

# Quick Formulary Guide McLaren Health Advantage

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

| ALLERGY                         |
|---------------------------------|
| 1 Allegra* (QL)                 |
| 1 Astelin* (QL)                 |
| 1 Astepro* (QL)                 |
| 1 Atarax*                       |
| 1 Atrovent Nasal Spray* (QL)    |
| 1 Clarinex* (QL)                |
| 1 Claritin/Claritin-D OTC* (QL) |
| 1 Elestat* (QL)                 |
| 1 Flonase* (QL)                 |
| 1 Hycoden* (QL)                 |
| 1 Nasacort OTC* (QL)            |
| 1 Optivar* (QL)                 |
| 1 Patanol* (QL)                 |
| 1 Phenegran Products*           |
| 1 Rhinocort OTC* AQ (QL)        |
| 1 Robitussin AC/DAC*            |
| 1 Rondec/Rondec DM*             |
| 1 Tessalon Perles* (QL)         |
| 1 Tussionex* (QL)               |
| 1 Xyzal Tablets* (QL)           |
| 1 Zaditor* OTC (QL)             |
| 1 Zyrtec/Zyrtec-D OTC* (QL)     |
| 3 Nasonex* (QL)                 |

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

| ASTHMA/BREATHING                     |
|--------------------------------------|
| 1 Accolate*(QL)                      |
| 1 Proventil*                         |
| 1 Pulmicort Nebulizer Solution* (AG) |
| 1 Singulair* (QL)                    |
| 1 TheoDur*                           |
| 1 Uniphyll*                          |
| 1 Xopenex HFA (QL)                   |
| 1 Xopenex Nebulizer Solution*(PA)    |
| 2 Advair Diskus (QL)                 |
| 2 Combivent Respimat (QL)            |
| 2 Dulera (QL)                        |
| 2 Flovent HFA (GL)                   |
| 2 ProAir HFA (QL)                    |
| 2 Pulmicort Flexhaler (QL)           |
| 2 Serevent Diskus (QL)               |
| 2 Symbicort (QL)                     |
| 2 Ventolin HFA (QL)                  |
| 3 Advair HFA (QL)                    |
| 3 Asmanex (QL)                       |

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

| CARDIOVASCULAR, cont. |
|-----------------------|
| 3 Bystolic (QL)       |
| 3 Edarbi (PA)         |
| 3 Pradaxa (QL)        |
| 3 Tekturna (PA)       |
| 3 Xarelto (PA)        |

| CHOLESTEROL       |
|-------------------|
| 1 Colestid*       |
| 1 Crestor* (QL)   |
| 1 Fibracor*       |
| 1 Lipitor*        |
| 1 Lofibra*        |
| 1 Lopid*          |
| 1 Lovaza* (QL)    |
| 1 Mevacor*        |
| 1 Pravachol*      |
| 1 Questran*       |
| 1 Slo-Niacin OTC* |
| 1 Tricor* (QL)    |
| 1 Zetia* (QL)     |
| 1 Zocor*          |
| 3 Niaspan* (QL)   |
| 3 Triglide (PA)   |
| 3 Trilipix* (QL)  |
| 3 Vytorin*        |

| CONTRACEPTIVES (G) (QL) (P) |
|-----------------------------|
| 1 Alesse*                   |
| 1 Cyclessa*                 |
| 1 Demulen*                  |
| 1 Depo-Provera*             |
| 1 LoEstrin*                 |
| 1 Lo-Ovral*                 |
| 1 Micronor*                 |
| 1 Mircette*                 |
| 1 Modicon*                  |
| 1 Necon*                    |
| 1 Nordette*                 |
| 1 NuvaRing                  |
| 1 Ortho-Cyclen*             |
| 1 Ortho Evra*               |
| 1 Ortho-Novum*              |
| 1 Ortho Tri-Cyclen*         |
| 1 Seasonale*                |
| 1 Tri-Norinyl*              |
| 1 Triphasil*                |
| 1 Yasmin*                   |
| 1 Yaz*                      |

|                        |                          |
|------------------------|--------------------------|
| * = Generic Required   | P = Preventive           |
| AG = Age Restrictions  | PA = Prior Authorization |
| F = Female             | QL = Quantity Limits     |
| M = Male               | ST = Step Therapy        |
| OTC = Over-the-Counter |                          |
| 1 = Tier 1             | 2 = Tier 2               |
|                        | 3 = Tier 3               |

(888) 327-0671

[McLarenHealthAdvantage.org](http://McLarenHealthAdvantage.org)

Information is subject to change

**DIABETES**

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

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

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

**GASTROINTESTINAL**

- 1 Aciphex\* (QL)
- 1 Asacol HD\* (QL)
- 1 Azulfidine\*
- 1 Bentyl\*
- 1 Carafate Tablets\*
- 1 Colazal\* (QL)
- 1 Levsin\*
- 1 Librax\*
- 1 Lomotil\* (QL)
- 1 Nexium OTC\* (QL)
- 1 Pepcid\*
- 1 Prevacid\* (QL)
- 1 Prilosec\*
- 1 Protonix\*
- 1 Reglan\*
- 1 Tagamet\*
- 1 Zantac\*

- 2 Apriso (QL)
- 2 Delzicol (QL)

- 3 Dexilant (PA)
- 3 Lialda\* (QL)

**HORMONE REPLACEMENT**

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

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

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

**MEN'S HEALTH**

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

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

**MENTAL HEALTH**

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

- 3 Rozerem (PA)
- 3 Strattera\* (PA)

**PAIN & INFLAMMATION (QL)**

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

**PAIN & INFLAMMATION (QL), cont.**

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

- 3 Butrans (QL)
- 3 Flector (PA)
- 3 Nucynta/Nucynta ER (PA)
- 3 Oxycotin\*

**SMOKING CESSATION**

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

**TOPICALS**

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

- 2 Abreva OTC (QL)

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

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