET ER	3	PA	ALT: FLAGYL 250MG OR 500MG
FLAREX		FLUOROMETHOLONE ACETATE	0.1%	OPTIC	3	QL	MAX 5MLS PER FILL
FLECTOR		DICLOFENAC EPOLAMINE	1.3%	ADH PATCH	3	PA	CRITERIA MUST BE MET
FLEXERIL	*	CYCLOBENZAPRINE HCL	10MG	TABLET	1		
FLEXERIL	*	CYCLOBENZAPRINE HCL	5MG	TABLET	1		
FLOMAX	*	TAMSULOSIN HCL	0.4MG	CAP ER 24HR	1	QL	MAX TWO CAPSULES PER DAY
FLOBASE	*	FLUTICASONE PROPIONATE	50MCG	SPRAY	1	QL	MAX ONE BOX PER MONTH
FLO-PRED		PREDNISOLONE ACETATE	15MG/5ML	ORAL SUSP	3	PA	ALT: ORAPRED AND PRELONE
FLORINEF	*	FLUDROCORTISONE ACETATE	0.1MG	TABLET	1		
FLOVENT HFA		FLUTICASONE PROPIONATE	110MCG	AER W/ADAP	2	QL	MAX ONE INHALER PER MONTH
FLOVENT HFA		FLUTICASONE PROPIONATE	220MCG	AER W/ADAP	2	QL	MAX ONE INHALER PER MONTH
FLOVENT HFA		FLUTICASONE PROPIONATE	44MCG	AER W/ADAP	2	QL	MAX ONE INHALER PER MONTH
FLOVENT ROTODISC		FLUTICASONE PROPIONATE	250MCG	DISK W/DEV	2	QL	MAX ONE INHALER PER MONTH
FLOVENT ROTODISC		FLUTICASONE PROPIONATE	100MCG	DISK W/DEV	2	QL	MAX ONE INHALER PER MONTH
FLOVENT ROTODISC		FLUTICASONE PROPIONATE	50MCG	DISK W/DEV	2	QL	MAX ONE INHALER PER MONTH
FLOXIN	*	OFLOXACIN	200MG	TABLET	1		
FLOXIN	*	OFLOXACIN	300MG	TABLET	1		
FLOXIN	*	OFLOXACIN	400MG	TABLET	1		
FLOXIN OTIC	*	OFLOXACIN	0.3%	OTIC	1		
FLUMADINE	*	RIMANTADINE HCL	100MG	TABLET	1		

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FML	*	FLUOROMETHOLONE	0.1%	OPTIC	1		
FML FORTE		FLUOROMETHOLONE	0.25%	OPTIC	3		
FML S.O.P		FLUOROMETHOLONE	0.1%	OINT.(GM)	2		
FOCALIN	*	DEXMETHYLPHENIDATE HCL	2.5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
FOCALIN	*	DEXMETHYLPHENIDATE HCL	5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
FOCALIN	*	DEXMETHYLPHENIDATE HCL	10MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	10MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	15MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	20MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	25MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	30MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	35MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	40MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	5MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
FOLIC ACID	*	FOLIC ACID	1MG	TABLET	1		
FOLLISTIM		FOLLITROPIN ALPHA	300/0.36ML	CARTRIDGE	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
FOLLISTIM		FOLLITROPIN ALPHA	600/0.72ML	CARTRIDGE	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
FOLLISTIM		FOLLITROPIN ALPHA	900/1.08ML	CARTRIDGE	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
FORADIL		FORMOTEROL FUMARATE	12MCG	CAP W/DEV	2	QL	MAX ONE INHALER PER MONTH
FORTAMET	*	METFORMIN	500MG	TAB ER 24HR	1	PA	ALT: GLUCOPHAGE XR
FORTAMET	*	METFORMIN	1000MG	TAB ER 24HR	1	PA	ALT: GLUCOPHAGE XR
FORTEO		TERIPARATIDE	20MCG	INJECTION	3	PA, SP	CRITERIA MUST BE MET
FORTESTA		TESTOSTERONE	10MG (2%)	GEL MD PMP	3	PA	CRITERIA MUST BE MET
FORTICAL		CALCITONIN,SALMON, SYNTHETIC	200 U/DOSE	SPRAY/PUMP	3	PA	ALT: GENERIC MICALCIN
FOSAMAX	*	ALENDRONATE SODIUM	35MG	TABLET	1	QL	MAX FOUR TABLETS EVERY 28 DAYS
FOSAMAX	*	ALENDRONATE SODIUM	70MG	TABLET	1	QL	MAX FOUR TABLETS EVERY 28 DAYS
FOSAMAX	*	ALENDRONATE SODIUM	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
FOSAMAX	*	ALENDRONATE SODIUM	40MG	TABLET	1	QL	MAX ONE TABLET PER DAY
FOSAMAX	*	ALENDRONATE SODIUM	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
FOSAMAX-D		ALENDRONATE SODIUM/VIT D	70MG-2800	TABLET	3	PA	ALT: GENERIC FOSAMAX PLUS OTC CALCIUM
FOSRENOL		LANTHANUM CARBONATE	1000MG	TAB CHEW	3	PA	ALT: PHOSLO
FOSRENOL		LANTHANUM CARBONATE	500MG	TAB CHEW	3	PA	ALT: PHOSLO
FOSRENOL		LANTHANUM CARBONATE	750MG	TAB CHEW	3	PA	ALT: PHOSLO
FRAGMIN		DALTEPARIN SODIUM, PORCINE	10000/ML	DISP SYRIN	3	PA	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	12500/0.5ML	DISP SYRIN	3	PA	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	15000/0.6ML	DISP SYRIN	3	PA	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	18000/0.72ML	DISP SYRIN	3	PA	CRITERIA MUST BE MET

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FROVA	*	FROVATRIPTAN SUCCINATE	2.5MG	TABLET	3	PA	ALT: AMERGE, IMITREX AND MAXALT
FULVICIN	*	GRISEOFULVIN	125MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
FULVICIN	*	GRISEOFULVIN	250MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
FULVICIN	*	GRISEOFULVIN	500MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
FULVICIN	*	GRISEOFULVIN	250MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
FULVICIN	*	GRISEOFULVIN	330MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
FULVICIN	*	GRISEOFULVIN	165MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
FURACIN		NITROFURAZONE	0.2%	CREAM	2		
FURACIN		NITROFURAZONE	0.2%	OINT.(GM)	2		
FURADANTIN	*	NITROFURANTOIN	25MG/5ML	ORAL SUSP	1		
GABITRIL	*	TIAGABINE HCL	12MG	TABLET	1		
GABITRIL	*	TIAGABINE HCL	16MG	TABLET	1		
GABITRIL	*	TIAGABINE HCL	2MG	TABLET	1		
GABITRIL	*	TIAGABINE HCL	4MG	TABLET	1		
GARAMYCIN	*	GENTAMICIN SULFATE	0.1%	CREAM	1		
GARAMYCIN	*	GENTAMICIN SULFATE	0.1%	OINT.(GM)	1		
GARAMYCIN	*	GENTAMICIN SULFATE	0.3%	OPTIC	1		
GARAMYCIN	*	GENTAMICIN SULFATE	3MG/ML	OPTIC	1		
GATTEX		TEDUGLUTIDE	5MG	KIT	3	PA, SP	CRITERIA MUST BE MET
GELNIQUE		OXYBUTYNIN HCL	10%	GEL PACKET	3	PA	FAILURE OF DITROPAN TABLETS/LIQUID
GENERESS FE		NORETH-ETHINYL ESTRADIOL/IRON	0.8-25(24)	TAB CHEW	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GENGRAF		CYCLOSPORIN, MODIFIED	100MG/ML	SOLUTION	1	AG	MAX AGE OF TEN YEARS OLD
GENGRAF		CYCLOSPORIN, MODIFIED	100MG	CAPSULE	1		
GENGRAF		CYCLOSPORIN, MODIFIED	25MG	CAPSULE	1		
GENOTROPIN		SOMATROPIN	12MG/ML	CARTRIDGE	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	5MG/ML	CARTRIDGE	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	0.2MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	0.4MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	0.6MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	0.8MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1.2MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1.4MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1.6MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1.8MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	2MG/0.25ML	DISP SYRIN	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GEODON	*	ZIPRASIDONE HCL	20MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY

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GEODON	*	ZIPRASIDONE HCL	40MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
GEODON	*	ZIPRASIDONE HCL	60MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
GEODON	*	ZIPRASIDONE HCL	80MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
GIANVI	*	E. ESTRADIOL/DROSPIRENONE	0.02-3MG (24)	TABLET	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GILDESS FE	*	FUMARATE	1.5MG-30MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GILDESS FE	*	FUMARATE	1MG-20MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GILENYA		FINGOLIMOD HCL	0.5MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
GILOTRIF		AFATINIB DIMALEATE	20MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
GILOTRIF		AFATINIB DIMALEATE	30MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
GILOTRIF		AFATINIB DIMALEATE	40MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
GLEEVEC	*	IMATINIB MESYLATE	100MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
GLEEVEC	*	IMATINIB MESYLATE	400MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
GLUCAGON		GLUCAGON,HUMAN RECOMBINANT	1MG	KIT	2		
GLUCOPHAGE	*	METFORMIN HCL	1000MG	TABLET	1		
GLUCOPHAGE	*	METFORMIN HCL	500MG	TABLET	1		
GLUCOPHAGE	*	METFORMIN HCL	850MG	TABLET	1		
GLUCOPHAGE XR	*	METFORMIN HCL	500MG	TAB ER 24HR	1		
GLUCOPHAGE XR	*	METFORMIN HCL	750MG	TAB ER 24HR	1		
GLUCOTROL	*	GLIPIZIDE	10MG	TABLET	1		
GLUCOTROL	*	GLIPIZIDE	5MG	TABLET	1		
GLUCOTROL XL	*	GLIPIZIDE	10MG	TAB ER 24HR	1		
GLUCOTROL XL	*	GLIPIZIDE	2.5MG	TAB ER 24HR	1		
GLUCOTROL XL	*	GLIPIZIDE	5MG	TAB ER 24HR	1		
GLUCOVANCE	*	METFORMIN/GLYBURIDE	1.25-250MG	TABLET	1		
GLUCOVANCE	*	METFORMIN/GLYBURIDE	2.5-500MG	TABLET	1		
GLUCOVANCE	*	METFORMIN/GLYBURIDE	5MG-500MG	TABLET	1		
GLYNASE	*	GLYBURIDE,MICRONIZED	1.5MG	TABLET	1		
GLYNASE	*	GLYBURIDE,MICRONIZED	3MG	TABLET	1		
GLYNASE	*	GLYBURIDE,MICRONIZED	6MG	TABLET	1		
GLYSET		MIGLITOL	100MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOPHAGE AND JANUVIA
GLYSET		MIGLITOL	25MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOPHAGE AND JANUVIA
GLYSET		MIGLITOL	50MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOPHAGE AND JANUVIA
GOLYTELY	*	PEG-3350 AND ELECTROLYTES	236-22.74GM	SOLN RECON	1		
GONAL		FOLLITROPIN ALPHA	300/0.5ML	INJECTION	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
GONAL		FOLLITROPIN ALPHA	450/0.75ML	INJECTION	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
GONAL		FOLLITROPIN ALPHA	900/1.5ML	INJECTION	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
GRALISE		GABAPENTIN	300MG	TAB ER 24HR	3	PA	ALT: NEURONTIN

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GRALISE		GABAPENTIN	600MG	TAB ER 24HR	3	PA	ALT: NEURONTIN
GRANISOL		GRANISETRON HCL	1MG/5ML	SOLUTION	3	PA	CANCER DIAGNOSIS
GRIFULVIN V	*	GRISEOFULVIN,MICROSIZE	125MG/5ML	ORAL SUSP	1	AG, QL	MAX AGE 10. MAX 40ML PER DAY.
GRIS-PEG	*	GRISEOFULVIN ULTRAMICROSIZE	125MG	TABLET	2		
GRIS-PEG	*	GRISEOFULVIN ULTRAMICROSIZE	250MG	TABLET	2		
GYNAZOLE-1		BUTACONAZOLE NITRATE	2%	CRM SR(GM)	3	F	
HALCION	*	TRIAZOLAM	0.125MG	TABLET	1	QL	MAX ONE TABLET PER DAY
HALCION	*	TRIAZOLAM	0.25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
HALDOL	*	HALOPERIDOL LACTATE	2MG/ML	ORAL CONC.	1		
HALDOL	*	HALOPERIDOL	0.5MG	TABLET	1		
HALDOL	*	HALOPERIDOL	10MG	TABLET	1		
HALDOL	*	HALOPERIDOL	1MG	TABLET	1		
HALDOL	*	HALOPERIDOL	20MG	TABLET	1		
HALDOL	*	HALOPERIDOL	2MG	TABLET	1		
HALDOL	*	HALOPERIDOL	5MG	TABLET	1		
HALFLYTELY-BISACODYL		BISAC/NACL/NAHCO3/KCL/PEG 3350	5MGX2-210G	KIT	3	QL	MAX 1 BOX PER FILL
HALOG		HALCINONIDE	0.1%	CREAM	3		
HALOG		HALCINONIDE	0.1%	OINT.(GM)	3		
HEATHER	*	NORETHINDRONE	0.35MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
HECTOROL	*	DOXERCALCIFEROL	0.5MCG	CAPSULE	1		
HECTOROL	*	DOXERCALCIFEROL	1MCG	CAPSULE	1		
HECTOROL	*	DOXERCALCIFEROL	2.5MCG	CAPSULE	1		
HEPARIN		HEPARIN SODIUM (PORCINE)	100 U/ML	DISP SYRIN	2		
HEPARIN		HEPARIN SODIUM (PORCINE)	5000 U/ML	DISP SYRIN	2		
HEPARIN		HEPARIN SODIUM (PORCINE)	10 UNIT/ML	VIAL	2		
HEPARIN		HEPARIN SODIUM (PORCINE)	100 U/ML	VIAL	2		
HEPARIN		HEPARIN SODIUM (PORCINE)	10000 U/ML	VIAL	2		
HEPARIN		HEPARIN SODIUM (PORCINE)	1000U/ML	VIAL	2		
HEPARIN		HEPARIN SODIUM (PORCINE)	20000U/ML	VIAL	2		
HEPARIN		HEPARIN SODIUM (PORCINE)	5000U/ML	VIAL	2		
HEPSERA	*	ADEFOVIR DIPIVOXIL	10MG	TABLET	3	PA	CRITERIA MUST BE MET
HEXALEN		ALTRETAMINE	50MG	CAPSULE	2	PA	CRITERIA MUST BE MET
HIPREX	*	METHENAMINE HIPPURATE	1GM	TABLET	1		
HORIZANT		GABAPENTIN ENACARBIL	600MG	TAB ER 24HR	3	PA	ALT: NEURONTIN
HUMALOG		INSULIN LISPRO	100U/ML	CARTRIDGE	3		
HUMALOG		INSULIN LISPRO	100U/ML	PEN	3		
HUMALOG		INSULIN LISPRO	100U/ML	VIAL	2		

HUMALOG MIX 50-50		INSULIN LISPRO/NPH	50/50	PEN	3		
HUMALOG MIX 50-50		INSULIN LISPRO/NPH	50/50	VIAL	2		
HUMALOG MIX 75-25		INSULIN LISPRO/NPH	75/25	PEN	3		
HUMALOG MIX 75-25		INSULIN LISPRO/NPH	75/25	VIAL	2		
HUMATIN	*	PAROMOMYCIN SULFATE	250MG	CAPSULE	3		
HUMATROPE		SOMATROPIN		CARTRIDGE	3	PA, SP	CRITERIA MUST BE MET
HUMATROPE		SOMATROPIN		VIAL	3	PA, SP	CRITERIA MUST BE MET
HUMIRA		ADALIMUMAB	20MG/0.4ML	KIT	3	PA, SP	CRITERIA MUST BE MET
HUMIRA		ADALIMUMAB	40MG/0.8ML	KIT	3	PA, SP	CRITERIA MUST BE MET
HUMIRA		ADALIMUMAB	40MG/0.8ML	PEN KIT	3	PA, SP	CRITERIA MUST BE MET
HUMORSOL		DEMECARIUM BROMIDE	0.125%	OPTIC	3		
HUMORSOL		DEMECARIUM BROMIDE	0.25%	OPTIC	3		
HUMULIN 70-30		HUMAN INSULIN NPH/REGULAR	70/30	PEN	3		
HUMULIN 70-30		HUMAN INSULIN NPH/REGULAR	70/30	VIAL	2		
HUMULIN N		HUMAN INSULIN NPH	100U/ML	PEN	3		
HUMULIN N		HUMAN INSULIN NPH	100U/ML	VIAL	2		
HUMULIN R		HUMAN INSULIN REGULAR	100U/ML	VIAL	2		
HUMULIN R		HUMAN INSULIN REGULAR	500U/ML	VIAL	2		
HYCET	*	HYDROCODONE/ APAP	7.5-325MG/15ML	SOLUTION	1		
HYCODAN	*	HYDROCODONE/HOMATROPINE	5-1.5MG	SYRUP	1	QL	MAX 30MLS PER DAY
HYCODAN	*	HYDROCODONE/HOMATROPINE	5-1.5MG	TABLET	1	QL	MAX SIX TABLETS PER DAY
HYDERGINE	*	ERGOLOID MESYLATES	0.5MG	TAB SUBL	1		
HYDERGINE	*	ERGOLOID MESYLATES	1MG	TAB SUBL	1		
HYDERGINE	*	ERGOLOID MESYLATES	1MG	TABLET	1		
HYDREA	*	HYDROXYUREA	500MG	CAPSULE	1		
HYDRODIURIL	*	HYDROCHLOROTHIAZIDE	12.5MG	TABLET	1		
HYDRODIURIL	*	HYDROCHLOROTHIAZIDE	25MG	TABLET	1		
HYDRODIURIL	*	HYDROCHLOROTHIAZIDE	50MG	TABLET	1		
HYDROPRES	*	RESERPINE/HCTZ	0.125-25MG	TABLET	1		
HYDROPRES	*	RESERPINE/HCTZ	0.125-50MG	TABLET	1		
HYGROTON	*	CHLORTHALIDONE	100MG	TABLET	1		
HYGROTON	*	CHLORTHALIDONE	25MG	TABLET	1		
HYGROTON	*	CHLORTHALIDONE	50MG	TABLET	1		
HYPERCARE		ALUMINUM CHLORIDE	20%	SOLUTION	2		
HYTONE	*	HYDROCORTISONE	2.5%	CREAM	1		
HYTONE	*	HYDROCORTISONE	1%	LOTION	1		
HYTONE	*	HYDROCORTISONE	2.5%	LOTION	1		

HYTONE	*	HYDROCORTISONE	1%	OINT.(GM)	1		
HYTONE	*	HYDROCORTISONE	2.5%	OINT.(GM)	1		
HYTONE		HYDROCORTISONE ACETATE		POWDER	2		
HYTONE		HYDROCORTISONE		POWDER	2		
HYTONE		HYDROCORTISONE	2.5%	SOLUTION	2		
HYTONE OTC	*	HYDROCORTISONE ACETATE	1%	CREAM	1		
HYTRIN	*	TERAZOSIN HCL	10MG	CAPSULE	1		
HYTRIN	*	TERAZOSIN HCL	1MG	CAPSULE	1		
HYTRIN	*	TERAZOSIN HCL	2MG	CAPSULE	1		
HYTRIN	*	TERAZOSIN HCL	5MG	CAPSULE	1		
HYZAAR	*	LOSARTAN/HCTZ	100-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
HYZAAR	*	LOSARTAN/HCTZ	100-25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
HYZAAR	*	LOSARTAN/HCTZ	50-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ILEVRO		NEPAFENAC	0.3%	DROPS	3	PA	ALT: ACULAR AND VOLTAREN
ILOTYCIN	*	ERYTHROMYCIN BASE	5MG/GM	OINTMENT	1		
ILSONE	*	ERYTHROMYCIN ESTOLATE	125MG/5ML	ORAL SUSP	1		
IMDUR	*	ISOSORBIDE MONONITRATE	120MG	TAB ER 24HR	1		
IMDUR	*	ISOSORBIDE MONONITRATE	30MG	TAB ER 24HR	1		
IMDUR	*	ISOSORBIDE MONONITRATE	60MG	TAB ER 24HR	1		
IMITREX	*	SUMATRIPTAN	20MG	SPRAY	1	QL	MAX 1 BOX PER MONTH
IMITREX	*	SUMATRIPTAN	5MG	SPRAY	1	QL	MAX 1 BOX PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	6MG/0.5ML	VIAL	1	QL	MAX 1 KIT PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	4MG/0.5ML	INJ KIT	1	QL	MAX 2ML/MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	6MG/0.5ML	KIT	1	QL	MAX 2ML/MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	6MG/0.5ML	KIT	1	QL	MAX 2ML/MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	4MG/0.5ML	KIT REFILL	1	QL	MAX 2ML/MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	100MG	TABLET	1	QL	MAX NINE TABLETS PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	25MG	TABLET	1	QL	MAX NINE TABLETS PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	50MG	TABLET	1	QL	MAX NINE TABLETS PER MONTH
IMODIUM	*	LOPERAMIDE HCL	2MG	CAPSULE	1		
IMURAN	*	AZATHIOPRINE	50MG	TABLET	1		
INAPSINE	*	DROPERIDOL	2.5MG/ML	VIAL	1		
INCRUSE ELLIPTA		UMECLIDINIUM BROMIDE	62.5MCG	BLST W/ DEV	3	QL	MAX ONE INHALER PER MONTH
INDERAL	*	PROPRANOLOL HCL	40MG/5ML	SOLUTION	1		
INDERAL	*	PROPRANOLOL HCL	10MG	TABLET	1		
INDERAL	*	PROPRANOLOL HCL	20MG	TABLET	1		
INDERAL	*	PROPRANOLOL HCL	40MG	TABLET	1		

* If GEQ is indicated then generic must be used.

INDERAL	*	PROPRANOLOL HCL	60MG	TABLET	1		
INDERAL	*	PROPRANOLOL HCL	80MG	TABLET	1		
INDERAL	*	PROPRANOLOL HCL	20MG/5ML	SOLUTION	1		
INDERAL LA	*	PROPRANOLOL HCL	120MG	CAPSULE SA	1		
INDERAL LA	*	PROPRANOLOL HCL	160MG	CAPSULE SA	1		
INDERAL LA	*	PROPRANOLOL HCL	60MG	CAPSULE SA	1		
INDERAL LA	*	PROPRANOLOL HCL	80MG	CAPSULE SA	1		
INDERIDE	*	PROPRANOLOL/HCTZ	40/25	TABLET	1		
INDERIDE	*	PROPRANOLOL/HCTZ	80/25	TABLET	1		
INDOCIN	*	INDOMETHACIN	75MG	CAPSULE SA	1		
INDOCIN	*	INDOMETHACIN	25MG	CAPSULE	1		
INDOCIN	*	INDOMETHACIN	50MG	CAPSULE	1		
INDOCIN	*	INDOMETHACIN	50MG	SUPP.RECT	1		
INFLAMASE FORTE	*	PREDNISOLONE SOD PHOS	1%	OPTIC	1		
INH		ISONIAZID	50MG/5ML	SYRUP	2		
INH	*	ISONIAZID	100MG	TABLET	1		
INH	*	ISONIAZID	300MG	TABLET	1		
INH	*	ISONIAZID	100MG/ML	VIAL	1		
INLYTA		AXITINIB	1MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
INLYTA		AXITINIB	5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
INNOPRAN XL		PROPRANOLOL HCL	120MG	CAP ER 24HR	3	PA	ALT: INDERAL LA
INNOPRAN XL		PROPRANOLOL HCL	80MG	CAP ER 24HR	3	PA	ALT: INDERAL LA
INSPRA	*	EPLERONE	25MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
INSPRA	*	EPLERONE	50MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
INTAL	*	CROMOLYN SODIUM	20MG/2ML	AMPUL-NEB.	1		
INTELENCE		ETRAVIRINE	100MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
INTELENCE		ETRAVIRINE	200MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
INTRON A		INTERFERON ALFA-2B,RECOMB.	10MMU/0.2ML	PEN	3	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	3MMU/0.2ML	PEN	3	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	5MMU/0.2ML	PEN	3	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	10MMU	VIAL	3	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	10MMU/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	18MMU	VIAL	3	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	50MMU	VIAL	3	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	6MMU/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
INTROVALE	*	ESTRADIOL	0.15-0.03	TBDSPK 3MO	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 91 DAYS
INTUNIV	*	GUANFACINE HCL	1MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY

INTUNIV	*	GUANFACINE HCL	2MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
INTUNIV	*	GUANFACINE HCL	3MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
INTUNIV	*	GUANFACINE HCL	4MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
INVEGA		PALIPERIDONE	1.5MG	TAB ER 24HR	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
INVEGA		PALIPERIDONE	3MG	TAB ER 24HR	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
INVEGA		PALIPERIDONE	6MG	TAB ER 24HR	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
INVEGA		PALIPERIDONE	9MG	TAB ER 24HR	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
INVIRASE		SAQUINAVIR MESYLATE	200MG	CAPSULE	2		
INVIRASE		SAQUINAVIR MESYLATE	500MG	TABLET	2		
INVOKANA		CANAGLIFLOZIN	100MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOPHAGE AND JANUVIA
INVOKANA		CANAGLIFLOZIN	300MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOPHAGE AND JANUVIA
IONAMIN		PHENTERMINE	15MG	CAPSULE SA	3	PA	DIET AID CRITERIA MUST BE MET
IONAMIN		PHENTERMINE	30MG	CAPSULE SA	3	PA	DIET AID CRITERIA MUST BE MET
IOPIDINE	*	APRACLONIDINE HCL	0.5%	OPTIC	1		
ISENTRESS		RALTEGRAVIR POT	400MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
ISMO	*	ISOSORBIDE MONONITRATE	20MG	TABLET	1		
ISOPTIN	*	VERAPAMIL HCL	120MG	TABLET	1		
ISOPTIN	*	VERAPAMIL HCL	40MG	TABLET	1		
ISOPTIN	*	VERAPAMIL HCL	80MG	TABLET	1		
ISOPTIN SR	*	VERAPAMIL HCL	120MG	TABLET ER	1		
ISOPTIN SR	*	VERAPAMIL HCL	180MG	TABLET ER	1		
ISOPTIN SR	*	VERAPAMIL HCL	240MG	TABLET ER	1		
ISOPTO ATROPINE	*	ATROPINE SULFATE	1%	OPTIC	1		
ISOPTO ATROPINE	*	ATROPINE SULFATE	1%	OPTIC	1		
ISOPTO CARBACHOL		CARBACHOL	1.5%	OPTIC	2		
ISOPTO CARBACHOL		CARBACHOL	3%	OPTIC	2		
ISOPTO CARPINE	*	PILOCARPINE HCL	1%	OPTIC	1		
ISOPTO CARPINE	*	PILOCARPINE HCL	2%	OPTIC	1		
ISOPTO CARPINE	*	PILOCARPINE HCL	4%	OPTIC	1		
ISOPTO HOMATROPINE		HOMATROPINE HBR	2%	OPTIC	2		
ISOPTO HOMATROPINE	*	HOMATROPINE HBR	5%	OPTIC	1		
ISOPTO HYOSCINE		SCOPOLAMINE HBR	0.25%	OPTIC	2		
ISORDIL	*	ISOSORBIDE DINITRATE	2.5MG	TAB SUBL	1		
ISORDIL	*	ISOSORBIDE DINITRATE	5MG	TAB SUBL	1		
ISORDIL	*	ISOSORBIDE DINITRATE	40MG	TABLET ER	1		
ISORDIL	*	ISOSORBIDE DINITRATE	10MG	TABLET	1		
ISORDIL	*	ISOSORBIDE DINITRATE	20MG	TABLET	1		MAX TWO TABLETS PER DAY

