



McLaren Medicaid/Healthy Michigan Formulary Quick Guide July 2025

This is a Quick Formulary Reference of frequently prescribed medications for our McLaren Health Plan Medicaid members. A complete full drug formulary is available on our website at <https://www.mclarenhealthplan.org/mclaren-health-plan/drug-formulary-search-and-resources> or by calling 888-327-0671. Formulary changes and updates are also available on our website. McLaren Health Plan promotes the use of high-quality, cost-effective medications. If you would like to speak with the Pharmacy Director regarding the Formulary, please call 810-733-9727 for assistance.

Key	
*	Generic Required
AG	Age Restrictions
F	Females Only
M	Males Only
OTC	Over the Counter
PA	Prior Authorization
QL	Quantity Limits
ST	Step Therapy

Quick Guides are updated twice per year: January and July.

888-327-0671

[McLarenHealthPlan.org](https://www.mclarenhealthplan.org)

Information is subject to change

MHP42721016P Rev. 7/1/2025

ALLERGY

Allegra*
 Astelin*/Astepro* Nasal Spray
 Atarax* (AG)
 Atrovent Nasal Spray*
 Benadryl* (AG)
 Chlor-Trimeton*
 Claritin OTC*
 Flonase OTC*
 Nasalcrom OTC*
 Optivar*
 Pataday*
 Phenergan* (AG)(QL)
 Periactin* (AG)
 Vistaril* (AG)
 Xyzal* Tablets
 Zaditor OTC*
 Zyrtec OTC*

ANTI-INFECTIVES (ORAL)

Amoxil*
 Augmentin*
 Bactrim*/Bactrim DS*
 Biaxin* (QL)
 Ceftin* (QL)
 Cefzil* (QL)
 Cipro* (QL)
 Cleocin* (AG)
 Dapsone*
 Diflucan* (QL)
 Duricef* (QL)
 Famvir*
 Flagyl* 250mg/500mg Tablets
 Keflex*
 Lamisil* (QL)
 Levaquin* (QL)
 Macrochantin* 50/100mg (QL)(AG)
 Minocin Capsules*
 Nystatin*
 Omnicef* (QL)
 Penicillin*
 Principen*
 Stromectol* (QL)
 Valtrex*
 Zithromax* (QL)
 Zovirax*

ASTHMA/BREATHING

Accuneb*
 Advair Diskus **(Brand)**(QL)
 Advair HFA **(Brand)**(QL)

ASTHMA/BREATHING, cont

Atrovent HFA/Neb Sol* (QL)
 Asmanex Twisthaler (QL)(AG)
 Brethine Tablets*
 Combivent Respimat (QL)
 Dulera (QL)
 Duoneb*
 Flovent HFA* (QL)
 Incruse Ellipta
 Pulmicort Respules* (QL)
 Pulmicort Flexhaler (QL)
 Qvar
 Serevent (QL)
 Singulair* (AG)
 Spiriva **(Brand)** (QL)
 Stiolto (QL)
 Symbicort **(Brand)**(QL)
 Theophylline*
 Trelegy Ellipta (QL)
 Ventolin HFA **(Brand)**(QL)
 Xopenex HFA **(Brand)** (QL)

CARDIOVASCULAR

Aldactone*/Aldactazide* (QL)
 Aldomet*
 Apresoline* (QL)
 Benicar*/Benicar HCT*
 Betapace*/Betapace AF*
 Bystolic*
 Calan*/Calan SR*
 Cardizem*/CD*/SR*
 Catapres* (QL)
 Coreg*
 Coumadin*
 Cozaar*
 Diovan*/Diovan HCT*
 Dyazide*
 Eliquis (QL)
 Exforge*/Exforge HCT*
 Hyzaar*
 Imdur*
 Inderal*/Inderal LA*
 Lanoxin*
 Lopressor*
 Lotensin*/Lotensin HCT*
 Lotrel*
 Lovenox* (PA >10days)
 Norpace* (AG)
 Norvasc*
 Plavix* (QL)

CARDIOVASCULAR, cont

Procardia*/Procardia XL*
 Rythmol*
 Tenex*
 Tenormin*/Tenoretic*
 Toprol XL*
 Vasotec*/Vaseretic*
 Xarelto (QL)
 Zestril*/Zestoretic*
 Ziac*

CHOLESTEROL

Colestid Tablets*
 Crestor* (QL)
 Lipitor* (QL)
 Lofibra*(QL)
 Lopid*
 Mevacor* (QL)
 Pravachol* (QL)
 Questran*/Light*
 Tricor*
 Zetia*
 Zocor* (QL)