ISORDIL	*	ISOSORBIDE DINITRATE	30MG	TABLET	1		MAX TWO TABLETS PER DAY
ISORDIL	*	ISOSORBIDE DINITRATE	40MG	TABLET	1		MAX TWO TABLETS PER DAY
ISORDIL	*	ISOSORBIDE DINITRATE	5MG	TABLET	1		MAX TWO TABLETS PER DAY
ISTALOL		TIMOLOL MALEATE	0.5%	DROPS	3	PA	ALT: TIMOPTIC
JAKAFI		RUXOLITINIB PHOSPHATE	10MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
JAKAFI		RUXOLITINIB PHOSPHATE	15MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
JAKAFI		RUXOLITINIB PHOSPHATE	20MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
JAKAFI		RUXOLITINIB PHOSPHATE	25MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
JAKAFI		RUXOLITINIB PHOSPHATE	5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
JALYN		DUTASTERIDE/TAMSULOSIN	0.5-0.4MG	CPMP 24HR	3	QL	MAX ONE CAPSULE PER DAY
JANUMET		SITAGLIPTIN PHOS/METFORMIN	50MG-1000MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JANUMET		SITAGLIPTIN PHOS/METFORMIN	50MG-500MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JANUMET XR		SITAGLIPTIN PHOS/ METFORMIN	100MG-1000MG	TBMP-24HR	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JANUMET XR		SITAGLIPTIN PHOS/ METFORMIN	50MG-1000MG	TBMP-24HR	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JANUMET XR		SITAGLIPTIN PHOS/ METFORMIN	50MG-500MG	TBMP-24HR	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JANUVIA		SITAGLIPTIN PHOSPHATE	100MG	TABLET	2	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JANUVIA		SITAGLIPTIN PHOSPHATE	25MG	TABLET	2	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JANUVIA		SITAGLIPTIN PHOSPHATE	50MG	TABLET	2	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JENCYCLA	*	NORETHINDRONE	35MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JENTADUETO		LINAGLIPTIN/METFORMIN	2.5-1000MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JENTADUETO		LINAGLIPTIN/METFORMIN	2.5-500MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JENTADUETO		LINAGLIPTIN/METFORMIN	2.5-850MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
JINTELI	*	ESTRADIOL	1MG-5MCG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
JOLESSA	*	ESTRADIOL	0.15-0.03	TBDSPK 3MO	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 91 DAYS
JOLIVETTE	*	NORETHINDRONE	35MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JUNEL	*	NORETHINDRONE A-E ESTRADIOL	1.5MG-30MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JUNEL	*	NORETHINDRONE A-E ESTRADIOL	1MG-20MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JUNEL FE	*	FUMARATE	1.5MG-30MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JUNEL FE	*	FUMARATE	1MG-20MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
K LYTE CL	*	POT CHLORIDE/POT BICARB/CIT	25MEQ	TABLET EFF	1		MAX TWO TABLET EFFS PER DAY
K PHOS		NA PHOS,M-B/K PHOS,MONOB	350-155MG	TABLET	2		MAX TWO TABLETS PER DAY
K PHOS		NA PHOS,M-B/K PHOS,MONOB	700-305MG	TABLET	2		MAX TWO TABLETS PER DAY
KADIAN	*	MORPHINE SULFATE	100MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	10MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	130MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	150MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	200MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS

KADIAN	*	MORPHINE SULFATE	20MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	30MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	40MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	50MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	60MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	70MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	80MG	CAP ER PEL	3	PA	CANCER DIAGNOSIS
KALETRA		LOPINAVIR/RITONAVIR	400-100/5ML	SOLUTION	3	AG	MAX AGE TEN YEARS OLD
KALETRA		LOPINAVIR/RITONAVIR	33.3-133.3	CAPSULE	3	QL	MAX EIGHT CAPSULES PER DAY
KALETRA		LOPINAVIR/RITONAVIR	100MG-25MG	TABLET	3	QL	MAX SIX TABLETS PER DAY
KALETRA		LOPINAVIR/RITONAVIR	200MG-50MG	TABLET	3	QL	MAX SIX TABLETS PER DAY
KALYDECO		IVACAFTOR	150MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
KAON	*	POTASSIUM GLUCONATE	20MEQ/15ML	ELIXIR	1		
KAPVAY		CLONIDINE	0.1MG	TAB ER 12HR	3	PA	ALT: CATAPRES TABLET OR PATCH
KAY CIEL	*	POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	1		
KAY CIEL	*	POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID	1		
KAYEXALATE	*	SODIUM POLYSTYRENE SULFONATE		POWDER	1		
KAZANO	*	ALOGLIPTIN/ METFORMIN	12.5-1000MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
KAZANO	*	ALOGLIPTIN/ METFORMIN	12.5-500MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
K-DUR	*	POTASSIUM CHLORIDE	10MEQ	TAB PRT SR	1		
K-DUR	*	POTASSIUM CHLORIDE	20MEQ	TAB PRT SR	1		
KEFLEX	*	CEPHALEXIN MONOHYDRATE	750MG	CAPSULE	3	PA	ALT: KEFLEX 250MG AND 500MG
KEFLEX	*	CEPHALEXIN MONOHYDRATE	250MG	CAPSULE	1		
KEFLEX	*	CEPHALEXIN MONOHYDRATE	500MG	CAPSULE	1		
KEFLEX	*	CEPHALEXIN MONOHYDRATE	125MG/5ML	SUSP RECON	1		
KEFLEX	*	CEPHALEXIN MONOHYDRATE	250MG/5ML	SUSP RECON	1		
KELNOR	*	ESTRADIOL	1MG-35MCG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
KENACORT		TRIAMCINOLONE	4MG	TABLET	2		
KENACORT		TRIAMCINOLONE	8MG	TABLET	2		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.025%	CREAM	1		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.1%	CREAM	1		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.5%	CREAM	1		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.025%	LOTION	1		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.1%	LOTION	1		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.025%	OINT.(GM)	1		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.1%	OINT.(GM)	1		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.5%	OINTMENT	1		

KENALOG	*	TRIAMCINOLONE ACETONIDE	0.1%	PASTE	1		MAX TWO PASTES PER DAY
KENALOG	*	TRIAMCINOLONE ACETONIDE		POWDER	1		MAX TWO POWDERS PER DAY
KEPPRA	*	LEVETIRACETAM	100MG/ML	SOLUTION	1		MAX TWO SOLUTIONS PER DAY
KEPPRA	*	LEVETIRACETAM	250MG	TABLET	1		MAX TWO TABLETS PER DAY
KEPPRA	*	LEVETIRACETAM	500MG	TABLET	1		MAX TWO TABLETS PER DAY
KEPPRA	*	LEVETIRACETAM	750MG	TABLET	1		MAX TWO TABLETS PER DAY
KEPPRA XR	*	LEVETIRACETAM	500MG	TAB ER 24HR	1		
KEPPRA XR	*	LEVETIRACETAM	750MG	TAB ER 24HR	1		
KERLONE	*	BETAXOLOL HCL	10MG	TABLET	1		MAX TWO TABLETS PER DAY
KERLONE	*	BETAXOLOL HCL	20MG	TABLET	1		MAX TWO TABLETS PER DAY
KETEK		TELITHROMYCIN	300MG	TABLET	3		MAX TWO TABLETS PER DAY
KETEK		TELITHROMYCIN	400MG	TABLET	3		MAX TWO TABLETS PER DAY
KETODAN		KETOCONAZOLE	2%	FOAM	3	PA	ALT: NIZORAL OR SPECTAZOLE
KINERET		ANAKINRA	100MG/0.67ML	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
KLARON	*	SULFACETAMIDE SODIUM	10%	SUSPENSION	1	QL	MAX 236MLS PER MONTH
KLONOPIN	*	CLONAZEPAM	0.125MG	TAB RAPDIS	1	PA	CRITERIA MUST BE MET
KLONOPIN	*	CLONAZEPAM	0.25MG	TAB RAPDIS	1	PA	CRITERIA MUST BE MET
KLONOPIN	*	CLONAZEPAM	0.5MG	TAB RAPDIS	1	PA	CRITERIA MUST BE MET
KLONOPIN	*	CLONAZEPAM	1MG	TAB RAPDIS	1	PA	CRITERIA MUST BE MET
KLONOPIN	*	CLONAZEPAM	2MG	TAB RAPDIS	1	PA	CRITERIA MUST BE MET
KLONOPIN	*	CLONAZEPAM	0.5MG	TABLET	1		MAX TWO TABLETS PER DAY
KLONOPIN	*	CLONAZEPAM	1MG	TABLET	1		MAX TWO TABLETS PER DAY
KLONOPIN	*	CLONAZEPAM	2MG	TABLET	1		MAX TWO TABLETS PER DAY
KLOR CON	*	POTASSIUM CHLORIDE	20MEQ	PACKET	1		MAX TWO PACKETS PER DAY
KLOR CON	*	POTASSIUM CHLORIDE	25MEQ	PACKET	1		MAX TWO PACKETS PER DAY
KLOR CON	*	POTASSIUM CHLORIDE	8MEQ	TABLET ER	1		MAX TWO TABLETS PER DAY
KLOR CON		POTASSIUM CHLORIDE	15MG	TABLET	1		MAX TWO TABLETS PER DAY
K-LYTE	*	POTASSIUM BICARBONATE/CIT	25MEQ	TABLET EFF	1		MAX TWO TABLETS PER DAY
KOMBIGLYZE XR		SAXAGLIPTIN HCL/METFORMIN HCL	2.5-1000MG	TBMP 24HR	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
KOMBIGLYZE XR		SAXAGLIPTIN HCL/METFORMIN HCL	5-1000MG	TBMP 24HR	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
KOMBIGLYZE XR		SAXAGLIPTIN HCL/METFORMIN HCL	5-500MG	TBMP 24HR	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
K-PHOS		POTASSIUM PHOSPHATE,MONOBASIC	500MG	TABLET	2		
KRISTALOSE	*	LACTULOSE	10MG	PACKET	1	PA	ALT: LACTULOSE SYRUP
KRISTALOSE	*	LACTULOSE	20MG	PACKET	1	PA	ALT: LACTULOSE SYRUP
K-TAB	*	POTASSIUM CHLORIDE	10MEQ	TABLET ER	1		
KURVELA	*	LEVONORGESTREL- ETHINYL ESTRADIOL	0.15-0.03	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS

* If GEQ is indicated then generic must be used.

McLaren Health Plan-Standard Commercial
Drug Formulary

KUVAN		SAPROPTERIN DIHYDROCHLORIDE	100MG	TABLET SOL	3	PA, SP	CRITERIA MUST BE MET
KYTRIL	*	GRANISETRON HCL	1MG	TABLET	1	PA	DIAGNOSIS OF CANCER. FAILURE OF ZOFRAN
LAC-HYDRIN	*	AMMONIUM LACTATE	12%	CREAM	1		
LAC-HYDRIN	*	AMMONIUM LACTATE	12%	LOTION	1		
LACRISERT		HYDROXYPROPYL CELLULOSE	5MG%	INSERT	3	PA	FAILURE OF OTC MEDICATIONS INCLUDING SYSTANE
LACTULOSE	*	LACTULOSE	10GM/15ML	SOLUTION	1		
LAMICTAL	*	LAMOTRIGINE	25MG	TAB RAPDIS	1		
LAMICTAL	*	LAMOTRIGINE	5MG	TAB RAPDIS	1		
LAMICTAL	*	LAMOTRIGINE	100MG	TABLET	1		
LAMICTAL	*	LAMOTRIGINE	150MG	TABLET	1		
LAMICTAL	*	LAMOTRIGINE	200MG	TABLET	1		
LAMICTAL	*	LAMOTRIGINE	25MG	TABLET	1		
LAMICTAL XR	*	LAMOTRIGINE	100MG	TAB ER 24HR	3	PA	ALT: LAMICTAL
LAMICTAL XR	*	LAMOTRIGINE	200MG	TAB ER 24HR	3	PA	ALT: LAMICTAL
LAMICTAL XR	*	LAMOTRIGINE	250MG	TAB ER 24HR	3	PA	ALT: LAMICTAL
LAMICTAL XR	*	LAMOTRIGINE	25MG	TAB ER 24HR	3	PA	ALT: LAMICTAL
LAMICTAL XR	*	LAMOTRIGINE	300MG	TAB ER 24HR	3	PA	ALT: LAMICTAL
LAMICTAL XR	*	LAMOTRIGINE	50MG	TAB ER 24HR	3	PA	ALT: LAMICTAL
LAMISIL	*	TERBINAFINE HCL	250MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LANCETS OTC					2	QL	MAX 200 LANCETS PER MONTH
LANOXIN	*	DIGOXIN	50MCG/ML	ELIXIR	1		
LANOXIN	*	DIGOXIN	125MCG	TABLET	1		
LANOXIN	*	DIGOXIN	250MCG	TABLET	1		
LANTUS		INSULIN GLARGINE	100 U/ML	VIAL	2		
LANTUS SOLOSTAR		INSULIN GLARGINE	100U/ML	PEN	2		
LARIAM	*	MEFLOQUINE	250MG	TABLET	1	QL	MAX ONE TABLET EVERY 7 DAYS
LARIN FE	*	FUMARATE	1.5-0.03MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LARIN FE	*	FUMARATE	1MG-20MCG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LASIX	*	FUROSEMIDE	10MG/ML	SOLUTION	1		
LASIX	*	FUROSEMIDE	40MG/5ML	SOLUTION	1		
LASIX	*	FUROSEMIDE	20MG	TABLET	1		
LASIX	*	FUROSEMIDE	40MG	TABLET	1		
LASIX	*	FUROSEMIDE	80MG	TABLET	1		
LASTACFT		ALCAFTADINE	0.25%	OPTIC	3	PA	ALT: CROLOM, ELESTAT, OPTIVAR AND ZADITOR
LATUDA		LURASIDONE HCL	20MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
LATUDA		LURASIDONE HCL	40MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
LATUDA		LURASIDONE HCL	60MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA

* If GEQ is indicated then generic must be used.

McLaren Health Plan-Standard Commercial
Drug Formulary

LATUDA		LURASIDONE HCL	80MG	TABLET	3	PA	ALT: RISPERDAL, SEROQUEL AND ZYPREXA
LAVOCLEN-4	*	BENZOYL PEROXIDE	4%	CLEANSER	1		
LAVOCLEN-8	*	BENZOYL PEROXIDE	8%	CLEANSER	1		
LAZANDA		FENTANYL	100MCG	NASAL SPRAY	3	PA	CANCER DIAGNOSIS
LAZANDA		FENTANYL	400MCG	NASAL SPRAY	3	PA	CANCER DIAGNOSIS
LEENA	*	NORETHINDRONE-ETHINYL ESTRADIOL	7-9-5	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LESCOL	*	FLUVASTATIN SODIUM	20MG	CAPSULE	1	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LESCOL	*	FLUVASTATIN SODIUM	40MG	CAPSULE	1	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LESCOL XL	*	FLUVASTATIN SODIUM	80MG	TAB ER 24HR	3	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LESSINA	*	LEVONORGESTREL-ETHINYL ESTRADIOL	0.1-0.02	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LETAIRIS		AMBRISENTAN	10MG	TABLET	3	PA	CRITERIA MUST BE MET
LETAIRIS		AMBRISENTAN	5MG	TABLET	3	PA	CRITERIA MUST BE MET
LEUKERAN		CHLORAMBUCIL	2MG	TABLET	2		
LEUKINE		SARAGRAMOSTIM	250MCG	VIAL	3	PA, SP	CRITERIA MUST BE MET
LEUKINE		SARAGRAMOSTIM	500MCG/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
LEVAQUIN	*	LEVOFLOXACIN	250MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LEVAQUIN	*	LEVOFLOXACIN	500MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LEVAQUIN	*	LEVOFLOXACIN	750MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LEVATOL		PENBUTOLOL SULFATE	20MG	TABLET	3	PA	ALT: INDERAL, LOPRESSOR AND TENORMIN
LEVBID	*	HYOSCYAMINE SULFATE	0.375MG	TAB ER 12HR	1		
LEVEMIR FLEXTOUCH		INSULIN DETEMIR	U-100	PEN	2		
LEVEMIR		INSULIN DETEMIR	U-100	VIAL	2		
LEVITRA		VARDENAFIL	10MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
LEVITRA		VARDENAFIL	2.5MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
LEVITRA		VARDENAFIL	20MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
LEVITRA		VARDENAFIL	5MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
LEVLEN	*	LEVONORGESTREL-ETH ESTRA	0.15-0.03	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LEVO-DROMORAN		LEVORPHANOL TARTRATE	2MG	TABLET	2		
LEVORA	*	LEVONORGESTREL-ETH ESTRA	0.15-.03MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LEVOTHROID	*	LEVOTHYROXINE SODIUM	100MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	112MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	125MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	137MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	150MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	175MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	200MCG	TABLET	1		

LEVOTHROID	*	LEVOTHYROXINE SODIUM	25MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	50MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	75MCG	TABLET	1		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	88MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	100MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	112MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	125MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	137MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	150MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	175MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	200MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	25MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	50MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	75MCG	TABLET	1		
LEVOXYL	*	LEVOTHYROXINE SODIUM	88MCG	TABLET	1		
LEVSIN	*	HYOSCYAMINE SULFATE	125MCG/5ML	ELIXIR	1		
LEVSIN	*	HYOSCYAMINE SULFATE	0.125MG/ML	ORAL DROPS	1		
LEVSIN	*	HYOSCYAMINE SULFATE	0.125MG	TAB RAPDIS	1		
LEVSIN	*	HYOSCYAMINE SULFATE	0.125MG	TABLET	1		
LEVSIN	*	HYOSCYAMINE	0.15MG	TABLET	1		
LEVSIN SL	*	HYOSCYAMINE SULFATE	0.125MG	TAB SUBL	1		
LEXAPRO	*	ESCITALOPRAM OXALATE	5MG/5ML	SOLUTION	1	PA	ALT: LEXAPRO TABLET
LEXAPRO	*	ESCITALOPRAM OXALATE	10MG	TABLET	1	QL	MAX 1.5 TABLETS PER DAY
LEXAPRO	*	ESCITALOPRAM OXALATE	5MG	TABLET	1	QL	MAX 1.5 TABLETS PER DAY
LEXAPRO	*	ESCITALOPRAM OXALATE	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LEXIVA		FOSAMPRENAVIR CALCIUM	700MG	TABLET	3		
LIALDA		MESALAMINE	1.2G	TABLET DR	3	QL	MAX FOUR TABLET PER DAY
LIBRAX	*	CLIDINIUM/CHLORDIAZEPOXIDE	2.5/5	CAPSULE	1		
LIBRIUM	*	CHLORDIAZEPOXIDE HCL	10MG	CAPSULE	1		
LIBRIUM	*	CHLORDIAZEPOXIDE HCL	25MG	CAPSULE	1		
LIBRIUM	*	CHLORDIAZEPOXIDE HCL	5MG	CAPSULE	1		
LIDEX	*	FLUOCINONIDE	0.05%	CREAM	1		
LIDEX	*	FLUOCINONIDE	0.05%	GEL	1		
LIDEX	*	FLUOCINONIDE	0.05%	OINT.(GM)	1		
LIDEX	*	FLUOCINONIDE	0.05%	SOLUTION	1		
LIDEX-E	*	FLUOCINONIDE/EMOLLIENT	0.05%	CREAM	1		
LIDOCAINE	*	LIDOCAINE	5%	OINTMENT	3	QL	MAX 50GM PER FILL

* If GEQ is indicated then generic must be used.

LIDODERM	*	LIDOCAINE	5%(700MG)	ADH PATCH	1	QL	MAX ONE PATCH PER DAY
LIDORX		LIDOCAINE HCL	3%	GEL W/PUMP	3	QL	MAX 30GM PER FILL
LIMBITROL	*	E	12.5-5MG	TABLET	1		
LIMBITROL DS	*	E	25-10MG	TABLET	1		
LINZESS		LINACLOTIDE	145MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
LINZESS		LINACLOTIDE	290MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
LIORESAL	*	BACLOFEN	10MG	TABLET	1		
LIORESAL	*	BACLOFEN	20MG	TABLET	1		
LIPITOR	*	ATORVASTATIN CALCIUM	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LIPITOR	*	ATORVASTATIN CALCIUM	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LIPITOR	*	ATORVASTATIN CALCIUM	40MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LIPITOR	*	ATORVASTATIN CALCIUM	80MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LIPOFEN	*	FENOFIBRATE	150MG	CAPSULE	3	PA	ALT: FIBRICOR, LOFIBRA AND LOPID
LIPOFEN	*	FENOFIBRATE	50MG	CAPSULE	3	PA	ALT: FIBRICOR, LOFIBRA AND LOPID
LITHIUM CARBONATE	*	LITHIUM CARBONATE	150MG	CAPSULE	1		
LITHIUM CARBONATE	*	LITHIUM CARBONATE	600MG	CAPSULE	1		
LITHOBID	*	LITHIUM CARBONATE	300MG	TABLET ER	1		
LITHOSTAT		ACETOHYDROXAMIC ACID	250MG	TABLET	2		
LIVALO		PITAVASTATIN CALCIUM	1MG	TABLET	3	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LIVALO		PITAVASTATIN CALCIUM	2MG	TABLET	3	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LIVALO		PITAVASTATIN CALCIUM	4MG	TABLET	3	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LMX 4	*	LIDOCAINE	4%	CREAM	1		
LMX 5	*	LIDOCAINE	5%	CREAM	1		
LO LOESTRIN FE		FUMARATE	1MG-10(24)	TABLET	3	PA	ALT: GENERIC LOESTRIN PRODUCTS
LO OVRAL	*	NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LO OVRAL	*	NORGESTREL-ETHINYL ESTRADIOL	0.5-0.05MG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOCOID	*	HYDROCORTISONE BUTYRATE	0.1%	CREAM	1		
LOCOID	*	HYDROCORTISONE BUTYRATE	0.1%	OINT.(GM)	1		
LOCOID	*	HYDROCORTISONE BUTYRATE	0.1%	SOLUTION	1		
LOCOID LIPOCREAM	*	HYDROCORTISONE BUTYRATE	0.1%	CREAM	3	PA	ALT: LOCOID
LODINE	*	ETODOLAC	300MG	CAPSULE	1	QL	MAX THREE CAPSULES PER DAY
LODINE	*	ETODOLAC	200MG	TABLET	1	QL	MAX THREE CAPSULES PER DAY
LODINE	*	ETODOLAC	400MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LODINE	*	ETODOLAC	500MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LODINE XL	*	ETODOLAC	600MG	TABLET ER	1	QL	MAX ONE TABLET PER DAY
LODINE XL	*	ETODOLAC	400MG	TABLET ER	1	QL	MAX TWO TABLETS PER DAY
LODINE XL	*	ETODOLAC	500MG	TABLET ER	1	QL	MAX TWO TABLETS PER DAY

LODOYSN	*	CARBIDOPA	25MG	TABLET	1		
LOESTRIN	*	NORETHINDRONE A-E ESTRADIOL	1.5MG-30MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOESTRIN	*	NORETHINDRONE A-E ESTRADIOL	1MG-20MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOESTRIN FE	*	FUMARATE	1.5MG-30MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOESTRIN FE	*	FUMARATE	1MG-20MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOESTRIN FE 24		FUMARATE	1-20(24)	TABLET	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOFIBRA	*	FENOFIBRATE,MICRONIZED	134MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOFIBRA	*	FENOFIBRATE,MICRONIZED	200MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOFIBRA	*	FENOFIBRATE,MICRONIZED	67MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOFIBRA	*	FENOFIBRATE,MICRONIZED	160MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LOFIBRA	*	FENOFIBRATE,MICRONIZED	54MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LOKARA	*	DESONIDE	0.05%	LOTION	1		
LOMOTIL	*	DIPHENOXYLATE HCL/ATROP SULF	2.5-0.25/5	LIQUID	1		
LOMOTIL	*	DIPHENOXYLATE HCL/ATROP SULF	2.5-.025	TABLET	1		
LOMUSTINE		LOMUSTINE	100MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
LOMUSTINE		LOMUSTINE	10MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
LOMUSTINE		LOMUSTINE	40MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
LONITEN	*	MINOXIDIL	10MG	TABLET	1		
LONITEN	*	MINOXIDIL	2.5MG	TABLET	1		
LOPID	*	GEMFIBROZIL	600MG	TABLET	1		
LOPRESSOR	*	METOPROLOL TARTRATE	100MG	TABLET	1		
LOPRESSOR	*	METOPROLOL TARTRATE	25MG	TABLET	1		
LOPRESSOR	*	METOPROLOL TARTRATE	50MG	TABLET	1		
LOPRESSOR-HCT	*	METOPROLOL/ HCTZ	100MG-50MG	TABLET	1		
LOPRESSOR-HCT	*	METOPROLOL/ HCTZ	50MG-25MG	TABLET	1		
LOPROX	*	CICLOPIROX OLAMINE	0.77%	CREAM	1		
LOPROX	*	CICLOPIROX	0.77%	GEL	1		
LOPROX	*	CICLOPIROX OLAMINE	0.77%	SUSPENSION	1		
LORTAB	*	HYDROCODONE/APAP	2.5-167/5	SOLUTION	1		
LORYNA	*	E. ESTRADIOL/DROSPIRENONE	0.02-3MG (24)	TABLET	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LORZONE		CHLORZOXAZONE	375MG	TABLET	3	PA	ALT: BACLOFEN, FLEXERIL, NORFLEX, ROBAXIN, SOMA AND ZANAFLEX
LORZONE		CHLORZOXAZONE	750MG	TABLET	3	PA	ALT: BACLOFEN, FLEXERIL, NORFLEX, ROBAXIN, SOMA AND ZANAFLEX
LOSEASONIQUE		LEVONORGESTREL- ETHINYL ESTRADIOL	100-20(84)	TABLET	3	PA	ALT: ALESSE, NORDETTE AND SEASONALE
LOTEMAX		LOTEPREDNOL ETABONATE	0.5%	OPTIC	3	QL	MAX 5MLS PER FILL
LOTENSIN	*	BENAZEPRIL HCL	10MG	TABLET	1	QL	MAX TWO TABLETS PER DAY

* If GEQ is indicated then generic must be used.

LOTENSIN	*	BENAZEPRIL HCL	20MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LOTENSIN	*	BENAZEPRIL HCL	40MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LOTENSIN	*	BENAZEPRIL HCL	5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LOTENSIN HCT	*	BENAZEPRIL/HCTZ	10-12.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LOTENSIN HCT	*	BENAZEPRIL/HCTZ	20-12.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LOTENSIN HCT	*	BENAZEPRIL/HCTZ	20-25MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LOTENSIN HCT	*	BENAZEPRIL/HCTZ	5-6.25MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	10-20MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	10-40MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	2.5-10MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	5-10MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	5-20MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	5-40MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
LOTRISONE	*	CLOTRIMAZOLE/ BETAMETHASONE	1%- .05%	CREAM	1		
LOTRISONE	*	CLOTRIMAZOLE/ BETAMETHASONE	1%- .05%	LOTION	1		
LOVAZA	*	OMEGA-3 ACID ETHYL ESTERS	1GM	CAPSULE	1	QL	MAX FOUR CAPSULES PER DAY
LOVENOX	*	ENOXAPARIN SOD	100MG/ML	DISP SYRIN	1	PA, QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN 28 SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	120MG/0.8ML	DISP SYRIN	1	PA, QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN 28 SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	150MG/ML	DISP SYRIN	1	PA, QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN 28 SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	30MG/0.3ML	DISP SYRIN	1	PA, QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN 28 SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	40MG/0.4ML	DISP SYRIN	1	PA, QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN 28 SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	60MG/0.6ML	DISP SYRIN	1	PA, QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN 28 SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	80MG/0.8ML	DISP SYRIN	1	PA, QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN 28 SYRINGES (14 DAY SUPPLY)
LOXITANE	*	LOXAPINE SUCCINATE	10MG	CAPSULE	1		
LOXITANE	*	LOXAPINE SUCCINATE	25MG	CAPSULE	1		
LOXITANE	*	LOXAPINE SUCCINATE	50MG	CAPSULE	1		
LOXITANE	*	LOXAPINE SUCCINATE	5MG	CAPSULE	1		
LOZOL	*	INDAPAMIDE	1.25MG	TABLET	1		
LOZOL	*	INDAPAMIDE	2.5MG	TABLET	1		
LUDIOMIL	*	MAPROTILINE HCL	25MG	TABLET	1		
LUDIOMIL	*	MAPROTILINE HCL	50MG	TABLET	1		
LUDIOMIL	*	MAPROTILINE HCL	75MG	TABLET	1		

LUFYLLIN	*	DYPHYLLINE	100MG/15ML	ELIXIR	1		
LUFYLLIN		DYPHYLLINE	200MG	TABLET	2		
LUFYLLIN		DYPHYLLINE	400MG	TABLET	2		
LUFYLLIN GG	*	GUAIFENESIN/DYPHYLLINE	200-200MG	TABLET	1		
LUMIGAN		BIMATOPROST	0.01%	OPTIC	3	PA	ALT: XALATAN
LUMIGAN	*	BIMATOPROST	0.03%	OPTIC	1	PA	ALT: XALATAN
LUMINAL SODIUM		PHENOBARBITAL SODIUM	130MG/ML	DISP SYRIN	2		
LUNESTA	*	ESZOPICLONE	1MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LUNESTA	*	ESZOPICLONE	2MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LUNESTA	*	ESZOPICLONE	3MG	TABLET	1	QL	MAX ONE TABLET PER DAY
LURIDE	*	SODIUM FLUORIDE	0.5MG/ML	ORAL DROPS	1		
LURIDE	*	SODIUM FLUORIDE	0.25MG	TAB CHEW	1		
LURIDE	*	SODIUM FLUORIDE	0.5MG	TAB CHEW	1		
LURIDE	*	SODIUM FLUORIDE	1MG	TAB CHEW	1		
LUTERA	*	LEVONORGESTREL-ETHINYL ESTRADIOL	0.1-0.02	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LUVOX	*	FLUVOXAMINE MALEATE	100MG	TABLET	1		
LUVOX	*	FLUVOXAMINE MALEATE	25MG	TABLET	1		
LUVOX	*	FLUVOXAMINE MALEATE	50MG	TABLET	1		
LUXIQ		BETAMETHASONE VALERATE	0.12%	FOAM	3	PA	ALT: VALISONE
LYBREL	*	LEVONORGESTREL-ETH ESTRA	90-20MCG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LYRICA		PREGABALIN	100MG	CAPSULE	3	PA	CRITERIA MUST BE MET
LYRICA		PREGABALIN	150MG	CAPSULE	3	PA	CRITERIA MUST BE MET
LYRICA		PREGABALIN	200MG	CAPSULE	3	PA	CRITERIA MUST BE MET
LYRICA		PREGABALIN	225MG	CAPSULE	3	PA	CRITERIA MUST BE MET
LYRICA		PREGABALIN	25MG	CAPSULE	3	PA	CRITERIA MUST BE MET
LYRICA		PREGABALIN	300MG	CAPSULE	3	PA	CRITERIA MUST BE MET
LYRICA		PREGABALIN	50MG	CAPSULE	3	PA	CRITERIA MUST BE MET
LYRICA		PREGABALIN	75MG	CAPSULE	3	PA	CRITERIA MUST BE MET
LYSORDREN		MITOTANE	500MG	TABLET	2	PA	MAX TWO TABLETS PER DAY
LYSTEDA	*	TRANEXAMIC ACID	650MG	TABLET	1	PA	CRITERIA MUST BE MET
MACROBID	*	NITROFURANTOIN MACROCRYSTAL	100MG	CAPSULE	1		
MACRODANTIN	*	NITROFURANTOIN MACROCRYSTAL	100MG	CAPSULE	1		
MACRODANTIN	*	NITROFURANTOIN MACROCRYSTAL	25MG	CAPSULE	1		
MACRODANTIN	*	NITROFURANTOIN MACROCRYSTAL	50MG	CAPSULE	1		
MAGAN		MAGNESIUM SALICYLATE	545MG	TABLET	2		
MALARONE	*	ATOVAQUONE/ PROGUANIL HCL	250-100MG	TABLET	1	PA	CRITERIA MUST BE MET
MALARONE	*	ATOVAQUONE/ PROGUANIL HCL	62.5-25MG	TABLET	1	PA	CRITERIA MUST BE MET

MANDELAMINE	*	METHENAMINE MANDELATE	500MG/5ML	ORAL SUSP	1		
MANDELAMINE	*	METHENAMINE MANDELATE	500MG	TABLET EC	1		
MARINOL	*	DRONABINOL	10MG	CAPSULE	1	PA	CRITERIA MUST BE MET
MARINOL	*	DRONABINOL	2.5MG	CAPSULE	1	PA	CRITERIA MUST BE MET
MARINOL	*	DRONABINOL	5MG	CAPSULE	1	PA	CRITERIA MUST BE MET
MARPLAN		ISOCARBOXAZID	10MG	TABLET	2		
MARPRES		HYDRALAZ/RESERPINE/HCTZ	25-0.1-15	TABLET	2		
MATERNA	*	PRENATAL VITS W-CA,FE,FA(1MG)		TABLET	1		
MATERNAL VITAMIN/MIN	*	PRENATAL VIT/FE FUMARATE/FA	60-1MG	TABLET	1		
MATULANE		PROCARBAZINE HCL	50MG	CAPSULE	2	PA	CRITERIA MUST BE MET
MAVIK	*	TRANDOLAPRIL	1MG	TABLET	1	QL	MAX ONE TABLET PER DAY
MAVIK	*	TRANDOLAPRIL	2MG	TABLET	1	QL	MAX ONE TABLET PER DAY
MAVIK	*	TRANDOLAPRIL	4MG	TABLET	1	QL	MAX ONE TABLET PER DAY
MAXALT	*	RIZATRIPTAN BENZOATE	5MG	TABLET	1	QL	MAX NINE TABLETS PER MONTH
MAXALT	*	RIZATRIPTAN BENZOATE	10MG	TABLET	1	QL	MAX NINE TABLETS PER MONTH
MAXALT MLT	*	RIZATRIPTAN BENZOATE	10MG	TAB RAPDIS	1	QL	MAX NINE TABLETS PER MONTH
MAXALT MLT	*	RIZATRIPTAN BENZOATE	5MG	TAB RAPDIS	1	QL	MAX NINE TABLETS PER MONTH
MAXIDEX		DEXAMETHASONE	0.1%	OPTIC	3	QL	MAX 5MLS PER FILL
MAXITROL	*	NEO/POLYMYX B SULF/DEXAMETH	0.1%	OINT.(GM)	1		
MAXITROL	*	NEO/POLYMYX B SULF/DEXAMETH	0.1%	OPTIC	1		
MAXZIDE	*	TRIAMTERENE/HCTZ	37.5/25MG	TABLET	1		
MAXZIDE	*	TRIAMTERENE/HCTZ	75/50MG	TABLET	1		
MEBARAL	*	MEPHOBARBITAL	100MG	TABLET	1		
MEBARAL	*	MEPHOBARBITAL	32MG	TABLET	1		
MEBARAL	*	MEPHOBARBITAL	50MG	TABLET	1		
MECLOMEN	*	MECLOFENAMATE SODIUM	100MG	CAPSULE	1		
MECLOMEN	*	MECLOFENAMATE SODIUM	50MG	CAPSULE	1		
MEDROL	*	METHYLPREDNISOLONE	4MG	TAB DS PK	1		
MEDROL	*	METHYLPREDNISOLONE	16MG	TABLET	1		
MEDROL	*	METHYLPREDNISOLONE	32MG	TABLET	1		
MEDROL	*	METHYLPREDNISOLONE	4MG	TABLET	1		
MEDROL	*	METHYLPREDNISOLONE	8MG	TABLET	1		
MEGACE	*	MEGESTROL ACETATE	40MG/ML	ORAL SUSP	1		
MEGACE	*	MEGESTROL ACETATE	20MG	TABLET	1		
MEGACE	*	MEGESTROL ACETATE	40MG	TABLET	1		
MEGACE ES		MEGESTROL ACETATE	625MG/5ML	SUSPENSION	3	PA	FAILURE OF GENERIC MEGACE (NOT ES)
MEKINIST		TRAMETINIB DIMETHYL SULOXIDE	0.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET

MEKINIST		TRAMETINIB DIMETHYL SULOXIDE	2MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
MELLARIL	*	THIORIDAZINE HCL	100MG	TABLET	1		
MELLARIL	*	THIORIDAZINE HCL	10MG	TABLET	1		
MELLARIL	*	THIORIDAZINE HCL	150MG	TABLET	1		
MELLARIL	*	THIORIDAZINE HCL	15MG	TABLET	1		
MELLARIL	*	THIORIDAZINE HCL	25MG	TABLET	1		
MELLARIL	*	THIORIDAZINE HCL	50MG	TABLET	1		MAX TWO TABLETS PER DAY
MENEST		ESTROGENS, ESTERIFIED	0.3MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
MENEST		ESTROGENS, ESTERIFIED	0.625MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
MENEST		ESTROGENS, ESTERIFIED	1.25MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
MENEST		ESTROGENS, ESTERIFIED	2.5MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
MENOSTAR		ESTRADIOL	14MCG	PATCH TDWK	3	F, QL	MAX FOUR PATCHES EVERY 28 DAYS
MEPHYTON		PHYTONADIONE	5MG	TABLET	2		
MEPRON	*	ATOVAQUONE	750MG/5ML	ORAL SUSP	1		
MESTINON		PYRIDOSTIGMINE BROMIDE	180MG	TABLET ER	3	PA	ALT: GENERIC MESTINON 60MG
MESTINON		PYRIDOSTIGMINE BROMIDE	60MG/5ML	SYRUP	2		
MESTINON	*	PYRIDOSTIGMINE BROMIDE	60MG	TABLET	1		
METADATE CD	*	METHYLPHENIDATE HCL	10MG	CPMP 30-70	1	QL	MAX ONE CAPSULE PER DAY
METADATE CD	*	METHYLPHENIDATE HCL	20MG	CPMP 30-70	1	QL	MAX ONE CAPSULE PER DAY
METADATE CD	*	METHYLPHENIDATE HCL	30MG	CPMP 30-70	1	QL	MAX ONE CAPSULE PER DAY
METADATE CD	*	METHYLPHENIDATE HCL	40MG	CPMP 30-70	1	QL	MAX ONE CAPSULE PER DAY
METADATE CD	*	METHYLPHENIDATE HCL	50MG	CPMP 30-70	1	QL	MAX ONE CAPSULE PER DAY
METADATE CD	*	METHYLPHENIDATE HCL	60MG	CPMP 30-70	1	QL	MAX ONE CAPSULE PER DAY
METADATE ER	*	METHYLPHENIDATE HCL	10MG	TABLET ER	1	QL	MAX ONE TABLET PER DAY
METAGLIP	*	GLIPIZIDE/METFORMIN HCL	2.5-250MG	TABLET	1		
METAGLIP	*	GLIPIZIDE/METFORMIN HCL	2.5-500MG	TABLET	1		
METAGLIP	*	GLIPIZIDE/METFORMIN HCL	5MG-500MG	TABLET	1		
METHERGINE		METHYLERGONOVINE MALEATE	0.2MG	TABLET	2		
METHITEST		METHYLTESTOSTERONE	10MG	TABLET	3	PA	CRITERIA MUST BE MET
METHOTREXATE	*	METHOTREXATE SODIUM	2.5MG	TABLET	1		
METHOTREXATE	*	METHOTREXATE SODIUM	25MG/ML	VIAL	1		
METHYLIN CHEWABLES		METHYLPHENIDATE HCL	10MG	TAB CHEW	3	AG	MAX AGE 10
METHYLIN CHEWABLES		METHYLPHENIDATE HCL	2.5MG	TAB CHEW	3	AG	MAX AGE 10
METHYLIN CHEWABLES		METHYLPHENIDATE HCL	5MG	TAB CHEW	3	AG	MAX AGE 10
METROCREAM	*	METRONIDAZOLE	0.75%	CREAM	1		
METROGEL	*	METRONIDAZOLE	1%	GEL	3	PA	ALTERNATIVE: METROGEL 0.75%
METROGEL	*	METRONIDAZOLE	0.75%	GEL	1		

METROGEL-VAGINAL	*	METRONIDAZOLE	0.75%	GEL W/APPL	1		
METROLOTION	*	METRONIDAZOLE	0.75%	LOTION	1	QL	MAX 118MLS PER MONTH
MEVACOR	*	LOVASTATIN	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
MEVACOR	*	LOVASTATIN	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
MEVACOR	*	LOVASTATIN	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
MEVACOR	*	LOVASTATIN	40MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
MEVACOR	*	LOVASTATIN	40MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
MEXITIL	*	MEXILETINE HCL	150MG	CAPSULE	1		
MEXITIL	*	MEXILETINE HCL	200MG	CAPSULE	1		
MEXITIL	*	MEXILETINE HCL	250MG	CAPSULE	1		
MIACALCIN	*	CALCITONIN,SALMON,SYN	200U/DOSE	SPRAY/PUMP	1	QL	MAX 3.7MLS EVERY 28 DAYS
MICARDIS	*	TELMISARTAN	20MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
MICARDIS	*	TELMISARTAN	40MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
MICARDIS	*	TELMISARTAN	80MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
MICARDIS HCT	*	TELMISARTAN/HCTZ	40-12.5MG	TABLET	3	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
MICARDIS HCT	*	TELMISARTAN/HCTZ	80-12.5MG	TABLET	3	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
MICARDIS HCT	*	TELMISARTAN/HCTZ	80-25MG	TABLET	3	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
MICROGESTIN	*	NORETHINDRONE A-E ESTRADIOL	1.5MG-30MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICROGESTIN	*	NORETHINDRONE A-E ESTRADIOL	1MG-20MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICROGESTIN FE	*	FUMARATE	1.5MG-30MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICROGESTIN FE	*	FUMARATE	1MG-20MCG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICRO-K	*	POTASSIUM CHLORIDE	10MEQ	CAPSULE SA	1		
MICRO-K	*	POTASSIUM CHLORIDE	8MEQ	CAPSULE SA	1		
MICRONOR	*	NORETHINDRONE	0.35MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICROZIDE	*	HYDROCHLOROTHIAZIDE	12.5MG	CAPSULE	1		
MIDAMOR	*	AMILORIDE HCL	5MG	TABLET	1		
MIDRIN	*	ISOMETHEPTENE/APAP/DICH	65-325-100	CAPSULE	1	QL	MAX SIX CAPSULES PER DAY
MILTOWN	*	MEPROBAMATE	200MG	TABLET	3		
MILTOWN	*	MEPROBAMATE	400MG	TABLET	3		
MIMVEY	*	ACET	1MG-0.5MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MIMVEY	*	ESTRADIOL/NORETH AC	1-0.5MG	TABLET	1	F, QL	MAX ONE TABLET PER DAY
MINIPRES	*	PRAZOSIN HCL	1MG	CAPSULE	1		
MINIPRES	*	PRAZOSIN HCL	2MG	CAPSULE	1		
MINIPRES	*	PRAZOSIN HCL	5MG	CAPSULE	1		
MINIVELLE		ESTRADIOL	0.05MG/24HR	PATCH TDSW	3	F, QL	MAX TWO PATCHES PER WEEK
MINIVELLE		ESTRADIOL	0.075MG/24HR	PATCH TDSW	3	F, QL	MAX TWO PATCHES PER WEEK
MINIVELLE		ESTRADIOL	0.1MG/24HR	PATCH TDSW	3	F, QL	MAX TWO PATCHES PER WEEK

MINIVELLE		ESTRADIOL	0.375MG/24HR	PATCH TDSW	3	F, QL	MAX TWO PATCHES PER WEEK
MINOCIN	*	MINOCYCLINE HCL	100MG	CAPSULE	1		
MINOCIN	*	MINOCYCLINE HCL	50MG	CAPSULE	1		
MINOCIN	*	MINOCYCLINE HCL	75MG	CAPSULE	1		
MIRALAX	*	POLYETHYLENE GLYCOL 3350	100%	POWDER	1		
MIRAPEX	*	PRAMIPEXOLE DI-HCL	0.125MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	0.25MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	0.5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	0.75MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	1.5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	1MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	4.5MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	0.375MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	0.75MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	1.5MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	2.25MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	3.75MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	3MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP
MIRCETTE	*	DESOG- ET ESTRA/ETHINY ESTRA	21-5	TABLET	P	QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MIRVASO		BRIMONIDINE TARTRATE	0.33%	GEL	3	PA	CRITERIA MUST BE MET
MISSION PRENATAL	*	PRENATAL VIT/FE GLUCONATE/FA	30-0.4MG	TABLET	1	F	
MISSION PRENATAL	*	PRENATAL VIT/FE GLUCONATE/FA	30-0.8MG	TABLET	1	F	
MISSION PRENATAL HP	*	PV W-O CAL/FE GLUCONATE/FA	30-0.8MG	TABLET	1	F	
MOBAN		MOLINDONE HCL	10MG	TABLET	3		
MOBAN		MOLINDONE HCL	25MG	TABLET	3		
MOBAN		MOLINDONE HCL	50MG	TABLET	3		
MOBAN		MOLINDONE HCL	5MG	TABLET	3		
MOBIC	*	MELOXICAM	7.5MG/5ML	ORAL SUSP	1	PA	ALT: MOBIC TABLETS
MOBIC	*	MELOXICAM	15MG	TABLET	1	QL	MAX ONE TABLET PER DAY
MOBIC	*	MELOXICAM	7.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
MODICON		NORETHINDRONE-ETHINYL ESTRADIOL	0.5-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MODURETIC	*	HCTZ/AMILORIDE	50-5MG	TABLET	1		
MONODOX	*	DOXYCYCLINE MONOHYDRATE	75MG	CAPSULE	1	PA	ALT: MONODOX 50MG AND 100MG
MONODOX	*	DOXYCYCLINE MONOHYDRATE	100MG	CAPSULE	1		
MONODOX	*	DOXYCYCLINE MONOHYDRATE	50MG	CAPSULE	1		
MONONESSA	*	NORGESTIMATE-ETHINYL ESTRAD	0.25MG-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MONOPRIL	*	FOSINOPRIL SODIUM	10MG	TABLET	1	QL	MAX TWO TABLETS PER DAY

MONOPRIL	*	FOSINOPRIL SODIUM	20MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
MONOPRIL	*	FOSINOPRIL SODIUM	40MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
MONOPRIL-HCT	*	FOSINOPRIL SODIUM/HCTZ	10/12.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
MONOPRIL-HCT	*	FOSINOPRIL SODIUM/HCTZ	20/12.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
MONUROL		FOSFOMYCIN TROMETHAMINE	3GM	PACKET	3	QL	MAX 1 PACKET PER FILL
MOTOFEN		SULFATE	1-0.025MG	TABLET	3	PA	FAILURE OF IMODIUM AND LOMOTIL
MOTRIN	*	IBUPROFEN	600MG	TABLET	1	QL	MAX FIVE TABLETS PER DAY
MOTRIN	*	IBUPROFEN	800MG	TABLET	1	QL	MAX FOUR TABLETS PER DAY
MOTRIN	*	IBUPROFEN	100MG/5ML	ORAL SUSP	1		
MOTRIN	*	IBUPROFEN	300MG	TABLET	1		
MOTRIN	*	IBUPROFEN	400MG	TABLET	1		
MOVIPREP		PEG3350/SOD SUL/NACL/ASB/C/KCL	7.5-2.691G	POWD PACK	3	QL	MAX ONE PACK PER FILL
MOXEZA		MOXIFLOXACIN HCL	0.50%	EYE DROPS	3	PA	ALT: CILOXIN, OCUFLOX AND QUIXIN
MS CONTIN	*	MORPHINE SULFATE	100MG	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
MS CONTIN	*	MORPHINE SULFATE	15MG	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
MS CONTIN	*	MORPHINE SULFATE	200MG	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
MS CONTIN	*	MORPHINE SULFATE	30MG	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
MS CONTIN	*	MORPHINE SULFATE	60MG	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
MSIR	*	MORPHINE SULFATE	10MG/5ML	SOLUTION	1		
MSIR	*	MORPHINE SULFATE	20MG/5ML	SOLUTION	1		
MSIR	*	MORPHINE SULFATE	20MG/ML	SOLUTION	1		
MSIR	*	MORPHINE SULFATE	15MG	TABLET	1		
MSIR	*	MORPHINE SULFATE	30MG	TABLET	1		
MUCOMYST	*	ACETYLCYSTEINE	10%	VIAL-NEB.	1		
MUCOMYST	*	ACETYLCYSTEINE	20%	VIAL-NEB.	1		
MULTAQ		DRONEDARONE HCL	400MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
MUSE		ALPROSTADIL	1000MCG	SUPP. PENILE	3	PA	ALT: CIALIS, LEVITRA AND VIAGRA
MUSE		ALPROSTADIL	125MCG	SUPP. PENILE	3	PA	ALT: CIALIS, LEVITRA AND VIAGRA
MUSE		ALPROSTADIL	250MCG	SUPP. PENILE	3	PA	ALT: CIALIS, LEVITRA AND VIAGRA
MUSE		ALPROSTADIL	500MCG	SUPP. PENILE	3	PA	ALT: CIALIS, LEVITRA AND VIAGRA
M-VIT	*	FUMARATE/FA	27-1MG	TABLET	1		
MYAMBUTOL	*	ETHAMBUTOL HCL	100MG	TABLET	1		
MYAMBUTOL	*	ETHAMBUTOL HCL	400MG	TABLET	1		
MYCELEX	*	CLOTRIMAZOLE	10MG	TROCHE	1		
MYCOBUTIN		RIFABUTIN	150MG	CAPSULE	2		
MYCOLOG	*	NYSTATIN/TRIAMCINOLONE	100000-0.1	CREAM	1		
MYCOLOG	*	NYSTATIN/TRIAMCINOLONE	100000-0.1	OINT.(GM)	1		

MYCOSTATIN	*	NYSTATIN	100MU/G	CREAM	1		
MYCOSTATIN	*	NYSTATIN	100MU/G	OINT.(GM)	1		
MYCOSTATIN	*	NYSTATIN	100K U/ML	ORAL SUSP	1		
MYCOSTATIN	*	NYSTATIN	100000 U/G	POWDER	1		
MYCOSTATIN	*	NYSTATIN	50000000U	POWDER	1		
MYCOSTATIN	*	NYSTATIN	100MU	TABLET	1		
MYCOSTATIN	*	NYSTATIN	500000 U	TABLET	1		
MYDFRIN	*	PHENYLEPHRINE HCL	2.5%	OPTIC	1		
MYDRIACYL	*	TROPICAMIDE	0.5%	OPTIC	1		
MYDRIACYL	*	TROPICAMIDE	1%	OPTIC	1		
MYFORTIC	*	MYCOPHENOLATE	180MG	TABLET DR	3	PA	ALT: CELLCEPT
MYFORTIC	*	MYCOPHENOLATE	360MG	TABLET DR	3	PA	ALT: CELLCEPT
MYLERAN		BUSULFAN	2MG	TABLET	2		
MYRBETRIQ		MIRABEGRON	25MG	TABLET	3	QL	MAX ONE TABLET PER DAY
MYRBETRIQ		MIRABEGRON	50MG	TABLET	3	QL	MAX ONE TABLET PER DAY
MYSOLINE	*	PRIMIDONE	250MG	TABLET	1		
MYSOLINE	*	PRIMIDONE	50MG	TABLET	1		
MYTELASE		AMBENONIUM CHLORIDE	10MG	TABLET	1		
MYZILRA	*	LEVONORGESTREL- ETHINYL ESTRADIOL	6-5-10	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NALDECON	*	TLOX/CP		TABLET ER	1		
NALFON	*	FENOPROFEN CALCIUM	600MG	TABLET	1		
NAMENDA	*	MEMANTINE HCL	10MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
NAMENDA	*	MEMANTINE HCL	5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
NAMENDA XR		MEMANTINE HCL	14MG	CAP SPR 24	3	PA	CRITERIA MUST BE MET
NAMENDA XR		MEMANTINE HCL	21MG	CAP SPR 24	3	PA	CRITERIA MUST BE MET
NAMENDA XR		MEMANTINE HCL	28MG	CAP SPR 24	3	PA	CRITERIA MUST BE MET
NAMENDA XR		MEMANTINE HCL	7MG	CAP SPR 24	3	PA	CRITERIA MUST BE MET
NAPROSYN	*	NAPROXEN	375MG	TABLET	1	QL	MAX FOUR TABLETS PER DAY
NAPROSYN	*	NAPROXEN	250MG	TABLET	1	QL	MAX SIX TABLETS PER DAY
NAPROSYN	*	NAPROXEN	500MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
NAPROSYN	*	NAPROXEN	125MG/5ML	ORAL SUSP	1		
NARCAN	*	NALOXONE HCL	0.4MG/ML	DISP SYRIN	1	QL	MAX FOUR SYRINGES PER FILL
NARDIL	*	PHENELZINE SULFATE	15MG	TABLET	3	PA	CRITERIA MUST BE MET
NASACORT AQ	*	TRIAMCINOLONE ACETONIDE	55MCG	SPRAY	1	PA	ALT: FLONASE AND NASACORT OTC
NASACORT OTC		TRIAMCINOLONE ACETONIDE	55MCG	SPRAY	1	QL	MAX 16.9GM/MONTH
NASALIDE	*	FLUNISOLIDE	0.03%	NASAL SPRAY	1	QL	MAX 25MLS EVERY 25 DAYS
NASONEX		MOMETASONE FUROATE	50MCG	SPRAY	3	PA	ALT: FLONASE AND NASACORT OTC

McLaren Health Plan-Standard Commercial
Drug Formulary

NATACHEW	*	FUMARATE/FA	29-1MG	TAB CHEW	1		
NATACYN		NATAMYCIN	5%	OPTIC	3		
NATAFORT		PV W-O CAL/FE CARB-FESO4/FA	60-1MG	TABLET	2		
NATALINS	*	PRENATAL VITS W-CA,FE,FA(<1MG)		TABLET	1		
NATURETIN		BENDROFLUMETHIAZIDE	5MG	TABLET	2		
NAVANE	*	THIOTHIXENE	10MG	CAPSULE	1		
NAVANE	*	THIOTHIXENE	1MG	CAPSULE	1		
NAVANE	*	THIOTHIXENE	2MG	CAPSULE	1		
NAVANE	*	THIOTHIXENE	5MG	CAPSULE	1		
NEBUPENT		PENTAMIDINE ISETHIONATE	300MG	VIAL	3	PA	CRITERIA MUST BE MET
NECON	*	ESTRAD	0.5-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NEEDLES AND SYRINGES					2		
NEODECADRON		NEOMYCIN SULFATE/DEX NA PH	0.35-0.1%	OPTIC	2		
NEOMYCIN SULFATE	*	NEOMYCIN SULFATE	500MG	TABLET	1		
NEORAL	*	CYCLOSPORINE, MODIFIED	100MG	CAPSULE	1		
NEORAL	*	CYCLOSPORINE, MODIFIED	25MG	CAPSULE	1		
NEORAL	*	CYCLOSPORINE, MODIFIED	100MG/ML	SOLUTION	1		
NEOSPORIN	*	NEOMY SULF/GRAMICID D/POLY	1.75MG-10K	OPTIC	1		
NEPTAZANE	*	METHAZOLAMIDE	25MG	TABLET	1		
NEPTAZANE	*	METHAZOLAMIDE	50MG	TABLET	1		
NESINA	*	ALOGLIPTIN BENZOATE	12.5MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
NESINA	*	ALOGLIPTIN BENZOATE	25MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
NESINA	*	ALOGLIPTIN BENZOATE	6.25MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
NESTABS FA	*	PRENATAL VIT/FE FUMARATE/FA	29-1MG	TABLET	1		
NESTABS RX	*	PRENATAL VIT/IRON,CARBONYL/FA	29-1MG	TABLET	1		
NEULASTA		PEGFILGRASTIM	6MG/006ML	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
NEUMEGA		OPRELVEKIN	5MG	SOLUTION	3	PA, SP	CRITERIA MUST BE MET
NEUPOGEN		FILGRASTIM	300MCG	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
NEUPOGEN		FILGRASTIM	480MCG/0.8ML	DISP SYRIN	3	PA, SP	CRITERIA MUST BE MET
NEUPOGEN		FILGRASTIM	300MCG	VIAL	3	PA, SP	CRITERIA MUST BE MET
NEUPOGEN		FILGRASTIM	480MCG/1.6	VIAL	3	PA, SP	CRITERIA MUST BE MET
NEUPRO		ROTIGOTINE	1MG/24HR	PATCH TD24HR	3	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	2MG/24HR	PATCH TD24HR	3	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	3MG/24HR	PATCH TD24HR	3	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	4MG/24HR	PATCH TD24HR	3	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	6MG/24HR	PATCH TD24HR	3	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	8MG/24HR	PATCH TD24HR	3	PA	ALT: MIRAPEX AND REQUIP

* If GEQ is indicated then generic must be used.