CONTRACEPTIVES (F) (QL)

Apri*
 Aviane*
 Depo-Provera* Vial
 Errin*
 EstroStep FE*
 Jolessa*
 Junel*/FE*
 Kariva*
 LoEstrin FE*
 Low-Ogestrel*
 Mircette*
 Nortrel*
 NuvaRing*
 Ortho-Novum*
 Ortho Tri-Cyclen*
 Ovcon/FE*
 Portia*
 Sprintec*
 Tri-Sprintec*
 Trivora*
 Velivet*
 Xulane*
 Yasmin*
 Yaz*
 Zovia*

DIABETES

Actos*
Amaryl*
Apidra (QL)
Diabeta*/Micronase*
Farxiga (**Brand**)
Glucophage*/Glucophage XR*
Glucotrol*/Glucotrol XL*
Glucoavance*
Glynase*
Glyset*
Humalog (**Brand**)(QL)
Humulin (**Brand**) (QL)
Januvia (**Brand**)(QL)
Janumet/XR (QL)
Jardiance
Lantus (**Brand**)(QL)
Levemir (QL)
Novolin N/Novolin R (**Brand**)(QL)
Novolog* (QL)
Prandin*
Precose*
Starlix*
Symlin Pen
Tradjenta
Xigduo XR (**BRAND**)

GASTROINTESTINAL

Amitza* (QL)(AG)
Apriso (**Brand**)
Azulfidine*/EN*
Bentyl* (AG)
Carafate Tablets* (QL)
Cytotec* (QL)
Dulcolax*
Imodium*
Levsin* (AG)
Lialda*
Linzess (QL)(AG)
Lomotil*
Nexium Packet (**BRAND**) (QL)
Pentasa (**BRAND**)
Pepcid*
Prilosec Capsules* (QL)
Protonix* (QL)
Reglan*
Robinul/Forte* Tablets*
Tagamet*
Ursodiol*

MEN'S HEALTH

Avodart*
Cardura*
Danazol*
Depo-Testosterone*
Flomax*
Hytrin*
Minipres*
Proscar*
Uroxatrol*

****Erectile dysfunction medications are not a covered benefit**

HORMONE REPLACEMENT (F)

Activella* (AG)
Aygestin*
Climara* (QL)(AG)
Estrace* (QL)(AG)
FemHRT* (QL)(AG)
Menest (AG)
Premarin Tablets (QL)(AG)
Prempro/Premphase (QL)(AG)
Prometrium*
Provera*
Vagifem*
Vivelle-Dot* (QL)(AG)

TOPICALS

Abreva OTC*
Bactroban Ointment*
Benzoyl Peroxide 5%,10% Gel/Wash
Cleocin* (QL)
Cutivate*
Denavir (**Brand**)
Differin* Gel (QL)(AG)
Efudex*
Elimite* (QL)
Elocon*
Garamycin*
Hytone*
Kenalog*
Lac-Hydrin* (QL)
Lotrimin*
Mycostatin*
Penlac*
Silvadene*
Temovate*
Ultravate*
Valisone*
Zovirax*

PAIN & INFLAMMATION (QL)

Butrans (**Brand**)
Celebrex*
Clinoril*
Dilaudid*
Duragesic*
Fioricet **50/325/40mg** Tablets* (AG)
Fiorinal **50/325/40mg** Capsules* (AG)
Flexeril*
Indocin*
Mobic*
Motrin*
MS Contin*
MSIR*/MSER* Tablets
Naprosyn*
Norco*
Norflex*
Oxy IR Tablets*
Percocet*
Relafen*
Toradol Tablets*
Tylenol*
Tylenol with Codeine* (AG)
Ultram*/Ultram ER* (AG)
Vicodin*
Voltaren*/Voltaren Gel
Zanaflex Tablets*

MIGRAINE (QL)

Aimoving (**PA**)(AG)
Ajovy (**PA**)(AG)
Emgality (**PA**)(AG)
Imitrex Cartridge*/Inj*/Vial*
Imitrex Tablets* (18/month)
Imitrex Nasal Spray* (6 per fill)
Maxalt*/MLT* (18/month)
Nurtec ODT (**PA**)(AG)

SMOKING CESSATION (QL)

Chantix*
Nicotine Gum*
Nicotine Lozenges*
Nicotine Patches*
Nicotrol Nasal Spray
Zyban*

OSTEOPOROSIS

Evista*
Fosamax* (QL)
Miacalcin* Nasal Spray