NEURONTIN	*	GABAPENTIN	100MG	CAPSULE	1		
NEURONTIN	*	GABAPENTIN	300MG	CAPSULE	1		
NEURONTIN	*	GABAPENTIN	400MG	CAPSULE	1		
NEURONTIN	*	GABAPENTIN	250MG/5ML	SOLUTION	1		
NEURONTIN	*	GABAPENTIN	600MG	TABLET	1		
NEURONTIN	*	GABAPENTIN	800MG	TABLET	1		
NEVANAC		NEPAFENAC	0.1%	OPTIC	3	PA	ALT: ACULAR AND VOLTAREN
NEXIUM		ESOMEPRAZOLE MAG TRIHYDARATE	40MG	CAPSULE DR	3	PA	ALT: ACIPHEX, NEXIUM OTC, PREVACID, PRILOSEC AND PROTONIX
NEXT CHOICE	*	LEVONORGESTREL	0.75MG	TABLET	P	QL	MAX TWO TABLETS PER MONTH
NEXT CHOICE ONE DOSE		LEVONORGESTREL	1.5MG	TABLET	P	QL	MAX ONE TABLET PER MONTH
NIASPAN	*	NIACIN	1000MG	TABLET ER	3	QL	MAX TWO TABLETS PER DAY
NIASPAN	*	NIACIN	500MG	TABLET ER	3	QL	MAX TWO TABLETS PER DAY
NIASPAN	*	NIACIN	750MG	TABLET ER	3	QL	MAX TWO TABLETS PER DAY
NICODERM OTC	*	NICOTINE	14MG	PATCH TD24HR	P		
NICODERM OTC	*	NICOTINE	21MG	PATCH TD24HR	P		
NICODERM OTC	*	NICOTINE	7MG	PATCH TD24HR	P		
NICORETTE GUM OTC	*	NICOTINE POLACRILEX	4MG	GUM	P		
NICORETTE GUM OTC	*	NICOTINE POLACRILEX	2MG	GUM	P		
NICORETTE LOZENGE OTC	*	NICOTINE POLACRILEX	2MG	LOZENGE	P		
NICORETTE LOZENGE OTC	*	NICOTINE POLACRILEX	4MG	LOZENGE	P		
NICOTROL INHALER		NICOTINE	10MG	CARTRIDGE	P		
NICOTROL NS		NICOTINE	10MG/ML	NASAL SPRAY	P		
NIFEREX-150 FORTE	*	IRON PS COMPLEX/VIT B12/FA	150-25-1MG	CAPSULE	1		
NIMOTOP	*	NIMODIPINE	30MG	CAPSULE	1		
NIRAVAM	*	ALPRAZOLAM	0.25MG	TAB RAPDIS	1	PA	ALT: TRANXENE, XANAX AND VALIUM
NIRAVAM	*	ALPRAZOLAM	0.5MG	TAB RAPDIS	1	PA	ALT: TRANXENE, XANAX AND VALIUM
NIRAVAM	*	ALPRAZOLAM	1MG	TAB RAPDIS	1	PA	ALT: TRANXENE, XANAX AND VALIUM
NIRAVAM	*	ALPRAZOLAM	2MG	TAB RAPDIS	1	PA	ALT: TRANXENE, XANAX AND VALIUM
NITRO-BID	*	NITROGLYCERIN	2.5MG	CAPSULE SA	1		
NITRO-BID	*	NITROGLYCERIN	6.5MG	CAPSULE SA	1		
NITRO-BID	*	NITROGLYCERIN	9MG	CAPSULE SA	1		
NITRO-BID		NITROGLYCERIN	2%	OINT.(GM)	2		
NITRO-DUR	*	NITROGLYCERIN	0.1MG/HR	PATCH TD24HR	1		
NITRO-DUR	*	NITROGLYCERIN	0.2MG/HR	PATCH TD24HR	1		
NITRO-DUR		NITROGLYCERIN	0.3MG/HR	PATCH TD24HR	2		
NITRO-DUR	*	NITROGLYCERIN	0.4MG/HR	PATCH TD24HR	1		
NITRO-DUR	*	NITROGLYCERIN	0.6MG/HR	PATCH TD24HR	1		

NITRO-DUR		NITROGLYCERIN	0.8MG/HR	PATCH TD24HR	2		
NITROGARD		NITROGLYCERIN	2MG	TAB BUC SA	2		
NITROLINGUAL SPRAY		NITROGLYCERIN	0.4MG/DOSE	SPRAY	3	QL, ST	TRIAL OF NITROGLYCERIN SUBLINGUAL TABLETS IN THE PAST 60 DAYS. MAX 12MLS/25 DAYS
NITROMIST		NITROGLYCERIN	0.4MG/DOSE	AEROSOL	3	ST	TRIAL OF NITROGLYCERIN SUBLINGUAL TABLETS IN THE PAST 60 DAYS.
NITROQUICK	*	NITROGLYCERIN	0.3MG	TAB SUBL	1		
NITROQUICK	*	NITROGLYCERIN	0.4MG	TAB SUBL	1		
NITROQUICK	*	NITROGLYCERIN	0.6MG	TAB SUBL	1		
NITROSTAT	*	NITROGLYCERIN	0.3MG	TAB SL	1		
NITROSTAT	*	NITROGLYCERIN	0.4MG	TAB SL	1		
NITROSTAT	*	NITROGLYCERIN	0.6MG	TAB SL	1		
NIZORAL	*	KETOCONAZOLE	2%	CREAM	1		
NIZORAL	*	KETOCONAZOLE	2%	SHAMPOO	1		
NIZORAL	*	KETOCONAZOLE	200MG	TABLET	1		
NOCTEC	*	CHLORAL HYDRATE	500MG	CAPSULE	1		
NOCTEC	*	CHLORAL HYDRATE	500MG/5ML	SYRUP	1		
NOLVADEX	*	TAMOXIFEN CITRATE	10MG	TABLET	P		
NOLVADEX	*	TAMOXIFEN CITRATE	20MG	TABLET	P		
NOR Q-D	*	NORETHINDRONE	0.35MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORCO	*	HYDROCODONE BIT/APAP	10MG-325MG	TABLET	1		
NORCO	*	HYDROCODONE BIT/APAP	5MG-325MG	TABLET	1		
NORCO	*	HYDROCODONE BIT/APAP	7.5MG-325MG	TABLET	1		
NORDETTE	*	LEVONORGESTREL-ETH ESTRA	0.15-.03MG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORDITROPIN FLEXPRO		SOMATROPIN	10MG/1.5ML	PEN INJECTOR	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
NORDITROPIN FLEXPRO		SOMATROPIN	15MG/1.5ML	PEN INJECTOR	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
NORDITROPIN FLEXPRO		SOMATROPIN	5MG/1.5ML	PEN INJECTOR	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
NORDITROPIN NORDIFLEX		SOMATROPIN	30MG/3ML	PEN INJECTOR	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
NORFLEX	*	ORPHENADRINE CITRATE	100MG	TABLET ER	1		
NORINYL 1 + 35	*	ESTRAD	1-0.035MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORINYL 1 + 50	*	ESTRAD	1-0.050MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORITATE		METRONIDAZOLE	1%	CREAM	3	PA	ALT: METROCREAM
NORMODYNE	*	LABETALOL HCL	5MG/ML	DISP SYRIN	1		
NORMODYNE	*	LABETALOL HCL	100MG	TABLET	1		
NORMODYNE	*	LABETALOL HCL	200MG	TABLET	1		
NORMODYNE	*	LABETALOL HCL	300MG	TABLET	1		
NOROXIN		NORFLOXACIN	400MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
NORPACE	*	DISOPYRAMIDE PHOSPHATE	100MG	CAPSULE	1		

NORPACE	*	DISOPYRAMIDE PHOSPHATE	150MG	CAPSULE	1		
NORPACE CR		DISOPYRAMIDE PHOSPHATE	100MG	CAPSULE SA	3		
NORPACE CR	*	DISOPYRAMIDE PHOSPHATE	150MG	CAPSULE SA	1		
NORPRAMIN	*	DESIPRAMINE HCL	100MG	TABLET	1		
NORPRAMIN	*	DESIPRAMINE HCL	10MG	TABLET	1		
NORPRAMIN	*	DESIPRAMINE HCL	150MG	TABLET	1		
NORPRAMIN	*	DESIPRAMINE HCL	25MG	TABLET	1		
NORPRAMIN	*	DESIPRAMINE HCL	50MG	TABLET	1		
NORPRAMIN	*	DESIPRAMINE HCL	75MG	TABLET	1		
NORTREL	*	ESTRAD	0.5-0.035MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORVASC	*	AMLODIPINE BESYLATE	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
NORVASC	*	AMLODIPINE BESYLATE	2.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
NORVASC	*	AMLODIPINE BESYLATE	5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
NORVIR		RITONAVIR	100MG	CAPSULE	2		
NORVIR		RITONAVIR	80MG/ML	SOLUTION	2		
NOVACET	*	SODIUM SULFACETAMIDE-SULFUR	10-5%	LOTION	1		
NOVAREL	*	CHORIONIC GONADOTROPIN	10,000U/ML	INJECTION	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
NOVOLIN 70/30		HUMAN INSULIN NPH/REGULAR	70-30 U/ML	VIAL	2		
NOVOLIN N		HUMAN INSULIN NPH	100 U/ML	VIAL	2		
NOVOLIN R		HUMAN INSULIN REGULAR	100 U/ML	VIAL	2		
NOVOLOG		INSULIN ASPART	100 U/ML	CARTRIDGE	3		
NOVOLOG		INSULIN ASPART	100 U/ML	VIAL	2		
NOVOLOG MIX		INSULN ASP PRT/INSULIN ASPART	70-30 U/ML	PEN	3		
NOVOLOG MIX		INSULN ASP PRT/INSULIN ASPART	70-30 U/ML	VIAL	2		
NOXAFIL		POSACONAZOLE	200MG/5ML	ORAL SUSP	3	PA	CRITERIA MUST BE MET
NUCYNTA		TAPENTADOL HCL	100MG	TABLET	3	PA	CRITERIA MUST BE MET
NUCYNTA		TAPENTADOL HCL	50MG	TABLET	3	PA	CRITERIA MUST BE MET
NUCYNTA		TAPENTADOL HCL	75MG	TABLET	3	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	100MG	TAB ER 12HR	3	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	150MG	TAB ER 12HR	3	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	200MG	TAB ER 12HR	3	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	250MG	TAB ER 12HR	3	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	50MG	TAB ER 12HR	3	PA	CRITERIA MUST BE MET
NUEDEXTA		DEXTROMETHORPHAN/ QUINIDINE	20MG-10MG	CAPSULE	3	PA	CRITERIA MUST BE MET
NUTROPIN		SOMATROPIN	10MG	VIAL	3	PA, SP	CRITERIA MUST BE MET
NUTROPIN AQ		SOMATROPIN	10MG/2ML	CARTRIDGE	3	PA, SP	CRITERIA MUST BE MET
NUVARING		ETONOGRESTREL/ET ESTRADIOL	0.12-0.015	RING	P	F, QL	MAX ONE RING EVERY 28 DAYS

McLaren Health Plan-Standard Commercial
Drug Formulary

NUVIGIL		ARMODAFINIL	150MG	TABLET	3	PA	CRITERIA MUST BE MET
NUVIGIL		ARMODAFINIL	250MG	TABLET	3	PA	CRITERIA MUST BE MET
NUVIGIL		ARMODAFINIL	50MG	TABLET	3	PA	CRITERIA MUST BE MET
NYSTATIN	*	NYSTATIN	100K UNIT	TABLET	1		
O-CAL FA	*	PRENATAL VIT/FE FUMARATE/FA	66-1MG	TABLET	1		
OCELLA	*	ETHINYL ESTRADIOL/DROSPIRE	0.03-3MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
OCUFEN	*	FLURBIPROFEN SODIUM	0.03%	OPTIC	1		
OCUFLOX	*	OFLOXACIN	0.3%	OPTIC	1		
OCUPRESS	*	CARTEOLOL HCL	1%	OPTIC	1		
OGEN	*	ESTROPIPATE	0.75MG	TABLET	1	F	MAX TWO TABLETS PER DAY
OGEN	*	ESTROPIPATE	1.5MG	TABLET	1	F	MAX TWO TABLETS PER DAY
OGEN	*	ESTROPIPATE	3MG	TABLET	1	F	MAX TWO TABLETS PER DAY
OGESTREL	*	NORGESTREL-ETHINYL ESTRADIOL	0.5-0.05MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
OLUX	*	CLOBETASOL PROPIONATE	0.05%	FOAM	3	PA	ALT: TEMOVATE
OLUX-E	*	CLOBETASOL PROPIONATE-EMOLLIENT	0.05%	FOAM	3	PA	ALT: TEMOVATE
OMNARIS		CICLESONIDE	50MCG	SPRAY/PUMP	3	PA	FAILURE OF FLONASE, NASACORT AQ AND NASALIDE
OMNICEF	*	CEFDINIR	300MG	CAPSULE	1		
OMNICEF	*	CEFDINIR	125MG/5ML	SUSP RECON	1		
OMNICEF	*	CEFDINIR	250MG/5ML	SUSP RECON	1		
OMNIPEN	*	AMPICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	1		
OMNIPEN	*	AMPICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON	1		
ONFI		CLOBAZAM	10MG	TABLET	3	PA	ALT: KLONOPIN AND VALIUM
ONFI		CLOBAZAM	20MG	TABLET	3	PA	ALT: KLONOPIN AND VALIUM
ONFI		CLOBAZAM	5MG	TABLET	3	PA	ALT: KLONOPIN AND VALIUM
ONGLYZA		SAXAGLIPTIN HCL	2.5MG	TABLET	3	PA	ALT: METFORMIN FIRST-LINE, NESINA SECOND-LINE
ONGLYZA		SAXAGLIPTIN HCL	5MG	TABLET	3	PA	ALT: METFORMIN FIRST-LINE, NESINA SECOND-LINE
ONSOLIS		FENTANYL CITRATE	1200MCG	FILM	3	PA	CANCER DIAGNOSIS
ONSOLIS		FENTANYL CITRATE	200MCG	FILM	3	PA	CANCER DIAGNOSIS
ONSOLIS		FENTANYL CITRATE	400MCG	FILM	3	PA	CANCER DIAGNOSIS
ONSOLIS		FENTANYL CITRATE	600MCG	FILM	3	PA	CANCER DIAGNOSIS
ONSOLIS		FENTANYL CITRATE	800MCG	FILM	3	PA	CANCER DIAGNOSIS
OPANA		OXYMORPHONE HCL	10MG	TABLET	3	PA	ALT: DILAUDID, MSIR AND OXY IR
OPANA		OXYMORPHONE HCL	5MG	TABLET	3	PA	ALT: DILAUDID, MSIR AND OXY IR
OPANA ER	*	OXYMORPHONE HCL	10MG	TAB ER 12HR	1	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPANA ER	*	OXYMORPHONE HCL	20MG	TAB ER 12HR	1	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPANA ER	*	OXYMORPHONE HCL	30MG	TAB ER 12HR	1	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPANA ER	*	OXYMORPHONE HCL	40MG	TAB ER 12HR	1	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN

* If GEQ is indicated then generic must be used.

OPANA ER	*	OXYMORPHONE HCL	5MG	TAB ER 12HR	1	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPIUM	*	OPIUM	10%	TINCTURE	1		
OPTIMYD		NA SULFACETM/PREDNIS SP	0.5%	OPTIC	2		
OPTIPRANOLOL	*	METIPRANOLOL	0.3%	OPTIC	1		
OPTIVAR	*	AZELASTINE HCL	0.05%	OPTIC	1	QL	MAX 6MLS PER MONTH
ORABASE	*	TRIAMCINOLONE ACETONIDE	0.1%	PASTE	1	QL	MAX 10GM PER MONTH
ORACEA		DOXYCYCLINE MONOHYDRATE	40MG	CPMP 24HR	3	PA	ALT: MINOCON, MONODOX AND VIBRATABS
ORACIT		CITRIC ACID/SODIUM CITRATE	640-490MG	SOLUTION	2		
ORALONE	*	TRIAMCINOLONE ACETONIDE	0.10%	PASTE	1	QL	MAX 10GM PER MONTH
ORAP		PIMOZIDE	2MG	TABLET	2		
ORAPRED	*	PREDNISOLONE SOD PHOSPHATE	15MG/5ML	SOLUTION	1		
ORAPRED ODT		PREDNISOLONE SOD PHOSPHATE	10MG	TAB RAPDIS	3	PA	ALT: ORAPRED AND PRELONE SOLUTION
ORAPRED ODT		PREDNISOLONE SOD PHOSPHATE	15MG	TAB RAPDIS	3	PA	ALT: ORAPRED AND PRELONE SOLUTION
ORAPRED ODT		PREDNISOLONE SOD PHOSPHATE	30MG	TAB RAPDIS	3	PA	ALT: ORAPRED AND PRELONE SOLUTION
ORFADIN		NITISINONE	10MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
ORFADIN		NITISINONE	2MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
ORFADIN		NITISINONE	5MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
ORGANIDIN NR	*	GUAIFENESIN	200MG	TABLET	1		
ORINASE	*	TOLBUTAMIDE	500MG	TABLET	1		
ORSYTHIA	*	LEVONORGESTREL-ETHINYL ESTRADIOL	0.1-0.02	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO CEPT	*	DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO CYCLEN	*	NORGESTIMATE-ETHINYL ESTRAD	0.25-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO EVRA	*	ETHINYL ESTRADIOL/NORELGEST	20-150/24H	PATCH TDWK	P	F, QL	FEMALES ONLY. MAX THREE PATCHES EVERY 28 DAYS
ORTHO MICRONOR	*	NORETHINDRONE	0.35MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO NOVUM	*	ESTRAD	1-0.035MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO NOVUM	*	NORETHINDRONE-MESTRANOL	1-0.05MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO NOVUM	*	ESTRADIOL	10-11	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO NOVUM 7/7/7	*	ESTRAD	7/7/7	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO TRI CYCLEN	*	NORGESTIMATE-ETHINYL ESTRAD	7 DAYSX3 28	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO TRI-CYCLEN LO		NORGESTIMATE-ETHINYL ESTRAD	7 DAYS X3 LO	TABLET	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORUDIS	*	KETOPROFEN	25MG	CAPSULE	1		
ORUDIS	*	KETOPROFEN	50MG	CAPSULE	1		
ORUDIS	*	KETOPROFEN	75MG	CAPSULE	1		
OSENI	*	ALOGLIPTIN/PIOGLITAZONE	12.5-15MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
OSENI	*	ALOGLIPTIN/PIOGLITAZONE	12.5-30MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
OSENI	*	ALOGLIPTIN/PIOGLITAZONE	12.5-45MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE

OSENI	*	ALOGLIPTIN/PIOGLITAZONE	25-15MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
OSENI	*	ALOGLIPTIN/PIOGLITAZONE	25-30MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
OSENI	*	ALOGLIPTIN/PIOGLITAZONE	25-45MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
OSMOPREP		NAPHOS M-B M-H/NA PHOS DI BASIC	1.5GM	TABLET	3	PA	ALT: GOLYTELY, NULYTELY AND TRILYTE
OSPHENA		OSPEMIFENE	60MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
OTICAINE	*	BENZOCAINE	20%	OTIC	1		
OVCON-35	*	ESTRAD	0.4-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
OVCON-50		ESTRAD	1-0.05MG	TABLET	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
OVIDE	*	MALATHION	0.5%	LOTION	1	QL	MAX 118MLS PER FILL
OVIDREL		HCG ALPHA		INJECTION	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
OXACILLIN SODIUM		OXACILLIN SODIUM	250MG/5ML	SUSP RECON	2		
OXISTAT		OXICONAZOLE NITRATE	1%	CREAM	3	PA	ALT: NIZORAL OR SPECTAZOLE
OXISTAT		OXICONAZOLE NITRATE	1%	LOTION	3	PA	ALT: NIZORAL OR SPECTAZOLE
OXYCONTIN	*	OXYCODONE HCL	10MG	TAB ER 12HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN	*	OXYCODONE HCL	20MG	TAB ER 12HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN		OXYCODONE HCL	30MG	TAB ER 12HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN	*	OXYCODONE HCL	40MG	TAB ER 12HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN		OXYCODONE HCL	60MG	TAB ER 12HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN	*	OXYCODONE HCL	80MG	TAB ER 12HR	3	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYIR	*	OXYCODONE HCL	5MG	CAPSULE	1		
OXYIR	*	OXYCODONE HCL	10MG	TABLET	1		
OXYIR	*	OXYCODONE HCL	15MG	TABLET	1		
OXYIR	*	OXYCODONE HCL	20MG	TABLET	1		
OXYIR	*	OXYCODONE HCL	30MG	TABLET	1		
OXYIR	*	OXYCODONE HCL	5MG	TABLET	1		
OXYTROL		OXYBUTYNIN	3.69MG/24HR	PATCH TDSW	3	PA	FAILURE OF DITROPAN TABLETS/LIQUID
PACERONE	*	AMIODARONE	100MG	TABLET	1		
PACERONE	*	AMIODARONE	200MG	TABLET	1		
PACERONE	*	AMIODARONE	400MG	TABLET	1		
PAMELOR	*	NORTRIPTYLINE HCL	10MG	CAPSULE	1		
PAMELOR	*	NORTRIPTYLINE HCL	25MG	CAPSULE	1		
PAMELOR	*	NORTRIPTYLINE HCL	50MG	CAPSULE	1		
PAMELOR	*	NORTRIPTYLINE HCL	75MG	CAPSULE	1		
PAMELOR	*	NORTRIPTYLINE HCL	10MG/5ML	ORAL SOLN	1		
PAMINE	*	SCOPOLAMINE METHYLBROMIDE	2.5MG	TABLET	1		
PAMINE FORTE	*	METHSCOPOLAMINE HBR	5MG	TABLET	1		
PANCREAZE		LIPASE/PROTEASE/MYLASE	10.5K/25K	CAPSULE DR	3		

PANCREAZE		LIPASE/PROTEASE/MYLAASE	16.8-40-70	CAPSULE DR	3		
PANCREAZE		LIPASE/PROTEASE/MYLAASE	21-37-61	CAPSULE DR	3		
PANCREAZE		LIPASE/PROTEASE/MYLAASE	4.2K/10K	CAPSULE DR	3		
PANCRECARB MS-16		LIPASE/PROTEASE/MYLAASE	16K-52K-52K	CAPSULE DR	3		
PANCRECARB MS-4		LIPASE/PROTEASE/MYLAASE	4K-25K-25K	CAPSULE DR	3		
PANCRECARB MS-8		LIPASE/PROTEASE/MYLAASE	8K-45K-40K	CAPSULE DR	3		
PANLOR DC		DIHYDROCODEINE/APAP/ CAFFEINE	16-356-30	CAPSULE	2		
PANOXYL-10	*	BENZOYL PEROXIDE	10%	CLEANSER	1		
PANOXYL-4	*	BENZOYL PEROXIDE	4%	CLEANSER	1		
PANOXYL-8	*	BENZOYL PEROXIDE	8%	CLEANSER	1		
PARAFON DSC	*	CHLORZOXAZONE	500MG	TABLET	1		
PARCOPA	*	CARBIDOPA/LEVODOPA	10MG-100MG	TAB RAPDIS	1	PA	ALT: SINEMET/CR
PARCOPA	*	CARBIDOPA/LEVODOPA	25MG-100MG	TAB RAPDIS	1	PA	ALT: SINEMET/CR
PARCOPA	*	CARBIDOPA/LEVODOPA	25MG-250MG	TAB RAPDIS	1	PA	ALT: SINEMET/CR
PAREGORIC	*	PAREGORIC	2MG/5ML	LIQUID	1		
PARLODEL	*	BROMOCRIPTINE MESYLATE	5MG	CAPSULE	1		
PARLODEL	*	BROMOCRIPTINE MESYLATE	2.5MG	TABLET	1		
PARNATE	*	TRANLYCYPROMINE SULFATE	10MG	TABLET	3	PA	CRITERIA MUST BE MET
PATADAY		OLOPATADINE HCL	0.2%	OPTIC	3	PA	ALT: CROLOM, ELESTAT, OPTIVAR AND ZADITOR
PATANASE		OLOPATADINE HCL	0.6%	SPRAY/PUMP	3	PA	ALT: ALLEGRA, ASTELIN, CLARITIN AND ZYRTEC
PATANOL	*	OLOPATADINE HCL	0.1%	OPTIC	1	QL	MAX 5ML/28 DAYS
PAVABID	*	PAPAVERINE HCL	150MG	CAPSULE SA	1		
PAVABID HP	*	PAPAVERINE HCL	300MG	TABLET	1		
PAXIL	*	PAROXETINE HCL	10MG	TABLET	1	QL	MAX 1.5 PER DAY
PAXIL	*	PAROXETINE HCL	20MG	TABLET	1	QL	MAX 1.5 PER DAY
PAXIL	*	PAROXETINE HCL	30MG	TABLET	1	QL	MAX 1.5 PER DAY
PAXIL	*	PAROXETINE HCL	40MG	TABLET	1	QL	MAX 1.5 PER DAY
PAXIL	*	PAROXETINE HCL	10MG/5ML	ORAL SUSP	1	QL	MAX 7.5ML PER DAY
PAXIL CR	*	PAROXETINE HCL	12.5MG	TAB ER 24HR	1	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
PAXIL CR	*	PAROXETINE HCL	25MG	TAB ER 24HR	1	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
PAXIL CR	*	PAROXETINE HCL	37.5MG	TAB ER 24HR	1	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
PCE		ERYTHROMYCIN BASE	333MG	TAB PART	3	PA	ALT: ERY-TAB OR EES
PCE		ERYTHROMYCIN BASE	500MG	TAB PART	3	PA	ALT: ERY-TAB OR EES
PEDIAPRED	*	PREDNISOLONE SOD PHOSPHATE	5MG/5ML	SOLUTION	1		
PEDIAZOLE	*	ERY E-SUCC/SULFISOXAZOLE	200-600/5	SUSP RECON	1		

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PEGANONE		ETHOTOIN	250MG	TABLET	2		
PEGASYS		PEGINTERFEFON ALFA-2A	180MCG/0.5ML	KIT	3	PA, SP	CRITERIA MUST BE MET
PEGASYS		PEGINTERFEFON ALFA-2A	180MCG/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
PEG-INTRON		PEGINTERFERON ALFA 2B	120MCG/0.5	KIT	3	PA, SP	CRITERIA MUST BE MET
PEG-INTRON		PEGINTERFERON ALFA 2B	150MCG/0.5	KIT	3	PA, SP	CRITERIA MUST BE MET
PEG-INTRON		PEGINTERFERON ALFA 2B	80MCG/0.5	KIT	3	PA, SP	CRITERIA MUST BE MET
PEG-INTRON REDIPEN		PEGINTERFERON ALFA 2B	120MCG/0.5	PEN INJECTOR	3	PA, SP	CRITERIA MUST BE MET
PEG-INTRON REDIPEN		PEGINTERFERON ALFA 2B	50MCG/0.5	PEN INJECTOR	3	PA, SP	CRITERIA MUST BE MET
PEG-INTRON REDIPEN		PEGINTERFERON ALFA 2B	80 MCG/0.5	PEN INJECTOR	3	PA, SP	CRITERIA MUST BE MET
PEN G	*	PENICILLIN G POTASSIUM	20MMU	VIAL	2		
PEN G	*	PENICILLIN G POTASSIUM	5MMU	VIAL	2		
PEN VEE K	*	PENICILLIN V POTASSIUM	125MG/5ML	SUSP RECON	1		
PEN VEE K	*	PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON	1		
PEN VEE K	*	PENICILLIN V POTASSIUM	250MG	TABLET	1		
PEN VEE K	*	PENICILLIN V POTASSIUM	500MG	TABLET	1		
PENLAC	*	CICLOPIROX	8%	SOLUTION	1		
PENTASA		MESALAMINE	250MG	CAPSULE SA	3	QL	MAX EIGHT CAPSULES PER DAY
PENTASA		MESALAMINE	500MG	CAPSULE SA	3	QL	MAX EIGHT CAPSULES PER DAY
PEPCID	*	FAMOTIDINE	20MG	TABLET	1		
PEPCID	*	FAMOTIDINE	40MG	TABLET	1		
PERCOCET	*	OXYCODONE/ACETAMINOPHEN	10/325	TABLET	1	QL	MAX TWELVE TABLETS PER DAY
PERCOCET	*	OXYCODONE/ACETAMINOPHEN	5/325	TABLET	1	QL	MAX TWELVE TABLETS PER DAY
PERCOCET	*	OXYCODONE/ACETAMINOPHEN	7.5/325	TABLET	1	QL	MAX TWELVE TABLETS PER DAY
PERCODAN	*	OXYCODONE/ASPIRIN	4.83-325	TABLET	1	QL	MAX TWELVE TABLETS PER DAY
PERCODAN	*	OXYCODONE/ASPIRIN	4.88-325MG	TABLET	1	QL	MAX TWELVE TABLETS PER DAY
PERFOROMIST		FORMOTEROL FUMARATE	2MCG-2ML	VIAL-NEB	3	PA	CRITERIA MUST BE MET
PERIACTIN	*	CYPROHEPTADINE HCL	2MG/5ML	ORAL SYRUP	1		
PERIACTIN	*	CYPROHEPTADINE HCL	4MG	TABLET	1		
PERIDEX	*	CHLORHEXIDINE GLUCONATE	1.2MG/ML	LIQUID	1		
PERIOSTAT	*	DOXYCYCLINE HYCLATE	20MG	TABLET	1		
PERSANTINE	*	DIPYRIDAMOLE	25MG	TABLET	1		
PERSANTINE	*	DIPYRIDAMOLE	50MG	TABLET	1		
PERSANTINE	*	DIPYRIDAMOLE	75MG	TABLET	1		
PERTZYE		LIPASE/PROTEASSE/AMYLASE	16K/57.5K	CAPSULE DR	2		
PERTZYE		LIPASE/PROTEASSE/AMYLASE	8K/28.75K	CAPSULE DR	2		
PEXEVA		PAROXETINE MESYLATE	10MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT

PEXEVA		PAROXETINE MESYLATE	20MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
PEXEVA		PAROXETINE MESYLATE	30MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
PEXEVA		PAROXETINE MESYLATE	40MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
PHENERGAN	*	PROMETHAZINE HCL	12.5MG	SUPP.RECT	1	QL	MAX TWELVE SUPPOSITORIES PER FILL
PHENERGAN	*	PROMETHAZINE HCL	25MG	SUPP.RECT	1	QL	MAX TWELVE SUPPOSITORIES PER FILL
PHENERGAN	*	PROMETHAZINE HCL	50MG	SUPP.RECT	1	QL	MAX TWELVE SUPPOSITORIES PER FILL
PHENERGAN	*	PROMETHAZINE HCL	6.25MG/5ML	SYRUP	1		
PHENERGAN	*	PROMETHAZINE HCL	12.5MG	TABLET	2		
PHENERGAN	*	PROMETHAZINE HCL	25MG	TABLET	1		
PHENERGAN	*	PROMETHAZINE HCL	50MG	TABLET	1		
PHENERGAN DM	*	PROMETHAZINE/DEXTROMETH	15-6.25/5	SYRUP	1		
PHENERGAN VC	*	PROMETHAZINE/ PHENYLEPHRINE	5-6.25MG/5	SYRUP	1		
PHENERGAN VC/CODEINE	*	HCL/COD/PROMETH	5-10-6.25	SYRUP	1		
PHENERGAN W/CODEINE	*	CODEINE/PROMETHAZINE HCL	10-6.25/5	SYRUP	1		
PHENOBARBITAL	*	PHENOBARBITAL	20MG/5ML	ELIXIR	1		
PHENOBARBITAL	*	PHENOBARBITAL	100MG	TABLET	1		
PHENOBARBITAL	*	PHENOBARBITAL	15MG	TABLET	1		
PHENOBARBITAL	*	PHENOBARBITAL	16.2MG	TABLET	1		
PHENOBARBITAL	*	PHENOBARBITAL	30MG	TABLET	1		
PHENOBARBITAL	*	PHENOBARBITAL	32.4MG	TABLET	1		
PHENOBARBITAL	*	PHENOBARBITAL	60MG	TABLET	1		
PHENOBARBITAL	*	PHENOBARBITAL	64.8MG	TABLET	1		
PHENOBARBITAL	*	PHENOBARBITAL	97.2MG	TABLET	1		
PHENOBARBITAL		PHENOBARBITAL SODIUM	130MG/ML	VIAL	2		
PHENOBARBITAL		PHENOBARBITAL SODIUM	65MG/ML	VIAL	2		
PHENYTEK	*	PHENYTOIN SODIUM EXTENDED	200MG	CAPSULE	1		
PHENYTEK	*	PHENYTOIN SODIUM EXTENDED	300MG	CAPSULE	1		
PHISOHEX		HEXACHLOROPHENE	3%	LIQUID	2		
PHOSLO	*	CALCIUM ACETATE	667MG	CAPSULE	1		
PHOSLO	*	CALCIUM ACETATE	667MG	TABLET	1		
PHOSPHOLINE IODIDE		ECHOTHIOPHATE IODIDE	0.125%	OPTIC	2		
PHRENILIN	*	ACETAMINOPHEN/BUTALBITAL	50MG-325MG	TABLET	1		
PILOCAR	*	PILOCARPINE	1%	OPTIC	1		
PILOCAR	*	PILOCARPINE	2%	OPTIC	1		
PILOCAR	*	PILOCARPINE	4%	OPTIC	1		

PILOPINE HS		PILOCARPINE HCL	4%	GEL	2		
PLAN B		LEVONORGESTREL	0.75MG	TABLET	P	QL	MAX TWO TABLETS PER DAY
PLAN B ONE-STEP		LEVONORGESTREL	1.5MG	TABLET	P	QL	MAX TWO TABLETS PER DAY
PLAQUENIL	*	HYDROXYCHLOROQUINE SULFATE	200MG	TABLET	1		
PLAVIX	*	CLOPIDOGREL BISULFATE	300MG	TABLET	1	PA	CRITERIA MUST BE MET
PLAVIX	*	CLOPIDOGREL BISULFATE	75MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PLENDIL	*	FELODIPINE	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PLENDIL	*	FELODIPINE	2.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PLENDIL	*	FELODIPINE	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PLETAL	*	CILOSTAZOL	100MG	TABLET	1		
PLETAL	*	CILOSTAZOL	50MG	TABLET	1		
PLEXION	*	SULFACETAMIDE NA/SULFUR	10-5%	CLEANSER	1		
PLEXION	*	SULFACETAMIDE NA/SULFUR	10-5%	CREAM	1		
PLEXION	*	SULFACETAMIDE SODIUM/SULFUR	10%-5%	MED PAD	1		
POLARAMINE	*	DEXCHLORPHENIRAMINE MALEATE	2MG/5ML	ORAL SYRUP	1		
POLARAMINE	*	DEXCHLORPHENIRAMINE MALEATE	6MG	TABLET ER	1		
POLYCITRA	*	SOD/POTASS/K CIT/SODIUM CIT/CA	500-550/5	SOLUTION	1		
POLYCITRA	*	SOD/POTASS/K CIT/SODIUM CIT/CA	500-550/5	SYRUP	1		
POLYCITRA K	*	CITRIC ACID/POTASSIUM CITRATE	1002-3300	PACKET	1		
POLYCITRA K	*	CITRIC ACID/POTASSIUM CITRATE	334-1100/5	SOLUTION	1		
POLY-PRED		NEOMY SULF/POLYMYX B SULF/PRED	0.5%	OPTIC	2		
POLYTRIM	*	POLYMYXIN B SULFATE/TMP	10K U-0.1%	OPTIC	1		
POLY-VI-FLOR	*	MULTIVITAMINS W/FLOURIDE	0.25MG/ML	ORAL DROPS	1	AG	MAX AGE 10
POLY-VI-FLOR	*	MULTIVITAMINS W/FLOURIDE	0.5MG/ML	ORAL DROPS	1	AG	MAX AGE 10
POLY-VI-FLOR		MULTIVITAMINS W/FLOURIDE	0.25MG	TAB CHEW	2	AG	MAX AGE 10
POLY-VI-FLOR W/IRON	*	MULTIVITAMINS W/FLOURIDE AND IRON	0.25MG/ML	ORAL DROPS	1	AG	MAX AGE 10
PONSTEL	*	MEFENAMIC ACID	250MG	CAPSULE	1	PA	CRITERIA MUST BE MET
PONTOCAINE		TETRACAINE	0.5%	OINT.(GM)	2		
PONTOCAINE	*	TETRACAINE HCL	0.5%	OPTIC	1		
PONTOCAINE		TETRACAINE HCL	2%	SOLUTION	2		
PORTIA	*	LEVONORGESTREL-ETH ESTRA	0.15-.03MG	TABLET	P	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
POTASSIUM GLUCONATE	*	POTASSIUM GLUCONATE	2MEQ	TABLET	1		
POTIGA		EZOGABINE	50MG	TABLET	3	QL	MAX SIX TABLETS PER DAY
POTIGA		EZOGABINE	200MG	TABLET	3	QL	MAX THREE TABLETS PER DAY
POTIGA		EZOGABINE	300MG	TABLET	3	QL	MAX THREE TABLETS PER DAY
POTIGA		EZOGABINE	400MG	TABLET	3	QL	MAX THREE TABLETS PER DAY

PRADAXA		DABIGATRAN ETEXILATE MESYLATE	150MG	CAPSULE	3	QL	MAX TWO CAPSULES PER DAY
PRADAXA		DABIGATRAN ETEXILATE MESYLATE	75MG	CAPSULE	3	QL	MAX TWO CAPSULES PER DAY
PRANDIMET	*	REPAGLINIDE/ METFORMIN	2MG-500MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
PRANDIMET	*	REPAGLINIDE/ METFORMIN	4MG-500MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
PRANDIN	*	REPAGLINIDE	0.5MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
PRANDIN	*	REPAGLINIDE	1MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
PRANDIN	*	REPAGLINIDE	2MG	TABLET	1	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
PRAVACHOL	*	PRAVASTATIN	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PRAVACHOL	*	PRAVASTATIN	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PRAVACHOL	*	PRAVASTATIN	40MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PRAVACHOL	*	PRAVASTATIN	80MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PRECARE	*	PV W-O VIT A/FE FUMARATE/FA	40-1MG	TAB CHEW	1		
PRECOSE	*	ACARBOSE	100MG	TABLET	1		
PRECOSE	*	ACARBOSE	25MG	TABLET	1		
PRECOSE	*	ACARBOSE	50MG	TABLET	1		
PRED FORTE	*	PREDNISOLONE ACETATE	1%	OPTIC	1		
PRED MILD		PREDNISOLONE ACETATE	0.12%	OPTIC	2		
PRED-G		GENTAMICIN/PREDNISOL AC	0.3-0.6%	OINT.(GM)	1		
PRED-G		GENTAMICIN/PREDNISOL AC	1%	OPTIC	1		
PREDNISONE		PREDNISONE	5MG/5ML	SOLUTION	1		
PREFEST		ESTRADIOL/ NORGESTIMATE	1-1-0.09MG	TABLET	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
PREGNYL	*	CHORIONIC GONADOTROPIN	10,000U/ML	INJECTION	3	PA, SP	SUBJECT TO INFERTILITY BENEFIT
PRELONE	*	PREDNISOLONE	15MG/5ML	SYRUP	1		
PRELONE	*	PREDNISOLONE	5MG/5ML	SYRUP	1		
PREMARIN		ESTROGENS,CONJUGATED	0.3MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	0.45MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	0.625MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	0.9MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	1.25MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	0.625MG/G	CREAM	2	F	
PREMESIS RX	*	CA CARBONATE/VIT B12/FA/VIT B6	1MG	TAB MPHASE	1	F	
PREMPHASE		ESTROGEN,CON/M-PROGEST ACET	0.625-5MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMPRO		ESTROGEN,CON/M-PROGEST ACET	0.625-2.5	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMPRO		ESTROGEN,CON/M-PROGEST ACET	0.3-1.5MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMPRO		ESTROGEN,CON/M-PROGEST ACET	0.625-5MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY
PREMPRO LO		ESTROGEN,CON/M-PROGEST ACET	0.45-1.5MG	TABLET	2	F, QL	MAX ONE TABLET PER DAY

PRENATAL	*	PRENATAL VIT/FE FUMARATE/FA	29-1MG	TAB CHEW	1	F	
PRENATAL MTR	*	PRENATAL VIT/FE FUMARATE/FA/SE	27-1MG	TABLET	1	F	
PRENATAL PLUS	*	PRENATAL VIT/FE FUMARATE/FA	27-1MG	TABLET	1	F	
PRENATAL RX1	*	PRENATAL VITAMIN		TABLET	1	F	
PRENATAL S	*	PRENATAL VIT/FE FUMARATE/FA	27-0.8MG	TABLET	1	F	
PRENATE	*	PRENATAL VIT/FE FUM/DOSS/FA	90-1MG	TABLET ER	1	F	
PREPOPIK		SOD PICOSULF/ MAG OX/ CITRIC AC	10-12/16.1	POWDER PACK	3	QL	MAX 2GMS PER FILL
PREVACID OTC		LANSOPRAZOLE	15MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
PREVACID RX	*	LANSOPRAZOLE	15MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
PREVACID RX	*	LANSOPRAZOLE	30MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
PREVACID SOLUTAB		LANSOPRAZOLE	15MG	TAB RAPDIS	2	AG, QL	MAX AGE 10. MAX ONE TABLET PER DAY
PREVACID SOLUTAB		LANSOPRAZOLE	30MG	TAB RAPDIS	2	AG, QL	MAX AGE 10. MAX ONE TABLET PER DAY
PREVIDENT		SODIUM FLUORIDE	1.10%	PASTE	3		
PREVIDENT	*	SODIUM FLUORIDE	0.20%	SOLUTION	1		
PREVIDENT	*	SODIUM FLUORIDE	1.10%	GEL	1		
PREVIDENT 5000 PLUS	*	SODIUM FLUORIDE	1.10%	CREAM	1		
PREVIDENT 5000 SENSITIVE		SODIUM FLUORIDE/OT NITRATE	1.1%-5%	PASTE	3		
PREVIFEM	*	NORGESTIMATE-ETHINYL ESTRAD	0.25-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
PREZISTA		DARUNAVIR ETHANOLATE	150MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
PREZISTA		DARUNAVIR ETHANOLATE	400MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
PREZISTA		DARUNAVIR ETHANOLATE	600MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
PREZISTA		DARUNAVIR ETHANOLATE	75MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
PRILOSEC	*	OMEPRAZOLE	20MG	CAPSULE	1	QL	MAX FOUR CAPSULES PER DAY
PRILOSEC	*	OMEPRAZOLE	40MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
PRILOSEC	*	OMEPRAZOLE	10MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
PRILOSEC OTC		OMEPRAZOLE MAGNESIUM	20MG	TABLET DR	1	QL	MAX FOUR TABLETS PER DAY
PRIMAQUINE		PRIMAQUINE PHOSPHATE	26.3MG	TABLET	2		
PRIMSOL		TRIMETHOPRIM	50MG/5ML	SOLUTION	2		
PRINCIPEN	*	AMPICILLIN TRIHYDRATE	250MG	CAPSULE	1		
PRINCIPEN	*	AMPICILLIN TRIHYDRATE	500MG	CAPSULE	1		
PRINIVIL	*	LISINOPRIL	10MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	2.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	20MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	30MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	40MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
PRINZIDE	*	LISINOPRIL/HCTZ	10-12.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY

PRINZIDE	*	LISINOPRIL/HCTZ	20-12.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
PRINZIDE	*	LISINOPRIL/HCTZ	20-25MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
PRISTIQ ER		DESVENLAFAXINE	100MG	TAB ER 24HR	3	PA	ALT: EFFEXOR, LEXAPRO, WELLBUTRIN AND ZOLOFT
PRISTIQ ER		DESVENLAFAXINE	50MG	TAB ER 24HR	3	PA	ALT: EFFEXOR, LEXAPRO, WELLBUTRIN AND ZOLOFT
PROAIR HFA		ALBUTEROL SULFATE	90MCG	HFA AER AD	2	QL	MAX TWO INHALERS PER MONTH
PROAMTINE	*	MIDODRINE	10MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
PROAMTINE	*	MIDODRINE	2.5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
PROAMTINE	*	MIDODRINE	5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
PRO-BANTHINE		PROPANTHELINE BROMIDE	7.5MG	TABLET	2		
PROCAN SR	*	PROCAINAMIDE HCL	500MG	TABLET ER	1		
PROCAN SR	*	PROCAINAMIDE HCL	750MG	TABLET ER	1		
PROCARDIA	*	NIFEDIPINE	10MG	CAPSULE	1		
PROCARDIA	*	NIFEDIPINE	20MG	CAPSULE	1		
PROCARDIA XL	*	NIFEDIPINE	30MG	TABLET ER	1	QL	MAX ONE TABLET PER DAY
PROCARDIA XL	*	NIFEDIPINE	60MG	TABLET ER	1	QL	MAX ONE TABLET PER DAY
PROCARDIA XL	*	NIFEDIPINE	90MG	TABLET ER	1	QL	MAX ONE TABLET PER DAY
PROCRIT		EPOETIN ALFA	10,000U/ML	VIAL	3	PA, SP	CRITERIA MUST BE MET
PROCTOCORT	*	HYDROCORTISONE	1%	CREAM	1		
PROCTOCREAM-HC	*	HYDROCORTISONE	2.5%	CREAM	1		
PROCTOFOAM	*	PRAMOXINE HCL	1%	FOAM	1		
PROCTOFOAM-HC		HYDROCORTISONE/ PRAMOXINE	1%-1%	FOAM	3	QL	MAX 20GMS PER FILL
PROCTOZONE-HC	*	HYDROCORTISONE	2.5%	CREAM	1		
PROGRAF	*	TACROLIMUS ANHYDROUS	0.5MG	CAPSULE	1		
PROGRAF	*	TACROLIMUS ANHYDROUS	1MG	CAPSULE	1		
PROGRAF	*	TACROLIMUS ANHYDROUS	5MG	CAPSULE	1		
PROLIXIN	*	FLUPHENAZINE HCL	2.5MG/5ML	ELIXIR	1		
PROLIXIN	*	FLUPHENAZINE HCL	5MG/ML	ORAL CONC.	1		
PROLIXIN	*	FLUPHENAZINE HCL	10MG	TABLET	1		
PROLIXIN	*	FLUPHENAZINE HCL	1MG	TABLET	1		
PROLIXIN	*	FLUPHENAZINE HCL	2.5MG	TABLET	1		
PROLIXIN	*	FLUPHENAZINE HCL	5MG	TABLET	1		
PROMETRIUM	*	PROGESTERONE, MICRONIZED	100MG	CAPSULE	1	F, QL	MAX ONE CAPSULE PER DAY
PROMETRIUM	*	PROGESTERONE, MICRONIZED	200MG	CAPSULE	1	F, QL	MAX TWO CAPSULES PER DAY
PRONESTYL		PROCAINAMIDE HCL	375MG	CAPSULE	2		
PROPANTHELINE		PROPANTHELINE BROMIDE	15MG	TABLET	2		
PROPINE		DIPIVEFRIN	0.1PC	OPTIC	2		
PROQUIN XR		CIPROFLOXACIN HCL	500MG	TABLET	3	PA	ALT: AVELOX, CIPRO AND LEVAQUIN

PROSCAR	*	FINASTERIDE	5MG	TABLET	1	M	
PROSOM	*	ESTAZOLAM	1MG	TABLET	1		
PROSOM	*	ESTAZOLAM	2MG	TABLET	1		
PROSTIGMIN		NEOSTIGMINE BROMIDE	15MG	TABLET	2		
PROTONIX	*	PANTOPRAZOLE SODIUM	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
PROTONIX	*	PANTOPRAZOLE SODIUM	40MG	TABLET DR	1	QL	MAX TWO TABLETS PER DAY
PROTOPIC		TACROLIMUS	0.03%	OINT.(GM)	3	PA	CRITERIA MUST BE MET
PROVENTIL	*	ALBUTEROL SULFATE	0.83MG/ML	NEB SOLN	1		
PROVENTIL	*	ALBUTEROL SULFATE	5MG/ML	NEB SOLN	1		
PROVENTIL	*	ALBUTEROL SULFATE	2MG/5ML	ORAL SYRUP	1		
PROVENTIL	*	ALBUTEROL SULFATE	2MG	TABLET	1		
PROVENTIL	*	ALBUTEROL SULFATE	4MG	TABLET	1		
PROVENTIL HFA		ALBUTEROL SULFATE	90MCG	HFA AER AD	2	QL	MAX TWO INHALERS PER MONTH
PROVERA	*	MEDROXYPROGESTERONE ACET	10MG	TABLET	1	F	
PROVERA	*	MEDROXYPROGESTERONE ACET	2.5MG	TABLET	1	F	
PROVERA	*	MEDROXYPROGESTERONE ACET	5MG	TABLET	1	F	
PROVIGIL	*	MODAFINIL	100MG	TABLET	1	PA	CRITERIA MUST BE MET
PROVIGIL	*	MODAFINIL	200MG	TABLET	1	PA	CRITERIA MUST BE MET
PROZAC	*	FLUOXETINE HCL	40MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
PROZAC	*	FLUOXETINE HCL	10MG	CAPSULE	1		
PROZAC	*	FLUOXETINE HCL	20MG	CAPSULE	1		
PROZAC	*	FLUOXETINE HCL	20MG/5ML	ORAL SOLN	1		
PROZAC	*	FLUOXETINE HCL	10MG	TABLET	1		
PROZAC	*	FLUOXETINE HCL	20MG	TABLET	1		
PSORCON	*	DIFLORASONE DIACETATE	0.05%	CREAM	1	QL	MAX 60GM/FILL
PSORCON	*	DIFLORASONE DIACETATE	0.05%	OINT.(GM)	1	QL	MAX 60GM/FILL
PSORCON-E	*	DIFLORASONE DIACETATE	0.05%	EMOL CREAM	3	PA	ALT: PSORCON (NOT E)
PTU		PROPYLTHIOURACIL	50MG	TABLET	2		
PULMICORT FLEXHALER		BUDESONIDE	180MCG	AER POW BA	2	QL	MAX 1 INHALER PER MONTH
PULMICORT FLEXHALER		BUDESONIDE	90MCG	AER POW BA	2	QL	MAX 1 INHALER PER MONTH
PULMICORT RESPULES	*	BUDESONIDE	0.5MG/2ML	AMPUL-NEB.	1	AG	MAX AGE 10
PULMICORT RESPULES		BUDESONIDE	1MG/2ML	AMPUL-NEB.	2	AG	MAX AGE 10
PULMICORT RESPULES	*	BUDESONIDE	0.25MG/2ML	AMPUL-NEB.	1	AG	MAX AGE 10
PULMOZYME		DORNASE ALFA	1MG/ML	NEB SOLN	3	PA, SP	CRITERIA MUST BE MET
PURINETHOL	*	MERCAPTOPYRIDINE	50MG	TABLET	1		
PYRAZINAMIDE	*	PYRAZINAMIDE	500MG	TABLET	1		
PYRIDIDIUM	*	PHENAZOPYRIDINE HCL	100MG	TABLET	1		

PYRIDIUM	*	PHENAZOPYRIDINE HCL	200MG	TABLET	1		
QNASL		BECLOMETHASONE DIPROPIONATE	80MCG	NASAL SPRAY	3	PA, QL	ALT: FLONASE AND NASACORT OTC
QSYMIA		PHENTERMINE/ TOPIRAMATE	3.75-23MG	CPMP 24HR	3	PA	DIET AID CRITERIA MUST BE MET
QSYMIA		PHENTERMINE/ TOPIRAMATE	7.5MG-46MG	CPMP 24HR	3	PA	DIET AID CRITERIA MUST BE MET
QSYMIA		PHENTERMINE/ TOPIRAMATE	11.25-69MG	CPMP 24HR	3	PA	DIET AID CRITERIA MUST BE MET
QSYMIA		PHENTERMINE/ TOPIRAMATE	15MG-92MG	CPMP 24HR	3	PA	DIET AID CRITERIA MUST BE MET
QUASENSE	*	ESTRADIOL	0.15-0.03	TBDSPK 3MO	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 91 DAYS
QUESTRAN	*	CHOLESTYRAMINE/SUCROSE	4G	PACKET	1		
QUESTRAN	*	CHOLESTYRAMINE/SUCROSE	4G	POWDER	1		
QUESTRAN LT	*	CHOLESTYRAMINE/ ASPARTAME	4G	PACKET	1		
QUESTRAN LT	*	CHOLESTYRAMINE/ ASPARTAME	4G	POWDER	1		
QUESTRAN LT	*	CHOLESTYRAMINE/ ASPARTAME		POWDER	1		
QUIBRON		GUAIFENESIN/THEOPHYLLINE	90/150	CAPSULE	2		
QUIBRON	*	GUAIFENESIN/THEOPHYLLINE	100-100	LIQUID	1		
QUINAGLUTE	*	QUINIDINE GLUCONATE	324MG	TABLET ER	1		
QUINAMM	*	QUININE SULFATE	260MG	TABLET	1		
QUINIDINE	*	QUINIDINE SULFATE	200MG	TABLET	1		
QUINIDINE	*	QUINIDINE SULFATE	300MG	TABLET	1		
QUINIDINE	*	QUINIDINE SULFATE	300MG	TABLET ER	1		
QUIXIN	*	LEVOFLOXACIN	0.5%	OPTIC	1		
QVAR		BECLOMETHASONE DIPROPIONATE	40MCG	AER W/ADAP	2	QL	MAX ONE INHALER PER MONTH
QVAR		BECLOMETHASONE DIPROPIONATE	80MCG	AER W/ADAP	2	QL	MAX ONE INHALER PER MONTH
RANEXA		RANOLAZINE	1000MG	TABLET	3	ST	FAILURE OF IMDUR IN THE PAST 90 DAYS
RANEXA		RANOLAZINE	500MG	TABLET	3	ST	FAILURE OF IMDUR IN THE PAST 90 DAYS
RAPAFLO		SILODOSIN	4MG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
RAPAFLO		SILODOSIN	8MG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
RAPAMUNE		SIROLIMUS	1MG/ML	ORAL SOLN	3	PA	ALT: PROGRAF
RAPAMUNE		SIROLIMUS	0.5MG	TABLET	3	PA	ALT: PROGRAF
RAPAMUNE		SIROLIMUS	1MG	TABLET	3	PA	ALT: PROGRAF
RAPAMUNE		SIROLIMUS	2MG	TABLET	3	PA	ALT: PROGRAF
RAUDIXIN		RAUWOLFIA SERPENTINA	50MG	TABLET	2		
RAZADYNE	*	GALANTAMINE HBR	12MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
RAZADYNE	*	GALANTAMINE HBR	4MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
RAZADYNE	*	GALANTAMINE HBR	8MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
RAZADYNE ER	*	GALANTAMINE HBR	16MG	CAP 24HR PEL	1	QL	MAX ONE CAPSULE PER DAY
RAZADYNE ER	*	GALANTAMINE HBR	24MG	CAP 24HR PEL	1	QL	MAX ONE CAPSULE PER DAY
RAZADYNE ER	*	GALANTAMINE HBR	8MG	CAP 24HR PEL	1	QL	MAX ONE CAPSULE PER DAY

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REBETOL	*	RIBAVIRIN	200MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
REBIF		INTERFERON BETA-1A/ALBUMIN	44MCG/0.5ML	KIT	3	PA, SP	CRITERIA MUST BE MET
REBIF		INTERFERON BETA-1A/ALBUMIN	8.8-22(6)	KIT	3	PA, SP	CRITERIA MUST BE MET
REBIF		INTERFERON BETA-1A/ALBUMIN	22MCG/0.5ML	SYRINGE	3	PA, SP	CRITERIA MUST BE MET
RECLIPSEN	*	DESOGESTRIL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
RECTIV		NITROGLYCERIN	24745	OINT.(GM)	3	QL	MAX 30GMS PER FILL
REGLAN	*	METOCLOPRAMIDE HCL	5MG/5ML	ORAL SOLN	1		
REGLAN	*	METOCLOPRAMIDE HCL	10MG	TABLET	1		
REGLAN	*	METOCLOPRAMIDE HCL	5MG	TABLET	1		
RELAFEN	*	NABUMETONE	500MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
RELAFEN	*	NABUMETONE	750MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
RELENZA		ZANAMIVIR	5MG	DISK W/DEV	2		
RELPAK		ELETRIPTAN HBR	40MG	TABLET	3	PA	ALT: AMERGE, IMITREX AND MAXALT.
RELPAK		ELETRIPTAN HBR	20MG	TABLET	3	PA	ALT: AMERGE, IMITREX AND MAXALT.
REMERON	*	MIRTAZAPINE	15MG	TAB RAPDIS	1	AG	MAX AGE 10
REMERON	*	MIRTAZAPINE	30MG	TAB RAPDIS	1	AG	MAX AGE 10
REMERON	*	MIRTAZAPINE	45MG	TAB RAPDIS	1	AG	MAX AGE 10
REMERON	*	MIRTAZAPINE	15MG	TABLET	1		
REMERON	*	MIRTAZAPINE	30MG	TABLET	1		
REMERON	*	MIRTAZAPINE	45MG	TABLET	1		
RENAGEL		SEVELAMER HCL	400MG	TABLET	3	PA	ALT: PHOSLO
RENAGEL		SEVELAMER HCL	800MG	TABLET	3	PA	ALT: PHOSLO
RENESE		POLYTHIAZIDE	1MG	TABLET	2		
RENESE		POLYTHIAZIDE	2MG	TABLET	2		
RENESE		POLYTHIAZIDE	4MG	TABLET	2		
RENVELA	*	SEVELAMER CARBONATE	800MG	TABLET	3	PA	ALT: PHOSLO
REPLIVA	*	IRON AG FUM/C/FA/MV CMB11/CAT	151-200-1	TABLET	1		
REQUIP	*	ROPINIROLE HCL	0.25MG	TABLET	1		
REQUIP	*	ROPINIROLE HCL	0.5MG	TABLET	1		
REQUIP	*	ROPINIROLE HCL	1MG	TABLET	1		
REQUIP	*	ROPINIROLE HCL	2MG	TABLET	1		
REQUIP	*	ROPINIROLE HCL	3MG	TABLET	1		
REQUIP	*	ROPINIROLE HCL	4MG	TABLET	1		
REQUIP	*	ROPINIROLE HCL	5MG	TABLET	1		
REQUIP XL	*	ROPINIROLE HCL	12MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP (NOT XL)
REQUIP XL	*	ROPINIROLE HCL	2MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP (NOT XL)
REQUIP XL	*	ROPINIROLE HCL	4MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP (NOT XL)

* If GEQ is indicated then generic must be used.

REQUIP XL	*	ROPINIROLE HCL	6MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP (NOT XL)
REQUIP XL	*	ROPINIROLE HCL	8MG	TAB ER 24HR	3	PA	ALT: MIRAPEX AND REQUIP (NOT XL)
RESCRIPTOR		DELAVIRDINE MESYLATE	100MG	TABLET	2	QL	MAX SIX TABLETS PER DAY
RESCRIPTOR		DELAVIRDINE MESYLATE	200MG	TABLET	2	QL	MAX SIX TABLETS PER DAY
RESTASIS		CYCLOSPORINE	0.05%	OPTIC	3	QL	MAX 64MLS PER MONTH
RESTORIL	*	TEMAZEPAM	22.5MG	CAPSULE	1	PA	ALT: RESTORIL 15MG AND 30MG
RESTORIL	*	TEMAZEPAM	7.5MG	CAPSULE	1	PA	ALT: RESTORIL 15MG AND 30MG
RESTORIL	*	TEMAZEPAM	15MG	CAPSULE	1		
RESTORIL	*	TEMAZEPAM	30MG	CAPSULE	1		
RETIN-A	*	TRETINOIN	0.025%	CREAM	1		
RETIN-A	*	TRETINOIN	0.05%	CREAM	1		
RETIN-A	*	TRETINOIN	0.10%	CREAM	1		
RETIN-A	*	TRETINOIN	0.01%	GEL	1		
RETIN-A	*	TRETINOIN	0.025%	GEL	1		
RETROVIR	*	ZIDOVUDINE	100MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
RETROVIR	*	ZIDOVUDINE	300MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
RETROVIR	*	ZIDOVUDINE	10MG/ML	SYRUP	1		
REVATIO	*	SILDENAFIL CITRATE	20MG	TABLET	1	PA	CRITERIA MUST BE MET
REVIA	*	NALTREXONE HCL	50MG	TABLET	1		
REVLIMID		LENALIDOMIDE	10MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	15MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	2.5MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	20MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	25MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	5MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
REYATAZ		ATAZANAVIR SULFATE	100MG	CAPSULE	2	QL	MAX ONE CAPSULE PER DAY
REYATAZ		ATAZANAVIR SULFATE	150MG	CAPSULE	2	QL	MAX TWO CAPSULES PER DAY
REYATAZ		ATAZANAVIR SULFATE	200MG	CAPSULE	2	QL	MAX TWO CAPSULES PER DAY
RHEUMATREX	*	METHOTREXATE SODIUM	2.5MG	TAB DS PK	1		
RHEUMATREX	*	METHOTREXATE SODIUM	2.5MG	TABLET	1		
RHINOCORT AQ	*	BUDESONIDE	32MCG	SPRAY	1	QL	MAX 17.2GM/MONTH
RIFADIN	*	RIFAMPIN	150MG	CAPSULE	1		
RIFADIN	*	RIFAMPIN	300MG	CAPSULE	1		
RIFAMATE		RIFAMPIN/ ISONIAZID	300-150MG	CAPSULE	2		
RILUTEK		RILUZOLE	50MG	TABLET	3	PA	CRITERIA MUST BE MET
RIMSO-50		DIMETHYL SULFOXIDE	50%	ORAL SOLN	2	QL	MAX 4MLS PER DAY
RIOMET		METFORMIN HCL	500MG/ML	SOLUTION	2	AG	MAX AGE 10

RISPERDAL	*	RISPERIDONE	1MG/ML	SOLUTION	1		
RISPERDAL	*	RISPERIDONE	0.25MG	TABLET	1		
RISPERDAL	*	RISPERIDONE	0.5MG	TABLET	1		
RISPERDAL	*	RISPERIDONE	1MG	TABLET	1		
RISPERDAL	*	RISPERIDONE	2MG	TABLET	1		
RISPERDAL	*	RISPERIDONE	3MG	TABLET	1		
RISPERDAL	*	RISPERIDONE	4MG	TABLET	1		
RISPERDAL SOLTAB	*	RISPERIDONE	0.5MG	TAB RAPDIS	1		
RISPERDAL SOLTAB	*	RISPERIDONE	1MG	TAB RAPDIS	1		
RISPERDAL SOLTAB	*	RISPERIDONE	2MG	TAB RAPDIS	1		
RITALIN	*	METHYLPHENIDATE HCL	10MG	TABLET	1		
RITALIN	*	METHYLPHENIDATE HCL	20MG	TABLET	1		
RITALIN	*	METHYLPHENIDATE HCL	5MG	TABLET	1		
RITALIN LA	*	METHYLPHENIDATE HCL	10MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
RITALIN LA	*	METHYLPHENIDATE HCL	20MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
RITALIN LA	*	METHYLPHENIDATE HCL	30MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
RITALIN LA	*	METHYLPHENIDATE HCL	40MG	CPMP 50-50	1	QL	MAX ONE CAPSULE PER DAY
RITALIN SR	*	METHYLPHENIDATE HCL	20MG	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
ROBAXIN	*	METHOCARBAMOL	500MG	TABLET	1		
ROBAXIN	*	METHOCARBAMOL	750MG	TABLET	1		
ROBINUL	*	GLYCOPYRROLATE	1MG	TABLET	1		
ROBINUL FORTE	*	GLYCOPYRROLATE	2MG	TABLET	1		
ROBITUSSIN AC	*	GUAIFENESIN/CODEINE PHOS	100-10MG/5	SYRUP	1		
ROBITUSSIN DAC	*	GUAIFENESIN/P-EPHED HCL/COD	100-30-10	SYRUP	1		
ROCALTROL	*	CALCITRIOL	0.25MCG	CAPSULE	1		
ROCALTROL	*	CALCITRIOL	0.5MCG	CAPSULE	1		
RONDEC	*	PHENYLEPHRINE/CHLOR-MAL	12.5/4MG/5ML	SYRUP	1		
RONDEC DM	*	DEXTRO/PE/CHLORPHEN	3-3.5-1/ML	ORAL DROPS	1		
RONDEC DM	*	DEXTRO/PE/CHLORPHEN	15-12.5-4/5ML	SYRUP	1		
ROSULA	*	SULFACETAMIDE NA/SULFUR/UREA	10%-4%-10%	CLEANSER	1		
ROSULA	*	NA/SULFUR/UREA	10%-5%-10%	GEL	1		
ROSULA	*	SULFACETAMIDE SODIUM/UREA	10%-10%	MED PAD	1		
ROWASA	*	MESALAMINE	4G/60ML	ENEMA	1		
ROXANOL	*	MORPHINE SULFATE	20MG	SUPP.RECT	1		
ROXICIDONE	*	OXYCODONE HCL	20MG/ML	ORAL CONC.	1		
ROXICIDONE	*	OXYCODONE HCL	5MG/5ML	SOLUTION	1		
ROZEREM		RAMELTEON	8MG	TABLET	3	PA	ALT: AMBIEN, LUNESTA AND SONATA

RYNATAN	*	PHENYLEPHRINE/PYRIL TAN/CP	5-12.5-2/5	ORAL SUSP	1		
RYNATAN	*	PHENYLEPHRINE/PYRIL TAN/CP	25-25-8MG	TABLET	1		
RYNATUSS	*	CAR-B-PEN TA/EPHED TAN/PE/CP	30-5-5-4/5	ORAL SUSP	1		
RYTHMOL	*	PROPAPENONE HCL	150MG	TABLET	1		
RYTHMOL	*	PROPAPENONE HCL	225MG	TABLET	1		
RYTHMOL	*	PROPAPENONE HCL	300MG	TABLET	1		
RYTHMOL SR	*	PROPAPENONE HCL	225MG	CAP ER 12HR	1	PA	FAILURE OF GENERIC RYTHMOL (NOT SR)
RYTHMOL SR	*	PROPAPENONE HCL	325MG	CAP ER 12HR	1	PA	FAILURE OF GENERIC RYTHMOL (NOT SR)
RYTHMOL SR	*	PROPAPENONE HCL	425MG	CAP ER 12HR	1	PA	FAILURE OF GENERIC RYTHMOL (NOT SR)
SABRIL		VIGABATRIN	500MG	POWDER PACK	3	PA	CRITERIA MUST BE MET
SABRIL		VIGABATRIN	500MG	TABLET	3	PA	CRITERIA MUST BE MET
SALAGEN	*	PILOCARPINE HCL	5MG	TABLET	1		
SALURON		HYDROFLUMETHIAZIDE	50MG	TABLET	2		
SANCTURA	*	TROSPIUM CHLORIDE	20MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
SANCTURA XR	*	TROSPIUM CHLORIDE	60MG	CAP ER 24HR	1	QL	MAX ONE CAPSULE PER DAY
SANCUSO		GRANISETRON	3.1MG/24HR	PATCH TDWK	3	PA	CANCER DIAGNOSIS, FAILURE OF ZOFRAN.
SANDOSTATIN		OCTREOTIDE ACETATE	1000MCG/ML	VIAL	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN		OCTREOTIDE ACETATE	100MCG/ML	VIAL	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN		OCTREOTIDE ACETATE	2000MCG/ML	VIAL	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN		OCTREOTIDE ACETATE	500MCG/ML	VIAL	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN		OCTREOTIDE ACETATE	50MCG/ML	VIAL	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN LAR		OCTREOTIDE ACETATE	10MG	KIT	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN LAR		OCTREOTIDE ACETATE	20MG	KIT	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN LAR		OCTREOTIDE ACETATE	30MG	KIT	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANTYL		COLLAGENASE	250 UNIT/G	OINT.(GM)	2		
SAPHRIS		ASENAPINE	10MG	TAB SUBL	3	QL	MAX TWO TABLETS PER DAY
SAPHRIS		ASENAPINE	5MG	TAB SUBL	3	QL	MAX TWO TABLETS PER DAY
SARAFEM	*	FLUOXETINE HCL	10MG	TABLET	3	PA	ALT: PROZAC
SARAFEM	*	FLUOXETINE HCL	20MG	TABLET	3	PA	ALT: PROZAC
SAVELLA		MILNACIPRAN HCL	100MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
SAVELLA		MILNACIPRAN HCL	12.5MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
SAVELLA		MILNACIPRAN HCL	25MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
SAVELLA		MILNACIPRAN HCL	50MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
SCOPACE		SCOPOLAMINE HBR	0.4MG	TABLET	3	QL	MAX SIX TABLETS PER DAY
SEASONALE	*	ESTRADIOL	0.15-0.03	TBDSPK 3MO	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 91 DAYS
SECONAL		SECOBARBITAL SODIUM	100MG	CAPSULE	2		
SECTRAL	*	ACEBUTOLOL HCL	200MG	CAPSULE	1		

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SECTRAL	*	ACEBUTOLOL HCL	400MG	CAPSULE	1		
SELECT-OB		PNV W-O CAL/FE/FA	29-1MG	CHEW TAB	3	F, QL	MAX ONE TABLET PER DAY
SELECT-OB DHA		PNV33/IRON/FA/DHA	29-1-250MG	COMBO PACK	3	F, QL	MAX 60 UNITS PER MONTH
SELENIUM SULFIDE	*	SELENIUM SULFIDE	2.25%	SHAMPOO	1		
SELSUN	*	SELENIUM SULFIDE	2.5%	SHAMPOO	1		
SELZENTRY		MARAVIROC	150MG	TABLET	2	QL	MAX FOUR TABLETS PER DAY
SELZENTRY		MARAVIROC	300MG	TABLET	2	QL	MAX FOUR TABLETS PER DAY
SENSIPAR		CINACALCET	30MG	TABLET	3	PA	FAILURE OF TWO FORMULARY POTASSIUM SPARING DIURETICS
SENSIPAR		CINACALCET	60MG	TABLET	3	PA	FAILURE OF TWO FORMULARY POTASSIUM SPARING DIURETICS
SENSIPAR		CINACALCET	90MG	TABLET	3	PA	FAILURE OF TWO FORMULARY POTASSIUM SPARING DIURETICS
SEPTRA	*	SULFAMETHOXAZOLE/TMP	200-40MG/5	ORAL SUSP	1		
SEPTRA	*	SULFAMETHOXAZOLE/TMP	400-80MG	TABLET	1		
SEPTRA DS	*	SULFAMETHOXAZOLE/TMP	800-160MG	TABLET	1		
SERAX	*	OXAZEPAM	10MG	CAPSULE	1		
SERAX	*	OXAZEPAM	15MG	CAPSULE	1		
SERAX	*	OXAZEPAM	30MG	CAPSULE	1		
SEREVENT		SALMETEROL XINAFOATE	50MCG	DISK W/DEV	3	QL	MAX 1 INHALER PER MONTH
SEROMYCIN		CYCLOSERINE	250MG	CAPSULE	3	PA	CRITERIA MUST BE MET
SEROQUEL	*	QUETIAPINE FUMARATE	100MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
SEROQUEL	*	QUETIAPINE FUMARATE	200MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
SEROQUEL	*	QUETIAPINE FUMARATE	25MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
SEROQUEL	*	QUETIAPINE FUMARATE	300MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
SEROQUEL	*	QUETIAPINE FUMARATE	50MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
SEROQUEL XR		QUETIAPINE FUMARATE	150MG	TAB ER 24HR	3	PA	ALT: SEROQUEL (NOT XR)
SEROQUEL XR		QUETIAPINE FUMARATE	200MG	TAB ER 24HR	3	PA	ALT: SEROQUEL (NOT XR)
SEROQUEL XR		QUETIAPINE FUMARATE	300MG	TAB ER 24HR	3	PA	ALT: SEROQUEL (NOT XR)
SEROQUEL XR		QUETIAPINE FUMARATE	400MG	TAB ER 24HR	3	PA	ALT: SEROQUEL (NOT XR)
SEROQUEL XR		QUETIAPINE FUMARATE	50MG	TAB ER 24HR	3	PA	ALT: SEROQUEL (NOT XR)
SEROSTIM		SOMATROPIN	4MG	VIAL	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SEROSTIM		SOMATROPIN	5MG	VIAL	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SEROSTIM		SOMATROPIN	6MG	VIAL	3	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SERPASIL	*	RESERPINE	0.1MG	TABLET	1		
SERPASIL	*	RESERPINE	0.25MG	TABLET	1		
SERZONE	*	NEFAZODONE HCL	100MG	TABLET	1		
SERZONE	*	NEFAZODONE HCL	150MG	TABLET	1		

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SERZONE	*	NEFAZODONE HCL	200MG	TABLET	1		
SERZONE	*	NEFAZODONE HCL	250MG	TABLET	1		
SERZONE	*	NEFAZODONE HCL	50MG	TABLET	1		
SILVADENE	*	SILVER SULFADIAZINE	1%	CREAM	1		
SIMCOR		NIACIN/SIMVASTATIN	1000MG-20MG	TBMP 24HR	3	PA	ALT: NIACIN AND ZOCOR
SIMCOR		NIACIN/SIMVASTATIN	1000MG-40MG	TBMP 24HR	3	PA	ALT: NIACIN AND ZOCOR
SIMCOR		NIACIN/SIMVASTATIN	500MG-20MG	TBMP 24HR	3	PA	ALT: NIACIN AND ZOCOR
SIMCOR		NIACIN/SIMVASTATIN	500MG-40MG	TBMP 24HR	3	PA	ALT: NIACIN AND ZOCOR
SIMCOR		NIACIN/SIMVASTATIN	750MG-20MG	TBMP 24HR	3	PA	ALT: NIACIN AND ZOCOR
SIMPONI		GOLIMUMAB	50MG/0.5ML	DISP SYRINGE	3	PA, SP	CRITERIA MUST BE MET
SINEMET	*	CARBIDOPA/LEVODOPA	10/100	TABLET	1		
SINEMET	*	CARBIDOPA/LEVODOPA	25/100	TABLET	1		
SINEMET	*	CARBIDOPA/LEVODOPA	25/250	TABLET	1		
SINEMET CR	*	CARBIDOPA/LEVODOPA	25-100MG	TABLET ER	1		
SINEMET CR	*	CARBIDOPA/LEVODOPA	50-200MG	TABLET ER	1		
SINEQUAN	*	DOXEPIN HCL	100MG	CAPSULE	1		
SINEQUAN	*	DOXEPIN HCL	10MG	CAPSULE	1		
SINEQUAN	*	DOXEPIN HCL	150MG	CAPSULE	1		
SINEQUAN	*	DOXEPIN HCL	25MG	CAPSULE	1		
SINEQUAN	*	DOXEPIN HCL	50MG	CAPSULE	1		
SINEQUAN	*	DOXEPIN HCL	75MG	CAPSULE	1		
SINEQUAN	*	DOXEPIN HCL	10MG/ML	ORAL CONC.	1		
SINGULAIR	*	MONTELUKAST SODIUM	4MG	GRANULES	1	AG, QL	MAX AGE OF FIVE YEARS OLD, MAX OF ONE PACKET PER DAY
SINGULAIR	*	MONTELUKAST SODIUM	4MG	TAB CHEW	1	QL	MAX ONE TABLET PER DAY
SINGULAIR	*	MONTELUKAST SODIUM	5MG	TAB CHEW	1	QL	MAX ONE TABLET PER DAY
SINGULAIR	*	MONTELUKAST SODIUM	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
SIRTURO		BEDAQUILINE FUMARATE	100MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
SKELAXIN	*	METAXALONE	800MG	TABLET	1	PA	ALT: BACLOFEN, FLEXERIL, NORFLEX, ROBAXIN, SOMA AND ZANAFLEX
SKLICE		IVERMECTIN	0.50%	LOTION	3	PA	ALT:RID/NIX OVER THE COUNTER
SLO-BID	*	THEOPHYLLINE ANHYDROUS	125MG	CAP ER 12HR	1		
SLO-BID	*	THEOPHYLLINE ANHYDROUS	200MG	CAP ER 12HR	1		
SLO-BID	*	THEOPHYLLINE ANHYDROUS	200MG	CAPSULE	1		
SLO-BID	*	THEOPHYLLINE ANHYDROUS	250MG	CAPSULE SA	1		
SOMA	*	CARISOPRODOL	250MG	TABLET	1	PA	ALT: SOMA 350MG
SOMA	*	CARISOPRODOL	350MG	TABLET	1		
SONATA	*	ZALEPLON	5MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY

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SONATA	*	ZALEPLON	10MG	CAPSULE	1	QL	MAX TWO CAPSULES PER DAY
SORIATANE	*	ACITRETIN	10MG	CAPSULE	3	PA	CRITERIA MUST BE MET
SORIATANE	*	ACITRETIN	17.5MG	CAPSULE	3	PA	CRITERIA MUST BE MET
SORIATANE	*	ACITRETIN	25MG	CAPSULE	3	PA	CRITERIA MUST BE MET
SPECTAZOLE	*	ECONAZOLE NITRATE	1%	CREAM	1		
SPECTRACEF	*	CEFDITOREN PIVOXIL	200MG	TABLET	1	PA	ALT: OMNICEF
SPECTRACEF	*	CEFDITOREN PIVOXIL	400MG	TABLET	1	PA	ALT: OMNICEF
SPIRIVA		TIOTROPIUM BROMIDE	18MCG	CAPSULE	2	QL	MAX ONE INHALER PER MONTH
SPORANOX	*	ITRACONAZOLE	100MG	CAPSULE	1		
SPRINTEC	*	NORGESTIMATE-ETHINYL ESTRAD	0.25-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
SPRYCEL		DASATINIB	100MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
SPRYCEL		DASATINIB	140MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
SPRYCEL		DASATINIB	20MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
SPRYCEL		DASATINIB	50MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
SPRYCEL		DASATINIB	70MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
SPRYCEL		DASATINIB	80MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
SPS		SODIUM POLYSTYRENE SULFONATE	30GM/120ML	ENEMA	2		
SPS	*	SODIUM POLYSTYRENE SULFONATE	15GM/60ML	ORAL SUSP	1		
SRONYX	*	LEVONORGESTREL-ETHINYL ESTRADIOL	0.1-0.02	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
SSKI	*	POTASSIUM IODIDE	1G/ML	SOLUTION	1		
STADOL	*	BUTORPHANOL TARTRATE	10MG/ML	NASAL SPRAY	1	QL	MAX 5MLS PER MONTH
STARLIX	*	NATEGLINIDE	120MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
STARLIX	*	NATEGLINIDE	60MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
STAXYN		VARDENAFIL HCL	10MG	TAB RAPDIS	3	M, QL	MAX TEN TABLETS PER MONTH
STELAZINE	*	TRIFLUOPERAZINE HCL	10MG	TABLET	1		
STELAZINE	*	TRIFLUOPERAZINE HCL	1MG	TABLET	1		
STELAZINE	*	TRIFLUOPERAZINE HCL	2MG	TABLET	1		
STELAZINE	*	TRIFLUOPERAZINE HCL	5MG	TABLET	1		
STENDRA		AVANAFIL	50MG	TABLET	3	M, QL	MAX 10 TABLETS PER MONTH
STENDRA		AVANAFIL	100MG	TABLET	3	M, QL	MAX 10 TABLETS PER MONTH
STENDRA		AVANAFIL	200MG	TABLET	3	M, QL	MAX 10 TABLETS PER MONTH
STIMATE		DESMOPRESSIN ACETATE	150/SPRAY	SPRAY/PUMP	3	PA,SP	CRITERIA MUST BE MET
STIOLTO RESPIMAT		TIOTROPIUM/ OLODATEROL	2.5-2.5MCG	MIST INHALER	3	QL	MAX ONE INHALER PER MONTH
STRATTERA		ATOMOXETINE HCL	100MG	CAPSULE	3	PA, QL	ALT: ADDERALL AND RITALIN. MAX ONE CAPSULE PER DAY.
STRATTERA		ATOMOXETINE HCL	10MG	CAPSULE	3	PA, QL	ALT: ADDERALL AND RITALIN. MAX ONE CAPSULE PER DAY.

STRATTERA		ATOMOXETINE HCL	18MG	CAPSULE	3	PA, QL	ALT: ADDERALL AND RITALIN. MAX ONE CAPSULE PER DAY.
STRATTERA		ATOMOXETINE HCL	25MG	CAPSULE	3	PA, QL	ALT: ADDERALL AND RITALIN. MAX ONE CAPSULE PER DAY.
STRATTERA		ATOMOXETINE HCL	40MG	CAPSULE	3	PA, QL	ALT: ADDERALL AND RITALIN. MAX ONE CAPSULE PER DAY.
STRATTERA		ATOMOXETINE HCL	60MG	CAPSULE	3	PA, QL	ALT: ADDERALL AND RITALIN. MAX ONE CAPSULE PER DAY.
STRATTERA		ATOMOXETINE HCL	80MG	CAPSULE	3	PA, QL	ALT: ADDERALL AND RITALIN. MAX ONE CAPSULE PER DAY.
STRIANT		TESTOSTERONE	30MG	MUC ER 12HR	3	PA	CRITERIA MUST BE MET
STRIBILD		ELVITEGR/ COBICIST/ EMTRIC/ TENOF	150MG-200MG	TABLET	3	QL	MAX ONE TABLET PER DAY
STRIVERDI RESPIMAT		OLODATEROL HCL	2.5MCG	MIST INHALER	3	QL	MAX 4GM/MONTH
STROMECTOL	*	IVERMECTIN	3MG	TABLET	1		
STRONGSTART	*	PRENATAL VIT/FE FUMARATE/FA	29-1MG	TAB CHEW	1	F	MAX TWO TAB CHEWS PER DAY
STUART PRENATAL	*	PRENATAL VIT/FE FUMARATE/FA	60-0.8MG	TABLET	1	F	MAX TWO TABLETS PER DAY
STUARTNATAL 1+1	*	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	1	F	MAX TWO TABLETS PER DAY
SUBOXONE		BUPRENORPHINE HCL/NALOXONE	12MG-3MG	FILM	3	PA	CRITERIA MUST BE MET
SUBOXONE		BUPRENORPHINE HCL/NALOXONE	2MG-0.5MG	FILM	3	PA	CRITERIA MUST BE MET
SUBOXONE		BUPRENORPHINE HCL/NALOXONE	4MG-1MG	FILM	3	PA	CRITERIA MUST BE MET
SUBOXONE		BUPRENORPHINE HCL/NALOXONE	8MG-2MG	FILM	3	PA	CRITERIA MUST BE MET
SUBOXONE	*	BUPRENORPHINE HCL/NALOXONE	2MG-0.5MG	TAB SUBL	3	QL	MAX TWO TABLETS PER DAY
SUBOXONE	*	BUPRENORPHINE HCL/NALOXONE	8MG-2MG	TAB SUBL	3	QL	MAX TWO TABLETS PER DAY
SUBSYS		FENTANYL	100MCG	SL SPRAY	3	PA	CRITERIA MUST BE MET
SUBSYS		FENTANYL	1200MCG	SL SPRAY	3	PA	CRITERIA MUST BE MET
SUBSYS		FENTANYL	1600MCG	SL SPRAY	3	PA	CRITERIA MUST BE MET
SUBSYS		FENTANYL	200MCG	SL SPRAY	3	PA	CRITERIA MUST BE MET
SUBSYS		FENTANYL	400MCG	SL SPRAY	3	PA	CRITERIA MUST BE MET
SUBSYS		FENTANYL	600MCG	SL SPRAY	3	PA	CRITERIA MUST BE MET
SUBSYS		FENTANYL	800MCG	SL SPRAY	3	PA	CRITERIA MUST BE MET
SUBUTEX	*	BUPRENORPHINE HCL	2MG	TAB SL	3	QL	MAX THREE TABLETS PER DAY
SUBUTEX	*	BUPRENORPHINE HCL	8MG	TAB SL	3	QL	MAX THREE TABLETS PER DAY
SUCLEAR		PEG 3350- BOWEL 2, TWO PART PREP	210G-17.5G	SOLN RECON	3	QL	MAX ONE CONTAINER PER FILL
SULAR	*	NISOLDIPINE	20MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
SULAR	*	NISOLDIPINE	30MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
SULAR	*	NISOLDIPINE	40MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
SULFACET-R	*	SODIUM SULFACETAMIDE-SULFUR	10-5%	LOTION	1		
SULFADIAZINE	*	SULFADIAZINE	500MG	TABLET	1		
SULFAMYLON	*	MAFENIDE ACETATE	8.5%	CREAM	1		
SULTRIN	*	SULFATHIAZ/SULFACET/ SULFABENZ		CREAM/APPL	1		

SUMAVEL DOSEPRO		SUMATRIPTAN SUCCINATE	6MG/0.5ML	INJ NDL FR	3	PA, QL	FAILURE OF IMITREX INJECTIONS, NASAL SPRAY AND TABLETS. MAX 2MLS PER MONTH.
SUMYCIN	*	TETRACYCLINE HCL	250MG	CAPSULE	1		
SUMYCIN	*	TETRACYCLINE HCL	500MG	CAPSULE	1		
SUPRAX	*	CEFIXIME	100MG/5ML	SUSP RECON	1	AG	MAX AGE 10
SUPRAX	*	CEFIXIME	200MG/5ML	SUSP RECON	1	AG	MAX AGE 10
SUPRAX	*	CEFIXIME	500MG/5ML	SUSP RECON	1	AG	MAX AGE 10
SUPRAX	*	CEFIXIME	100MG	TAB CHEW	1	QL	MAX 28 TABLETS/FILL
SUPRAX	*	CEFIXIME	200MG	TAB CHEW	1	QL	MAX 28 TABLETS/FILL
SUPRAX	*	CEFIXIME	400MG	TAB CHEW	1	QL	MAX 28 TABLETS/FILL
SUPREP		SODIUM, POTASSIUM & MAG SULFATES	17.5-3.13GM	SOLN RECON	3	QL	MAX TWO SOLN RECONS PER DAY
SURMONTIL		TRIMIPRAMINE MALEATE	100MG	CAPSULE	2	PA	MAX TWO CAPSULES PER DAY
SURMONTIL		TRIMIPRAMINE MALEATE	25MG	CAPSULE	2	PA	MAX TWO CAPSULES PER DAY
SURMONTIL		TRIMIPRAMINE MALEATE	50MG	CAPSULE	2	PA	MAX TWO CAPSULES PER DAY
SUSTIVA		EFAVIRENZ	100MG	CAPSULE	2	QL	MAX ONE CAPSULE PER DAY
SUSTIVA		EFAVIRENZ	600MG	TABLET	2	QL	MAX ONE TABLET PER DAY
SUSTIVA		EFAVIRENZ	200MG	CAPSULE	2	QL	MAX TWO CAPSULES PER DAY
SUTENT		SUNITINIB MALEATE	12.5MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
SUTENT		SUNITINIB MALEATE	25MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
SUTENT		SUNITINIB MALEATE	50MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
SYEDA	*	ETHINYL ESTRADIOL/DROSPIRE	0.03-3MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
SYMBICORT		BUDESONIDE/FORMOTEROL FUMARATE	160-4.5MCG	HFA AER AD	2	QL	MAX 1 INHALER PER MONTH
SYMBICORT		BUDESONIDE/FORMOTEROL FUMARATE	80-4.5MCG	HFA AER AD	2	QL	MAX 1 INHALER PER MONTH
SYMBYAX	*	OLANZAPINE/FLUOXETINE	12MG/25MG	CAPSULE	3	PA	ALT: PROZAC PLUS ZYPREXA
SYMBYAX	*	OLANZAPINE/FLUOXETINE	12MG/50MG	CAPSULE	3	PA	ALT: PROZAC PLUS ZYPREXA
SYMBYAX	*	OLANZAPINE/FLUOXETINE	6MG/25MG	CAPSULE	3	PA	ALT: PROZAC PLUS ZYPREXA
SYMBYAX	*	OLANZAPINE/FLUOXETINE	6MG/50MG	CAPSULE	3	PA	ALT: PROZAC PLUS ZYPREXA
SYMLIN		PRAMLINTIDE ACETATE	600MCG/ML	VIAL	3	PA	CRITERIA MUST BE MET
SYMLINPEN 120		PRAMLINTIDE ACETATE	2700/2.7ML	PEN INJECTOR	3	PA	CRITERIA MUST BE MET
SYMLINPEN 60		PRAMLINTIDE ACETATE	1500/1.5ML	PEN INJECTOR	3	PA	CRITERIA MUST BE MET
SYMMETREL	*	AMANTADINE HCL	100MG	CAPSULE	1		
SYMMETREL	*	AMANTADINE HCL	50MG/5ML	SYRUP	1		
SYNALAR	*	FLUOCINOLONE ACETONIDE	0.01%	CREAM	1		
SYNALAR	*	FLUOCINOLONE ACETONIDE	0.025%	CREAM	1		
SYNALAR	*	FLUOCINOLONE ACETONIDE	0.025%	OINTMENT	1		
SYNALAR	*	FLUOCINOLONE ACETONIDE	0.01%	SOLUTION	1		

SYNTHROID	*	LEVOTHYROXINE SODIUM	100MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	112MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	125MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	137MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	150MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	175MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	200MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	25MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	300MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	50MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	75MCG	TABLET	1		
SYNTHROID	*	LEVOTHYROXINE SODIUM	88MCG	TABLET	1		
SYPRINE		TRIENTINE HCL	250MG	CAPSULE	2		
TABLOID		THIOGUANINE	40MG	TABLET	2	PA	CRITERIA MUST BE MET
TACLONEX		CALCIPOTRIENT/ BETAMETHASONE	0.005-0.064	OINTMENT	3	PA	ALT: DOVONEX PLUS DIPROSONE
TACLONEX		CALCIPOTRIENT/ BETAMETHASONE	0.005-0.064	SUSPENSION	3	PA	ALT: DOVONEX PLUS DIPROSONE
TAFINLAR		DABRAFENIB MESYLATE	50MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
TAFINLAR		DABRAFENIB MESYLATE	75MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
TAGAMET	*	CIMETIDINE HCL	300MG/5ML	LIQUID	1		
TAGAMET	*	CIMETIDINE	200MG	TABLET	1		
TAGAMET	*	CIMETIDINE	300MG	TABLET	1		
TAGAMET	*	CIMETIDINE	400MG	TABLET	1		
TAGAMET	*	CIMETIDINE	800MG	TABLET	1		
TAMBOCOR	*	FLECAINIDE ACETATE	100MG	TABLET	1		
TAMBOCOR	*	FLECAINIDE ACETATE	150MG	TABLET	1		
TAMBOCOR	*	FLECAINIDE ACETATE	50MG	TABLET	1		
TAMIFLU		OSELTAMIVIR	12MG/ML	SUSP RECON	2	AG	MAX AGE 10
TAMIFLU		OSELTAMIVIR	6MG/ML	SUSP RECON	2	AG	MAX AGE 10
TAMIFLU		OSELTAMIVIR	30MG	CAPSULE	2	QL	MAX TWO CAPSULES PER DAY
TAMIFLU		OSELTAMIVIR	45MG	CAPSULE	2	QL	MAX TWO CAPSULES PER DAY
TAMIFLU		OSELTAMIVIR	75MG	CAPSULE	2	QL	MAX TWO CAPSULES PER DAY
TANZEUM		ALBIGLUTIDE	30MG/0.5ML	PEN INJECTOR	2	PA	CRITERIA MUST BE MET
TANZEUM		ALBIGLUTIDE	50MG/0.5ML	PEN INJECTOR	2	PA	CRITERIA MUST BE MET
TAPAZOLE	*	METHIMAZOLE	10MG	TABLET	1	QL	MAX SIX TABLETS PER DAY
TAPAZOLE	*	METHIMAZOLE	5MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
TARCEVA		ERLOTINIB HCL	100MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
TARCEVA		ERLOTINIB HCL	150MG	TABLET	3	PA, SP	CRITERIA MUST BE MET

TARCEVA		ERLOTINIB HCL	25MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
TARKA	*	TRANDOLAPRIL/ VERAPAMIL HCL	1-240MG	TBMP 24HR	1	PA	ALT: MAVIK AND VERAPAMIL
TARKA	*	TRANDOLAPRIL/ VERAPAMIL HCL	2-180MG	TBMP 24HR	1	PA	ALT: MAVIK AND VERAPAMIL
TARKA	*	TRANDOLAPRIL/ VERAPAMIL HCL	2-240MG	TBMP 24HR	1	PA	ALT: MAVIK AND VERAPAMIL
TARKA	*	TRANDOLAPRIL/ VERAPAMIL HCL	4-240MG	TBMP 24HR	1	PA	ALT: MAVIK AND VERAPAMIL
TASIGNA		NILOTINIB	200MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
TASMAR		TOLCAPONE	100MG	TABLET	3		
TAVIST	*	CLEMASTINE FUMARATE	0.67MG/5ML	SYRUP	1		
TAVIST	*	CLEMASTINE FUMARATE	2.68MG	TABLET	1		
TAZORAC		TAZAROTENE	0.05%	CREAM	3	PA	CRITERIA MUST BE MET
TAZORAC		TAZAROTENE	0.1%	GEL	3	PA	CRITERIA MUST BE MET
TECFIDERA		DIMETHYL FUMARATE	120-240MG	CAPSULE DR	3	PA, SP	CRITERIA MUST BE MET
TECFIDERA		DIMETHYL FUMARATE	120MG	CAPSULE DR	3	PA, SP	CRITERIA MUST BE MET
TECFIDERA		DIMETHYL FUMARATE	240MG	CAPSULE DR	3	PA, SP	CRITERIA MUST BE MET
TEGRETOL	*	CARBAMAZEPINE	100MG/5ML	ORAL SUSP	1		
TEGRETOL	*	CARBAMAZEPINE	100MG	TAB CHEW	1		
TEGRETOL	*	CARBAMAZEPINE	200MG	TABLET	1		
TEGRETOL XR		CARBAMAZEPINE	100MG	TAB ER 12HR	2		
TEGRETOL XR	*	CARBAMAZEPINE	200MG	TAB ER 12HR	1		
TEGRETOL XR	*	CARBAMAZEPINE	400MG	TAB ER 12HR	1		
TEKURNA		ALISKIREN HEMIFUMARATE	150MG	TABLET	2	PA	ALT: ALTACE, AVAPRO, COZAAR, MONOPRIL AND ZESTRIL
TEKURNA		ALISKIREN HEMIFUMARATE	300MG	TABLET	2	PA	ALT: ALTACE, AVAPRO, COZAAR, MONOPRIL AND ZESTRIL
TEKURNA HCT		ALISKIREN/HCTZ	150-12.5MG	TABLET	3	PA	ALT: AVALIDE, HYZAAR, MONOPRIL-HCT AND ZESTORETIC
TEKURNA HCT		ALISKIREN/HCTZ	150-25MG	TABLET	3	PA	ALT: AVALIDE, HYZAAR, MONOPRIL-HCT AND ZESTORETIC
TEKURNA HCT		ALISKIREN/HCTZ	300-25MG	TABLET	3	PA	ALT: AVALIDE, HYZAAR, MONOPRIL-HCT AND ZESTORETIC
TELDRIN	*	CHLORPHENIRAMINE MALEATE	12MG	CAPSULE SA	1		
TELDRIN	*	CHLORPHENIRAMINE MALEATE	8MG	CAPSULE SA	1		
TEMODAR	*	TEMOZOLOMIDE	100MG	CAPSULE	1	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	140MG	CAPSULE	1	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	180MG	CAPSULE	1	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	20MG	CAPSULE	1	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	250MG	CAPSULE	1	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	5MG	CAPSULE	1	PA	CRITERIA MUST BE MET
TEMOVATE	*	CLOBETASOL PROPIONATE	0.05%	CREAM	1	QL	MAX 45GM/FILL
TEMOVATE	*	CLOBETASOL PROPIONATE	0.05%	GEL	1	QL	MAX 45GM/FILL
TEMOVATE	*	CLOBETASOL PROPIONATE	0.05%	OINT.(GM)	1	QL	MAX 45GM/FILL
TEMOVATE	*	CLOBETASOL PROPIONATE	0.05%	SOLUTION	1	QL	MAX 50ML/FILL

TEMOVATE-E	*	CLOBETASOL EMOLLIENT	0.05%	CREAM	1	QL	MAX 45GM/FILL
TENEX	*	GUANFACINE HCL	1MG	TABLET	1		
TENEX	*	GUANFACINE HCL	2MG	TABLET	1		
TENORETIC	*	CHLORTHALIDONE/ATENOLOL	25/100	TABLET	1		
TENORETIC	*	CHLORTHALIDONE/ATENOLOL	25/50	TABLET	1		
TENORMIN	*	ATENOLOL	100MG	TABLET	1		
TENORMIN	*	ATENOLOL	25MG	TABLET	1		
TENORMIN	*	ATENOLOL	50MG	TABLET	1		
TENUATE	*	DIETHYLPROPION	25MG	TABLET	1	PA	DIET AID CRITERIA MUST BE MET
TENUATE SA	*	DIETHYLPROPION SA	75MG	TABLET	1	PA	DIET AID CRITERIA MUST BE MET
TERAZOL 3	*	TERCONAZOLE	0.8%	CREAM/APPL	1		
TERAZOL 3	*	TERCONAZOLE	80MG	SUPP.VAG	1		
TERAZOL 7	*	TERCONAZOLE	0.4%	CREAM/APPL	1		
TERRAMYCIN W/POLY		OXY-TCN HCL/POLYMYX B SULF		OINT.(GM)	2		
TESSALON PERLES	*	BENZONATATE	100MG	CAPSULE	1	QL	MAX SIX CAPSULES PER DAY
TESSALON PERLES	*	BENZONATATE	200MG	CAPSULE	1	QL	MAX THREE CAPSULES PER DAY
TEST STRIPS-BAYER				STRIP	2	QL	MAX 150 STRIPS PER MONTH
TEST STRIPS-NON BAYER				STRIP	3	PA	MAX TWO STRIPS PER DAY
TESTIM	*	TESTOSTERONE	50MG (1%)	GEL	1	PA	CRITERIA MUST BE MET
TESTRED		METHYLTESTOSTERONE	10MG	CAPSULE	3	PA	CRITERIA MUST BE MET
TEVETEN	*	EPROSARTAN MESYLATE	400MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
TEVETEN	*	EPROSARTAN MESYLATE	600MG	TABLET	3	PA	ALT: AVAPRO, COZAAR AND DIOVAN
TEVETEN HCT		EPROSARTAN/HCTZ	600-12.5MG	TABLET	3	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
TEVETEN HCT		EPROSARTAN/HCTZ	600-25MG	TABLET	3	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
THALOMID		THALIDOMIDE	100MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
THALOMID		THALIDOMIDE	150MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
THALOMID		THALIDOMIDE	200MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
THALOMID		THALIDOMIDE	50MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
THEO-24		THEOPHYLLINE ANHYDROUS	200MG	CAP ER 24HR	3	PA	ALTERNATIVE: THEO-DUR OR SLO-BID
THEO-24		THEOPHYLLINE ANHYDROUS	300MG	CAP ER 24HR	3	PA	ALTERNATIVE: THEO-DUR OR SLO-BID
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	150MG/15ML	LIQUID	1		
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	100MG	TAB ER 12HR	1		
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	200MG	TAB ER 12HR	1		
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	300MG	TAB ER 12HR	1		
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	450MG	TAB ER 12HR	1		
THORAZINE	*	CHLORPROMAZINE HCL	100MG	TABLET	1		
THORAZINE	*	CHLORPROMAZINE HCL	10MG	TABLET	1		

THORAZINE	*	CHLORPROMAZINE HCL	200MG	TABLET	1		
THORAZINE	*	CHLORPROMAZINE HCL	25MG	TABLET	1		
THORAZINE	*	CHLORPROMAZINE HCL	50MG	TABLET	1		
THYROLAR-1		LIOTRIX	12.5-50MCG	TABLET	3	QL	MAX ONE TABLET PER DAY
THYROLAR-1/2		LIOTRIX	6.25-25MCG	TABLET	3	QL	MAX ONE TABLET PER DAY
THYROLAR-1/4		LIOTRIX	3.1-12.5MCG	TABLET	3	QL	MAX ONE TABLET PER DAY
THYROLAR-2		LIOTRIX	25-100MCG	TABLET	3	QL	MAX ONE TABLET PER DAY
THYROLAR-3		LIOTRIX	37.5-150MCG	TABLET	3	QL	MAX ONE TABLET PER DAY
TIAZAC	*	DILTIAZEM HCL	120MG	CAPSULE SA	1	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	180MG	CAPSULE SA	1	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	240MG	CAPSULE SA	1	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	300MG	CAPSULE SA	1	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	360MG	CAPSULE SA	1	QL	MAX ONE CAPSULE PER DAY
TICLID	*	TICLOPIDINE HCL	250MG	TABLET	1		
TIGAN	*	TRIMETHOBENZAMIDE HCL	300MG	CAPSULE	1		
TIGAN	*	TRIMETHOBENZAMIDE HCL/B-CAINE	200MG-2%	SUPP.RECT	1		
TIKOSYN		DOFETILIDE	125MG	CAPSULE	3	PA	CRITERIA MUST BE MET
TIKOSYN		DOFETILIDE	250MG	CAPSULE	3	PA	CRITERIA MUST BE MET
TIKOSYN		DOFETILIDE	500MG	CAPSULE	3	PA	CRITERIA MUST BE MET
TILIA FE		FUMARATE	5-7-9-7	TABLET	3	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TIMOPTIC	*	TIMOLOL MALEATE	0.25%	OPTIC	1		
TIMOPTIC	*	TIMOLOL MALEATE	0.5%	OPTIC	1		
TIMOPTIC OCUDOSE		TIMOLOL MALEATE/PF	0.25%	DROPERETTE	3	PA	ALT: TIMOPTIC*
TIMOPTIC OCUDOSE		TIMOLOL MALEATE/PF	0.5%	DROPERETTE	3	PA	ALT: TIMOPTIC*
TIMOPTIC-XE	*	TIMOLOL MALEATE	0.25%	SOL-GEL	1		
TIMOPTIC-XE	*	TIMOLOL MALEATE	0.5%	SOL-GEL	1		
TINDAMAX	*	TINDAZOLE	250MG	TABLET	1	QL	MAX FOUR TABLETS PER DAY
TINDAMAX	*	TINDAZOLE	500MG	TABLET	1	QL	MAX FOUR TABLETS PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	100MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	112MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	125MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	137MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	13MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	150MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	25MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	50MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	75MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY

TIROSINT		LEVOTHYROXINE SODIUM	88MCG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
TIVICAY		DOLUTEGRAVIR SODIUM	50MG	TABLET	3	QL	MAX TWO TABLETS PER DAY
TOBI	*	TOBRAMYCIN	300MG/5ML	AMPUL-NEB	3	PA, SP	CRITERIA MUST BE MET
TOBRADEX		TOBRAMYCIN SULFATE/DEXAMETH	0.3-0.1%	OINT.(GM)	2		
TOBRADEX	*	TOBRAMYCIN SULFATE/DEXAMETH	0.3-0.1%	OPTIC	1		
TOBRADEX ST		DEXAMETHASONE	0.3%-0.05%	DROPS	3	QL	MAX 5MLS PER FILL
TOBREX		TOBRAMYCIN SULFATE	0.3%	OINT.(GM)	3	QL	MAX 3.5GMS PER FILL
TOBREX	*	TOBRAMYCIN SULFATE	0.3%	OPTIC	1		
TOFRANIL	*	IMIPRAMINE HCL	10MG	TABLET	1		
TOFRANIL	*	IMIPRAMINE HCL	25MG	TABLET	1		
TOFRANIL	*	IMIPRAMINE HCL	25MG	TABLET	1		
TOFRANIL	*	IMIPRAMINE HCL	50MG	TABLET	1		
TOFRANIL	*	IMIPRAMINE HCL	50MG	TABLET	1		
TOFRANIL PM	*	IMIPRAMINE PAMOATE	125MG	CAPSULE	3	PA	ALT: TOFRANIL
TOFRANIL PM	*	IMIPRAMINE PAMOATE	150MG	CAPSULE	3	PA	ALT: TOFRANIL
TOFRANIL PM	*	IMIPRAMINE PAMOATE	75MG	CAPSULE	3	PA	ALT: TOFRANIL
TOFRANIL PM	*	IMIPRAMINE PAMOATE	100MG	CAPSULE	3	PA	
TOLECTIN	*	TOLMETIN SODIUM	400MG	CAPSULE	1		
TOLECTIN	*	TOLMETIN SODIUM	200MG	TABLET	1		
TOLECTIN	*	TOLMETIN SODIUM	600MG	TABLET	1		
TOLINASE	*	TOLAZAMIDE	100MG	TABLET	1		
TOLINASE	*	TOLAZAMIDE	250MG	TABLET	1		
TOLINASE	*	TOLAZAMIDE	500MG	TABLET	1		
TOPAMAX	*	TOPIRAMATE	15MG	CAP SPRINK	1		
TOPAMAX	*	TOPIRAMATE	25MG	CAP SPRINK	1		
TOPAMAX	*	TOPIRAMATE	100MG	TABLET	1		
TOPAMAX	*	TOPIRAMATE	200MG	TABLET	1		
TOPAMAX	*	TOPIRAMATE	25MG	TABLET	1		
TOPAMAX	*	TOPIRAMATE	50MG	TABLET	1		
TOPICORT	*	DESOXIMETASONE	0.05%	CREAM	1	PA	ALT: CUTIVATE, LIDEX, TEMOVATE AND VALISONE
TOPICORT	*	DESOXIMETASONE	0.05%	GEL	1	PA	ALT: CUTIVATE, LIDEX, TEMOVATE AND VALISONE
TOPICORT	*	DESOXIMETASONE	0.05%	OINTMENT	1	PA	ALT: CUTIVATE, LIDEX, TEMOVATE AND VALISONE
TOPROL XL	*	METOPROLOL SUCCINATE	100MG	TABLET	1	QL	MAX 1.5 PER DAY
TOPROL XL	*	METOPROLOL SUCCINATE	200MG	TABLET	1	QL	MAX 1.5 PER DAY
TOPROL XL	*	METOPROLOL SUCCINATE	25MG	TABLET	1	QL	MAX 1.5 PER DAY
TOPROL XL	*	METOPROLOL SUCCINATE	50MG	TABLET	1	QL	MAX 1.5 PER DAY
TORADOL	*	KETOROLAC TROMETHAMINE	10MG	TABLET	1		

TOVIAZ		FESOTERODINE FUMARATE	4MG	TAB ER 24HR	3	QL	MAX ONE TABLET PER DAY
TOVIAZ		FESOTERODINE FUMARATE	8MG	TAB ER 24HR	3	QL	MAX ONE TABLET PER DAY
TRACLEER		BOSENTAN	125MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
TRACLEER		BOSENTAN	62.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
TRADJENTA		LINAGLIPTIN	5MG	TABLET	3	PA	ALT: ACTOS, AMARYL, GLUCOTROL AND GLUCOPHAGE
TRANSDERM-SCOP		SCOPOLAMINE HBR	1.5MG/72HR	PATCH TD72HR	3	QL	MAX 1 PATCH EVERY 3 DAYS
TRANXENE	*	CLORAZEPATE DIPOTASSIUM	15MG	TABLET	1		
TRANXENE	*	CLORAZEPATE DIPOTASSIUM	3.75MG	TABLET	1		
TRANXENE	*	CLORAZEPATE DIPOTASSIUM	7.5MG	TABLET	1		
TRAVATAN		TRAVOPROST	0.004%	OPTIC	3	PA	ALT: XALATAN
TRAVATAN-Z		TRAVOPROST	0.004%	OPTIC	3	PA	ALT: XALATAN
TRECATOR		ETHIONAMIDE	250MG	TABLET	2		
TRENTAL	*	PENTOXIFYLLINE	400MG	TABLET ER	1		
TRESIBA FLEXTOUCH		INSULIN DEGLUDEC	100U/ML	INSULIN PEN	3		
TRESIBA FLEXTOUCH		INSULIN DEGLUDEC	200U/ML	INSULIN PEN	3		
TREXIMET		SUMATRIPTAN/ NAPROXEN	85MG-500MG	TABLET	3	PA	ALT: AMERGE, IMITREX AND MAXALT.
TRI NORINYL	*	ESTRAD	7-9-5	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRIAVIL	*	HCL/PERPHENAZINE	10-2MG	TABLET	1		
TRIAVIL	*	HCL/PERPHENAZINE	10-4MG	TABLET	1		
TRIAVIL	*	HCL/PERPHENAZINE	25-2MG	TABLET	1		
TRIAVIL	*	HCL/PERPHENAZINE	25-4MG	TABLET	1		
TRIAVIL	*	HCL/PERPHENAZINE	50-4MG	TABLET	1		
TRIAZ	*	BENZOYL PEROXIDE	3%	CLEANSER	1		
TRIAZ	*	BENZOYL PEROXIDE	6%	CLEANSER	1		
TRICOR	*	FENOFIBRATE, NANOCRYSTAL	145MG	TABLET	1	QL	MAX ONE TABLET PER DAY
TRICOR	*	FENOFIBRATE, NANOCRYSTAL	48MG	TABLET	1	QL	MAX ONE TABLET PER DAY
TRIDESILON	*	DESONIDE	0.05%	CREAM	1		
TRIDESILON	*	DESONIDE	0.05%	OINT.(GM)	1		
TRIGLIDE		FENOFIBRATE	160MG	TABLET	3	PA	FAILURE OF FIBRICOR AND LOFIBRA
TRIGLIDE		FENOFIBRATE	50MG	TABLET	3	PA	FAILURE OF FIBRICOR AND LOFIBRA
TRILAFON	*	PERPHENAZINE	16MG	TABLET	1		
TRILAFON	*	PERPHENAZINE	2MG	TABLET	1		
TRILAFON	*	PERPHENAZINE	4MG	TABLET	1		
TRILAFON	*	PERPHENAZINE	8MG	TABLET	1		
TRILEPTAL	*	OXCARBAZEPINE	300MG/5ML	ORAL SUSP	1		
TRILEPTAL	*	OXCARBAZEPINE	150MG	TABLET	1		
TRILEPTAL	*	OXCARBAZEPINE	300MG	TABLET	1		

TRILEPTAL	*	OXCARBAZEPINE	600MG	TABLET	1		
TRILIPIX	*	FENOFIBRIC ACID (CHOLINE)	135MG	CAPSULE DR	1	QL	MAX ONE CAPSULE PER DAY
TRILIPIX	*	FENOFIBRIC ACID (CHOLINE)	45MG	CAPSULE DR	1	QL	MAX ONE CAPSULE PER DAY
TRILISATE	*	SALICYLATE	500MG/5ML	LIQUID	1		
TRILISATE	*	SALICYLATE	1000MG	TABLET	1		
TRILISATE	*	SALICYLATE	500MG	TABLET	1		
TRILISATE	*	SALICYLATE	750MG	TABLET	1		
TRIMPEX	*	TRIMETHOPRIM	100MG	TABLET	1		
TRINESSA	*	NORGESTIMATE-ETHINYL ESTRAD	7 DAYS X 3	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRIPHASIL	*	LEVONORGESTREL-ETH ESTRA	6-5-10	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRI-SPRINTEC	*	NORGESTIMATE-ETHINYL ESTRAD	7 DAYSX3 28	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRIVORA	*	LEVONORGESTREL-ETH ESTRA	6-5-10	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRIZIVIR		ABACAVIR/LAMIVUDINE/ ZIDOVUDINE	150-300MG	TABLET	2	QL	MAX TWO TABLETS PER DAY
TRULICITY		DULAGLUTIDE	0.75MG/0.5ML	PEN INJECTOR	3	PA	CRITERIA MUST BE MET
TRULICITY		DULAGLUTIDE	1.5MG/0.5ML	PEN INJECTOR	3	PA	CRITERIA MUST BE MET
TRUSOPT	*	DORZOLAMIDE HCL	2%	OPTIC	1		
TRUST NATAL DHA		PVN2/IRON B-G SUC-P/FA/OMEGA-3	29/1/250MG	TABLET	3	F	MAX TWO TABLETS PER DAY
TRUVADA		EMTRICTABINE/TENOFIVIR	200-300mg	TABLET	2	QL	MAX ONE TABLET PER DAY
T-STAT	*	ERYTHROMYCIN BASE/ETHANOL	2%	SOLUTION	1		
TUDORZA PRESSAIR		ACLIDINIUM BROMIDE	400MCG	AER INHALER	3	QL	MAX ONE INHALER PER MONTH
TUSSIONEX	*	POLIS	10-8MG/5ML	SUSP 12H SR	1	QL	MAX 10MLS PER DAY
TYKERB		LAPATINIB DITOSYLATE	250MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
TYLENOL #2	*	CODEINE PHOS/ACETAMINOPHEN	15-300MG	TABLET	1		
TYLENOL #3	*	CODEINE PHOSPHATE/APAP	30-300MG	TABLET	1		
TYLENOL #4	*	CODEINE PHOSPHATE/APAP	60-300MG	TABLET	1		
TYLENOL W/CODEINE	*	CODEINE PHOS/ACETAMINOPHEN	12-120MG/5	ELIXIR	1		
TYLOX	*	OXYCODONE/ACETAMINOPHEN	5/500	CAPSULE	1	QL	MAX EIGHT CAPSULES PER DAY
TYMPAGESIC	*	PHENYLEPHRINE/ANTIPY/B-CAINE		OTIC	1		
TYZEKA		TELIVUDINE	600MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
UCERIS		BUDESONIDE	9MG	TAB DR	3	PA	ALT: ENTOCORT BY PRIOR AUTHORIZATION
ULESFIA		BENZOYL ALCOHOL	5%	LOTION	3	PA	ALT: RID AND NIX OVER THE COUNTER
ULORIC		FEBUXOSTAT	40MG	TABLET	3	PA	ALT: ZYLOPRIM
ULORIC		FEBUXOSTAT	80MG	TABLET	3	PA	ALT: ZYLOPRIM
ULTRACET	*	TRAMADOL/ACETAMINOPHEN	37.5-325MG	TABLET	1	QL	MAX EIGHT TABLETS PER DAY
ULTRAM	*	TRAMADOL HCL	50MG	TABLET	1	QL	MAX EIGHT TABLETS PER DAY
ULTRAM ER	*	TRAMADOL	200MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
ULTRAM ER	*	TRAMADOL	100MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY

ULTRAM ER	*	TRAMADOL	300MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
ULTRAVATE	*	HALOBETASOL PROPIONATE	0.05%	CREAM	1	QL	MAX 50GM/FILL
ULTRAVATE	*	HALOBETASOL PROPIONATE	0.05%	OINTMENT	1	QL	MAX 50GM/FILL
ULTRESA		LIPASE/PROTEASSE/AMYLASE	13.8-24.6K	CAPSULE DR	3		
ULTRESA		LIPASE/PROTEASSE/AMYLASE	20.7-41.4K	CAPSULE DR	3		
ULTRESA		LIPASE/PROTEASSE/AMYLASE	23-46-46K	CAPSULE DR	3		
UNIRETIC	*	MOEXIPRIL/HCTZ	15-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
UNIRETIC	*	MOEXIPRIL/HCTZ	7.5-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
UNIRETIC	*	MOEXIPRIL/HCTZ	15-25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
UNIVASC	*	MOEXIPRIL	7.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
UNIVASC	*	MOEXIPRIL	15MG	TABLET	1	QL	MAX ONE TABLET PER DAY
URECHOLINE	*	BETHANECHOL CHLORIDE	10MG	TABLET	1		
URECHOLINE	*	BETHANECHOL CHLORIDE	25MG	TABLET	1		
URECHOLINE	*	BETHANECHOL CHLORIDE	50MG	TABLET	1		
URECHOLINE	*	BETHANECHOL CHLORIDE	5MG	TABLET	1		
UREX	*	METHENAMINE HIPPURATE	1G	TABLET	1		
URISPAS	*	FLAVOXATE HCL	100MG	TABLET	1		
UROCIT-K	*	POTASSIUM CITRATE	10MEQ	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
UROCIT-K	*	POTASSIUM CITRATE	15MEQ	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
UROCIT-K	*	POTASSIUM CITRATE	5MEQ	TABLET ER	1	QL	MAX THREE TABLETS PER DAY
UROQUID	*	METHEN MAND/ NAPHOS M-B M	500-500MG	TABLET	1		
UROXATRAL	*	ALFUZOSIN HCL	10MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
URSO	*	URSODIOL	250MG	TABLET	1	PA	ALT: ACTIGALL
URSO FORTE	*	URSODIOL	500MG	TABLET	1	PA	ALT: ACTIGALL
VAGIFEM		ESTRADIOL	10MCG	TABLET-VAG	3	QL	MAX EIGHT TABLETS EVERY 28 DAYS
VALISONE	*	BETAMETHASONE VALERATE	0.1%	CREAM	1		
VALISONE	*	BETAMETHASONE VALERATE	0.1%	LOTION	1		
VALISONE	*	BETAMETHASONE VALERATE	0.1%	OINT.(GM)	1		
VALIUM	*	DIAZEPAM	5MG/5ML	ORAL SOLN	1		
VALIUM	*	DIAZEPAM	10MG	TABLET	1		
VALIUM	*	DIAZEPAM	2MG	TABLET	1		
VALIUM	*	DIAZEPAM	5MG	TABLET	1		
VALTREX	*	VALACYCLOVIR HCL	1000MG	TABLET	1		
VALTREX	*	VALACYCLOVIR HCL	500MG	TABLET	1		
VANCOICIN		VANCOMYCIN HCL	125MG	CAPSULE	2	QL	MAX 5 DAYS BEFORE PRIOR AUTHORIZATION REQUIRED
VANCOICIN		VANCOMYCIN HCL	250MG	CAPSULE	2	QL	MAX 5 DAYS BEFORE PRIOR AUTHORIZATION REQUIRED
VANDAZOLE	*	METRONIDAZOLE	0.75%	GEL W/APPL	1		

VANTIN	*	CEFPODOXIME PROXETIL	100MG/5ML	SUSP RECON	1	QL	MAX 10ML PER DAY
VANTIN	*	CEFPODOXIME PROXETIL	50MG/5ML	SUSP RECON	1	QL	MAX 10ML PER DAY
VANTIN	*	CEFPODOXIME PROXETIL	100MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
VANTIN	*	CEFPODOXIME PROXETIL	200MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
VASCEPA		ICOSAPENT ETHYL	1GM	CAPSULE	3	PA	CRITERIA MUST BE MET
VASERETIC	*	ENALAPRIL/HCTZ	10/25MG	TABLET	1		
VASERETIC	*	ENALAPRIL/HCTZ	5-12.5MG	TABLET	1		
VASOCIDIN	*	NA SULFACETM/PREDNISOL AC	10-0.5%	OINT.(GM)	1		
VASOCIDIN	*	NA SULFACETM/PREDNIS SP	10-0.25%	OPTIC	1		
VASOCON	*	NAPHAZOLINE HYDROCHLORIDE	0.1%	OPTIC	2		
VASODILAN	*	ISOXSUPRINE HCL	10MG	TABLET	1		
VASODILAN	*	ISOXSUPRINE HCL	20MG	TABLET	1		
VASOTEC	*	ENALAPRIL MALEATE	10MG	TABLET	1		
VASOTEC	*	ENALAPRIL MALEATE	2.5MG	TABLET	1		
VASOTEC	*	ENALAPRIL MALEATE	20MG	TABLET	1		
VASOTEC	*	ENALAPRIL MALEATE	5MG	TABLET	1		
VELIVET	*	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
VENLAFAXINE ER		VENLAFAXINE HCL	150MG	TAB ER 24HR	3	QL	MAX ONE TABLET PER DAY
VENLAFAXINE ER		VENLAFAXINE HCL	225MG	TAB ER 24HR	3	QL	MAX ONE TABLET PER DAY
VENLAFAXINE ER		VENLAFAXINE HCL	37.5MG	TAB ER 24HR	3	QL	MAX ONE TABLET PER DAY
VENLAFAXINE ER		VENLAFAXINE HCL	75MG	TAB ER 24HR	3	QL	MAX ONE TABLET PER DAY
VENTOLIN HFA		ALBUTEROL SULFATE	90MCG	HFA AER AD	2	QL	MAX 2 INHALERS PER MONTH
VEPESID	*	ETOPOSIDE	50MG	CAPSULE	1		
VERAMYST		FLUTICASONE FUROATE	27.5MCG	NASAL SPRAY	3	PA	ALT: FLONASE AND NASACORT OTC
VERDESO		DESONIDE	0.05%	FOAM	3	PA	ALT: DESOWEN
VERELAN	*	VERAPAMIL HCL	120MG	CAP 24HR PEL	1	QL	MAX ONE CAPSULE PER DAY
VERELAN	*	VERAPAMIL HCL	180MG	CAP 24HR PEL	1	QL	MAX ONE CAPSULE PER DAY
VERELAN	*	VERAPAMIL HCL	240MG	CAP 24HR PEL	1	QL	MAX ONE CAPSULE PER DAY
VERELAN	*	VERAPAMIL HCL	360MG	CAP 24HR PEL	1	QL	MAX ONE CAPSULE PER DAY
VERIPRED		PREDNISOLONESOD PHOSPHATE	20MG/5ML	SOLUTION	3	PA	ALT: PRELONE AND ORAPRED
VERMOX	*	MEBENDAZOLE	100MG	TAB CHEW	1		
VESANOID		TRETINOIN	10MG	CAPSULE	3	PA	CRITERIA MUST BE MET
VESICARE		SOLIFENACIN SUCCINATE	10MG	TABLET	3	QL	MAX ONE TABLET PER DAY
VESICARE		SOLIFENACIN SUCCINATE	5MG	TABLET	3	QL	MAX ONE TABLET PER DAY
VESTURA	*	ETHINYL ESTRADIOL/DROSPIRE	0.02-3(24)	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
VEXOL		RIMEXOLONE	1%	OPTIC	3	QL	MAX 5MLS PER FILL
VFEND	*	VORICONAZOLE	20MG/5ML	SUSP RECON	1	AG	MAX AGE 10

VFEND	*	VORICONAZOLE	200MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
VFEND	*	VORICONAZOLE	50MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
VIAGRA		SILDENAFIL CITRATE	100MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
VIAGRA		SILDENAFIL CITRATE	25MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
VIAGRA		SILDENAFIL CITRATE	50MG	TABLET	3	M, QL	MAX TEN TABLETS PER MONTH
VIBRAMYCIN	*	DOXYCYCLINE HYCLATE	100MG	CAPSULE	1		
VIBRAMYCIN	*	DOXYCYCLINE HYCLATE	50MG	CAPSULE	1		
VIBRAMYCIN	*	DOXYCYCLINE HYCLATE	100MG	CAPSULE DR	1		
VIBRAMYCIN	*	DOXYCYCLINE MONOHYDRATE	25MG/5ML	SUSP RECON	1		
VIBRAMYCIN		DOXYCYCLINE CALCIUM	50MG/5ML	SYRUP	2		
VIBRA-TAB	*	DOXYCYCLINE HYCLATE	100MG	TABLET	1		
VICODIN	*	HYDROCODONE/APAP	5-300MG	TABLET	1	PA	ALT: NORCO 5/325
VICODIN ES	*	HYDROCODONE/APAP	7.5-300MG	TABLET	1	PA	ALT: NORCO 7.5/325
VICODIN HP	*	HYDROCODONE/APAP	10-300MG	TABLET	1	PA	ALT: NORCO 10/325
VICON FORTE	*	FOLIC ACID/MULTIVITS-MIN		CAPSULE	1		
VICOPROFEN	*	HYDROCODONE/IBUPROFEN	7.5-200MG	TABLET	1	QL	MAX SIX TABLETS PER DAY
VICTOZA		LIRAGLUTIDE	0.6MG/0.1ML	PEN INJECTOR	3	PA	CRITERIA MUST BE MET
VIDEX		DIDANOSINE	FNL10MG/ML	SOLN RECON	2		
VIDEX EC	*	DIDANOSINE	125MG	CAPSULE DR	1		
VIDEX EC	*	DIDANOSINE	200MG	CAPSULE DR	1		
VIDEX EC	*	DIDANOSINE	250MG	CAPSULE DR	1		
VIDEX EC	*	DIDANOSINE	400MG	CAPSULE DR	1		
VIGAMOX		MOXIFLOXACIN HCL	0.5%	OPTIC	2		
VIIBRYD		VILAZODONE HCL	10MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
VIIBRYD		VILAZODONE HCL	20MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
VIIBRYD		VILAZODONE HCL	40MG	TABLET	3	PA	ALT: CELEXA, EFFEXOR, LEXAPRO, PAXIL, PROZAC, WELLBUTRIN AND ZOLOFT
VIMPAT		LACOSAMIDE	100MG	TABLET	2	PA	CRITERIA MUST BE MET
VIMPAT		LACOSAMIDE	150MG	TABLET	2	PA	CRITERIA MUST BE MET
VIMPAT		LACOSAMIDE	200MG	TABLET	2	PA	CRITERIA MUST BE MET
VIMPAT		LACOSAMIDE	50MG	TABLET	2	PA	CRITERIA MUST BE MET
VIOKACE		LIPASE/PROTEASSE/AMYLASE	10.4-39.2K	TABLET	2		
VIOKACE		LIPASE/PROTEASSE/AMYLASE	20.9-78.3K	TABLET	2		
VIRACEPT		NELFINAVIR MESYLATE	50MG/G	POWDER	2		
VIRACEPT		NELFINAVIR MESYLATE	250MG	TABLET	2		
VIRACEPT		NELFINAVIR MESYLATE	625MG	TABLET	2		

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VIRAMUNE	*	NEVIRAPINE	50MG/5ML	ORAL SUSP	1		
VIRAMUNE	*	NEVIRAPINE	200MG	TABLET	1		
VIREAD		FUMARATE	300MG	TABLET	2	QL	MAX ONE TABLET PER DAY
VIROPTIC	*	TRIFLURIDINE	1%	OPTIC	1		
VISKEN	*	PINDOLOL	10MG	TABLET	1		
VISKEN	*	PINDOLOL	5MG	TABLET	1		
VISTARIL	*	HYDROXYZINE PAMOATE	100MG	CAPSULE	1		
VISTARIL	*	HYDROXYZINE PAMOATE	25MG	CAPSULE	1		
VISTARIL	*	HYDROXYZINE PAMOATE	50MG	CAPSULE	1		
VITAFOL		FE FUMARATE/CAL/E/FA/MULTIVIT	65-1MG	TABLET	3		
VITAFOL-OB		PNV10/IRON/FA	65-1MG	TABLET	3	F, QL	MAX ONE TABLET PER DAY
VITAFOL-OB DHA		PNV10/IRON/FA/DHA	65-1-250MG	COMBO PACK	3	F, QL	MAX 60 UNITS PER MONTH
VITAMIN B-12	*	CYANOCOBALAMIN	1000MCG/ML	VIAL	1		
VITAMIN-D RX	*	ERGOCALCIFEROL	50,000 UNITS	CAPSULE	1		
VIVACTIL	*	PROTRIPTYLINE HCL	10MG	TABLET	3	PA	ALT: ELAVIL AND PAMELOR
VIVACTIL	*	PROTRIPTYLINE HCL	5MG	TABLET	3	PA	ALT: ELAVIL AND PAMELOR
VIVELLE DOT		ESTRADIOL	0.025MG	PATCH TDSW	3	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
VIVELLE DOT		ESTRADIOL	0.0375MG	PATCH TDSW	3	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
VIVELLE DOT		ESTRADIOL	0.05MG	PATCH TDSW	3	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
VIVELLE DOT		ESTRADIOL	0.075MG	PATCH TDSW	3	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
VIVELLE DOT		ESTRADIOL	0.1MG	PATCH TDSW	3	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
VOLTAREN		DICLOFENAC SODIUM	0.1%	GEL	3	QL	MAX 3 BOXES PER MONTH
VOLTAREN	*	DICLOFENAC SODIUM	0.10%	OPTIC	1		
VOLTAREN	*	DICLOFENAC SODIUM	25MG	TABLET EC	1		
VOLTAREN	*	DICLOFENAC SODIUM	50MG	TABLET EC	1		
VOLTAREN	*	DICLOFENAC SODIUM	75MG	TABLET EC	1		
VOLTAREN-XR	*	DICLOFENAC SODIUM	100MG	TAB ER 24HR	1	QL	MAX TWO TABLETS PER DAY
VOSOL	*	ACETIC ACID	2%	SOLUTION	1		
VOSOL HC	*	ACETIC ACID/HYDROCORTISONE	2-1%	OTIC	1		
VOSPIRE ER	*	ALBUTEROL SULFATE	4MG	TAB ER 12HR	1		
VOSPIRE ER	*	ALBUTEROL SULFATE	8MG	TAB ER 12HR	1		
VOTRIENT		PAZOPANIB HCL	200MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
VYTORIN		EZETIMIBE/SIMVASTIN	10/10	TABLET	2	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
VYTORIN		EZETIMIBE/SIMVASTIN	10/20	TABLET	2	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
VYTORIN		EZETIMIBE/SIMVASTIN	10/40	TABLET	2	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
VYTORIN		EZETIMIBE/SIMVASTIN	10/80	TABLET	2	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	20MG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY

VYVANSE		LISDEXAMFETAMINE DIMESYLATE	30MG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	40MG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	50MG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	60MG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	70MG	CAPSULE	3	QL	MAX ONE CAPSULE PER DAY
WELCHOL		COLESEVELAM HCL	625MG	TABLET	3	PA	ALT: COLESTID AND QUESTRAN
WELLBUTRIN	*	BUPROPION HCL	100MG	TABLET	1		
WELLBUTRIN	*	BUPROPION HCL	75MG	TABLET	1		
WELLBUTRIN SR	*	BUPROPION HCL	100MG	TABLET ER	1	QL	MAX TWO TABLETS PER DAY
WELLBUTRIN SR	*	BUPROPION HCL	150MG	TABLET ER	1	QL	MAX TWO TABLETS PER DAY
WELLBUTRIN SR	*	BUPROPION HCL	200MG	TABLET ER	1	QL	MAX TWO TABLETS PER DAY
WELLBUTRIN XL	*	BUPROPION HCL	150MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
WELLBUTRIN XL	*	BUPROPION HCL	300MG	TAB ER 24HR	1	QL	MAX ONE TABLET PER DAY
WELLCOVORIN	*	LEUCOVORIN CALCIUM	10MG	TABLET	1		
WELLCOVORIN	*	LEUCOVORIN CALCIUM	15MG	TABLET	1		
WELLCOVORIN	*	LEUCOVORIN CALCIUM	25MG	TABLET	1		
WELLCOVORIN	*	LEUCOVORIN CALCIUM	5MG	TABLET	1		
WESTCORT	*	HYDROCORTISONE VALERATE	0.20%	CREAM	1	QL	MAX 60GM/FILL
WESTCORT	*	HYDROCORTISONE VALERATE	0.20%	OINTMENT	1	QL	MAX 60GM/FILL
WYTENSIN	*	GUANABENZ ACETATE	4MG	TABLET	1		
WYTENSIN	*	GUANABENZ ACETATE	8MG	TABLET	1		
XALATAN	*	LATANOPROST	0.005%	OPTIC	1	QL	MAX 2.5MLS PER 28 DAYS
XALKORI		CRIZOTINIB	200MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
XALKORI		CRIZOTINIB	250MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
XANAX	*	ALPRAZOLAM	0.25MG	TABLET	1		
XANAX	*	ALPRAZOLAM	0.5MG	TABLET	1		
XANAX	*	ALPRAZOLAM	1MG	TABLET	1		
XANAX	*	ALPRAZOLAM	2MG	TABLET	1		
XANAX XR	*	ALPRAZOLAM	0.5MG	TAB ER 24HR	1	PA	CRITERIA MUST BE MET
XANAX XR	*	ALPRAZOLAM	1MG	TAB ER 24HR	1	PA	CRITERIA MUST BE MET
XANAX XR	*	ALPRAZOLAM	2MG	TAB ER 24HR	1	PA	CRITERIA MUST BE MET
XANAX XR	*	ALPRAZOLAM	3MG	TAB ER 24HR	1	PA	CRITERIA MUST BE MET
XARELTO		RIBAROXYABAN	10MG	TABLET	3	QL	MAX ONE TABLET PER DAY
XARELTO		RIBAROXYABAN	15MG	TABLET	3	QL	MAX ONE TABLET PER DAY
XARELTO		RIBAROXYABAN	20MG	TABLET	3	QL	MAX ONE TABLET PER DAY
XELJANZ		TOFACITINIB CITRATE	5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
XELODA	*	CAPECITABINE	150MG	TABLET	1	PA	CRITERIA MUST BE MET

XELODA	*	CAPECITABINE	500MG	TABLET	1	PA	CRITERIA MUST BE MET
XENAZINE		TETRABENAZINE	12.5MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
XENAZINE		TETRABENAZINE	25MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
XERAC AC		ALUMINUM CHLORIDE	6.25%	SOLUTION	2		
XIBROM		BROMFEVAC	0.09%	OPTIC	3	PA	FAILURE OF ACULAR AND VOLTAREN
XIFAXAN		RIFAXIMIN	550MG	TABLET	2	PA	CRITERIA MUST BE MET
XIFAXAN		RIFAXIMIN	200MG	TABLET	2	QL	MAX 10 TABLETS PER FILL
XOPENEX	*	LEVALBUTEROL HCL	0.31MG/3ML	SOLUTION	3	PA	FAILURE OF AN ALBUTEROL PRODUCT
XOPENEX	*	LEVALBUTEROL HCL	0.63MG/3ML	SOLUTION	3	PA	FAILURE OF AN ALBUTEROL PRODUCT
XOPENEX	*	LEVALBUTEROL HCL	1.25MG/3ML	SOLUTION	3	PA	FAILURE OF AN ALBUTEROL PRODUCT
XOPENEX HFA		LEVALBUTEROL TARTRATE	45MCG	HFA AER AD	3	QL	MAX 2 INHALERS PER MONTH
X-VIATE	*	UREA	40%	CREAM	1		
X-VIATE	*	UREA	40%	GEL	1		
X-VIATE	*	UREA	40%	LOTION	1		
XYLOCAINE	*	LIDOCAINE HCL	2%	JEL	1		
XYLOCAINE	*	LIDOCAINE HCL	5%	OINT.(GM)	2		
XYLOCAINE	*	LIDOCAINE HCL	20MG/ML	SOLUTION	1		
XYLOCAINE	*	LIDOCAINE HCL	40MG/ML	SOLUTION	1		
XYREM		SODIUM OXYBATE	500MG/ML	SOLUTION	3	PA, SP	CRITERIA MUST BE MET
XYZAL		DIHYDROCHLORIDE	2.5MG/5ML	ORAL SOLN	3	PA	ALT: CLARITIN AND ZYRTEC LIQUID
XYZAL	*	DIHYDROCHLORIDE	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
YASMIN	*	E. ESTRADIOL/DROSPIRENONE	0.03-3MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
YAZ	*	E. ESTRADIOL/DROSPIRENONE	0.02-3MG (24)	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
YOCON	*	YOHIMBINE	5.4MG	TABLET	1		
YODOXIN		IDOQUINOL	210MG	TABLET	1		
ZADITOR OTC	*	KETOTIFEN FUMERATE	1.025%	OPTIC	1		
ZANAFLEX	*	TIZANIDINE HCL	2MG	CAPSULE	3	PA	ALT: ZANAFLEX TABLET
ZANAFLEX	*	TIZANIDINE HCL	4MG	CAPSULE	3	PA	ALT: ZANAFLEX TABLET
ZANAFLEX	*	TIZANIDINE HCL	2MG	TABLET	1		
ZANAFLEX	*	TIZANIDINE HCL	4MG	TABLET	1		
ZANTAC	*	RANITIDINE HCL	150MG	CAPSULE	1		
ZANTAC	*	RANITIDINE HCL	300MG	CAPSULE	1		
ZANTAC	*	RANITIDINE HCL	15MG/ML	SYRUP	1		
ZANTAC	*	RANITIDINE HCL	150MG	TABLET	1		
ZANTAC	*	RANITIDINE HCL	300MG	TABLET	1		
ZARAH	*	ETHINYL ESTRADIOL/DROSPIRE	0.03-3MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZARONTIN	*	ETHOSUXIMIDE	250MG	CAPSULE	1		

ZARONTIN	*	ETHOSUXIMIDE	250MG/5ML	SYRUP	1		
ZAROLYN	*	METOLAZONE	10MG	TABLET	1		
ZAROLYN	*	METOLAZONE	2.5MG	TABLET	1		
ZAROLYN	*	METOLAZONE	5MG	TABLET	1		
ZAVESCA		MIGLUSTAT	100MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
ZEBETA	*	BISOPROLOL FUMARATE	10MG	TABLET	1		
ZEBETA	*	BISOPROLOL FUMARATE	5MG	TABLET	1		
ZEGERID OTC		OMEPRAZOLE/SODIUM BICARBONATE	20MG-1.1GM	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ZEGERID RX		OMEPRAZOLE/SODIUM BICARBONATE	40MG	CAPSULE	3	PA	ALT: ACIPHEX, NEXIUM OTC, PREVACID, PRILOSEC AND PROTONIX
ZELBORAF		VEMURAFENIB	240MG	TABLET	3	PA, SP	CRITERIA MUST BE MET
ZEMPLAR	*	PARICALCITOL	1MCG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ZEMPLAR	*	PARICALCITOL	2MCG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ZEMPLAR	*	PARICALCITOL	4MCG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ZENCHENT	*	ESTRAD	0.4-0.035	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZENCHENT FE	*	NORETHINDRONE-ETHINYL ESTRAD W/ IRON	0.4-35(21)	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZENPEP		LIPASE/PROTEASSE/AMYLASE	10K/34K/55K	CAPSULE DR	3		
ZENPEP		LIPASE/PROTEASSE/AMYLASE	15K/51K/82K	CAPSULE DR	3		
ZENPEP		LIPASE/PROTEASSE/AMYLASE	20K/68K/109K	CAPSULE DR	3		
ZENPEP		LIPASE/PROTEASSE/AMYLASE	5K/17K/27K	CAPSULE DR	3		
ZENZEDI		DEXTROAMPHETAMINE SULFATE	10MG	TABLET	3	PA	ALT: ADDERALL AND RITALIN
ZENZEDI		DEXTROAMPHETAMINE SULFATE	2.5MG	TABLET	3	PA	ALT: ADDERALL AND RITALIN
ZENZEDI		DEXTROAMPHETAMINE SULFATE	5MG	TABLET	3	PA	ALT: ADDERALL AND RITALIN
ZENZEDI		DEXTROAMPHETAMINE SULFATE	7.5MG	TABLET	3	PA	ALT: ADDERALL AND RITALIN
ZEOSA	*	NORETHINDRONE- ETHINYL ESTRADIOL W/IRON	0.4-35 (21)	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZERIT	*	STAVUDINE	15MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ZERIT	*	STAVUDINE	20MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ZERIT	*	STAVUDINE	30MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ZERIT	*	STAVUDINE	40MG	CAPSULE	1	QL	MAX ONE CAPSULE PER DAY
ZERIT	*	STAVUDINE	1MG/ML	SOLN RECON	1		
ZESTORETIC	*	LISINOPRIL/HCTZ	10-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZESTORETIC	*	LISINOPRIL/HCTZ	20-12.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZESTORETIC	*	LISINOPRIL/HCTZ	20-25MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZESTRIL	*	LISINOPRIL	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZESTRIL	*	LISINOPRIL	2.5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZESTRIL	*	LISINOPRIL	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY

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ZESTRIL	*	LISINOPRIL	30MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZESTRIL	*	LISINOPRIL	40MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZESTRIL	*	LISINOPRIL	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZETACET	*	SULFACETAMIDE NA/SULFUR	10-5%	CLEANSER	1		
ZETACET	*	SULFACETAMIDE NA/SULFUR	10-5%	CREAM	1		
ZETIA		EZETIMIBE	10MG	TABLET	2	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
ZETONNA		CICLESONIDE	37MCG	NASAL SPRAY	3	PA	ALT: FLONASE AND NASACORT OTC
ZIAC	*	BISOPROLOL/HCTZ	10-6.25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZIAC	*	BISOPROLOL/HCTZ	2.5-6.25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZIAC	*	BISOPROLOL/HCTZ	5-6.25MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZIAGEN	*	ABACAVIR SULFATE	300MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZIAGEN		ABACAVIR SULFATE	20MG/ML	SOLUTION	2		
ZIOPTAN		TAFLUPROST PF	0.00%	DROPERETTE	3	PA	ALT: XALATAN
ZITHROMAX	*	AZITHROMYCIN	1G	PACKET	1	QL	MAX 1 PACKET PER FILL
ZITHROMAX	*	AZITHROMYCIN	100MG/5ML	SUSP RECON	1	QL	MAX 15MLS PER FILL
ZITHROMAX	*	AZITHROMYCIN	200MG/5ML	SUSP RECON	1	QL	MAX 30ML PER FILL
ZITHROMAX	*	AZITHROMYCIN	250MG	TABLET	1	QL	MAX SIX TABLETS PER DAY
ZITHROMAX	*	AZITHROMYCIN	500MG	TABLET	1	QL	MAX THREE TABLETS PER FILL
ZITHROMAX		AZITHROMYCIN	250MG	CAPSULE	2	QL	MAX TWO CAPSULES PER DAY
ZITHROMAX	*	AZITHROMYCIN	600MG	TABLET	1		
Z-MAX		AZITHROMYCIN	2G/60ML	SUSP SR REC	3	QL	MAX 1 BOX PER FILL
ZOCOR	*	SIMVASTATIN	10MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZOCOR	*	SIMVASTATIN	20MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZOCOR	*	SIMVASTATIN	40MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZOCOR	*	SIMVASTATIN	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZOCOR	*	SIMVASTATIN	80MG	TABLET	1	QL	MAX ONE TABLET PER DAY
ZOFRAN	*	ONDANSETRON HCL	4MG/5ML	SOLUTION	1	AG	MAX AGE 10
ZOFRAN	*	ONDANSETRON HCL	4MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ZOFRAN	*	ONDANSETRON HCL	8MG	TABLET	1	QL	MAX THREE TABLETS PER DAY
ZOFRAN ODT	*	ONDANSETRON HCL	4MG	TABLET	1	QL	MAX 60 TABLETS PER MONTH
ZOFRAN ODT	*	ONDANSETRON HCL	8MG	TABLET	1	QL	MAX 60 TABLETS PER MONTH
ZOLINZA		VORINOSTAT	100MG	CAPSULE	3	PA, SP	CRITERIA MUST BE MET
ZOLOFT	*	SERTRALINE HCL	25MG	TABLET	1	QL	MAX 1.5 TABLETS PER DAY
ZOLOFT	*	SERTRALINE HCL	50MG	TABLET	1	QL	MAX 1.5 TABLETS PER DAY
ZOLOFT	*	SERTRALINE HCL	100MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZOLOFT	*	SERTRALINE HCL	20MG/ML	ORAL CONC.	1		
ZOMIG	*	ZOLMITRIPTAN	2.5MG	TABLET	1	PA, QL	ALT: AMERGE, IMITREX AND MAXALT

ZOMIG	*	ZOLMITRIPTAN	5MG	TABLET	1	PA, QL	ALT: AMERGE, IMITREX AND MAXALT
ZOMIG ZMT	*	ZOLMITRIPTAN	2.5MG	TAB RAPDIS	1	PA, QL	ALT: AMERGE, IMITREX AND MAXALT
ZOMIG ZMT	*	ZOLMITRIPTAN	5MG	TAB RAPDIS	1	PA, QL	ALT: AMERGE, IMITREX AND MAXALT
ZONALON		DOXEPIN HCL	5%	CREAM	3		
ZONEGRAN	*	ZONISAMIDE	100MG	CAPSULE	1		
ZONEGRAN	*	ZONISAMIDE	25MG	CAPSULE	1		
ZONEGRAN	*	ZONISAMIDE	50MG	CAPSULE	1		
ZOVIA 1-35E	*	ETHYNODIOL D-ETHINYL ESTRADIOR	1-0.035MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZOVIA 1-50E	*	ETHYNODIOL D-ETHINYL ESTRADIOR	1-0.050MG	TABLET	P	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZOVIRAX	*	ACYCLOVIR	5%	OINT.(GM)	1	QL	MAX 15GMS PER FILL
ZOVIRAX		ACYCLOVIR	5%	CREAM	3	QL	MAX 5GMS PER FILL
ZOVIRAX	*	ACYCLOVIR	200MG	CAPSULE	1		
ZOVIRAX	*	ACYCLOVIR	200MG/5ML	ORAL SUSP	1		
ZOVIRAX	*	ACYCLOVIR	400MG	TABLET	1		
ZOVIRAX	*	ACYCLOVIR	800MG	TABLET	1		
ZUBSOLV		BUPRENORPHINE HCL/NALOXONE	1.4-0.36MG	TAB SL	3	PA	ALT: SUBOXONE SL
ZUBSOLV		BUPRENORPHINE HCL/NALOXONE	5.7-1.4MG	TAB SL	3	PA	ALT: SUBOXONE SL
ZUPLENZ		ONDANSETRON HCL	4MG	FILM	3	PA	CANCER DIAGNOSIS
ZUPLENZ		ONDANSETRON HCL	8MG	FILM	3	PA	CANCER DIAGNOSIS
ZYBAN	*	BUPROPION HCL	150MG	TABLET	P	QL	MAX TWO TABLETS PER DAY
ZYCLARA		IMIQUIMOD	3.75%	CREAM PACK	3	PA	FAILURE OF ALDARA
ZYFLO		ZILEUTON	600MG	TABLET	3		
ZYFLO CR		ZILEUTON	600MG	TBMP 12HR	3	PA	ALT: SINGULAIR
ZYLOPRIM	*	ALLOPURINOL	100MG	TABLET	1		
ZYLOPRIM	*	ALLOPURINOL	300MG	TABLET	1		
ZYMAR		GATIFLOXACIN	0.3%	OPTIC	3	PA	ALT: CILOXAN, OCUFLOX AND QUIXIN
ZYMAXID	*	GATIFLOXACIN	0.5%	OPTIC	3	QL	MAX 2.5MLS PER FILL.
ZYPREXA	*	OLANZAPINE	10MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZYPREXA	*	OLANZAPINE	15MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZYPREXA	*	OLANZAPINE	2.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZYPREXA	*	OLANZAPINE	20MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZYPREXA	*	OLANZAPINE	5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZYPREXA	*	OLANZAPINE	7.5MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZYRTEC OTC	*	CETIRIZINE HCL	1MG/ML	ORAL SYRUP	1	QL	MAX 10MLS PER DAY
ZYRTEC OTC	*	CETIRIZINE HCL	10MG CHEW	TABLET	1	QL	MAX ONE TABLET PER DAY
ZYRTEC OTC	*	CETIRIZINE HCL	5MG	TABLET	1	QL	MAX ONE TABLET PER DAY

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ZYRTEC OTC	*	CETIRIZINE HCL	5MG CHEW	TABLET	1	QL	MAX ONE TABLET PER DAY
ZYRTEC OTC	*	CETIRIZINE HCL	10MG	TABLET	1	QL	MAX TWO TABLETS PER DAY
ZYRTEC-D OTC	*	P-EPHED HCL/CETIRIZINE HCL	120-5MG	TAB ER 12HR	1	QL	MAX TWO TABLETS PER DAY
ZYVOX	*	LINEZOLID	100MG/5ML	SUSP RECON	1	PA	CRITERIA MUST BE MET
ZYVOX	*	LINEZOLID	600MG	TABLET	1	PA	CRITERIA MUST BE MET