

This is a Quick Formulary Reference of frequently prescribed medications for our Medicaid and Healthy Michigan members. A complete positive listing is available on our website at MclarenHealthPlan.org 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 Medical Management regarding the Formulary, please call (810) 733-9711 for assistance.

ALLERGY/COUGH AND COLD

Astelin* (QL)
 Atarax*
 Atrovent Nasal Spray* (QL)
 Claritin OTC* (QL)
 Claritin-D OTC* (QL)
 Elestat* (QL)
 Flonase* (QL)
 Hycodan*
 Naphcon-A OTC
 Nasacort OTC (QL)
 Optivar*
 Phenergan Products*
 Robitussin AC/DAC/DM*
 Tavist*
 Tessalon Perles* (QL)
 Xyzal Tablets* (QL)
 Zaditor OTC
 Zyrtec OTC* (QL)
 Zyrtec-D OTC* (QL)

ANTI-INFECTIVES

Amoxil*
 Augmentin*
 Bactrim/Bactrim DS*
 Biaxin*
 Ceclor*
 Cefzil*
 Cipro* (AG)
 Cleocin*
 Diflucan* (QL)
 Ery-Tab*
 Famvir* (ST)
 Flagyl 250mg and 500mg*
 Floxin*
 Keflex*
 Lamisil*
 Levaquin* (QL)
 Macrodantin*
 Minocin*
 Nizoral*
 Nystatin
 Pediazole*
 Penicillin
 Stromectol*
 Valtrex* (QL)
 Vermox*
 Zithromax* (QL)
 Zovirax*

ASTHMA/BREATHING

Accolate* (PA)
 Accuneb*
 Advair Diskus (QL)
 Alvesco (QL)
 Asmanex (QL)
 Atrovent HFA (QL)
 Combivent Respimat (QL)
 Dulera (QL)
 Duoneb*
 Flovent HFA (QL)
 ProAir HFA (QL)
 Pulmicort Flexhaler (QL)
 Pulmicort Respules* (AG)
 QVAR (QL)
 Singulair* (QL)
 Spiriva (QL)
 Symbicort (QL)
 Ventolin HFA (QL)
 Xopenex HFA (PA)
 Xopenex Nebulizer Soln* (AG)

CARDIOVASCULAR

Accupril/Accuretic* (QL)
 Aldactone/Aldactazide*
 Avalide/Avapro* (QL)
 Bumex*
 Calan*
 Capoten/Capozide*
 Cardizem CD* (QL)
 Coreg*
 Coumadin*
 Cozaar* (QL)
 Diovan HCT* (QL)
 Dyazide*
 Effient (PA)
 Hyzaar* (QL)
 Imdur*
 Inderal/Inderal LA*
 Lanoxin*
 Lopressor*
 Lotensin/Lotensin HCT* (QL)
 Lotrel* (QL)
 Lovenox* (QL)
 Norpace*
 Norvasc* (QL)
 Plavix (QL)
 Plendil* (QL)
 Procardia XL* (QL)
 Rythmol*
 Tenormin/Tenoretic*
 Vasotec/Vaseretic*
 Xarelto (PA)
 Zestril/Zestoretic* (QL)
 Ziac*

CHOLESTEROL

Colestid*
 Crestor (PA)
 Fibracor*
 Lipitor* (QL)
 Lofibra*
 Lopid*
 Lovaza* (PA)
 Mevacor* (QL)
 Niacin OTC
 Niaspan* (PA)
 Pravachol* (QL)
 Questran*
 Slo-Niacin OTC*
 TriCor* (PA)
 Trilipix* (PA)
 Vytorin (PA)
 Zetia (PA)
 Zocor* (QL)

CONTRACEPTIVES (G) (QL)

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

* = Generic Required
 AG = Age Restrictions
 G = Gender Specific
 OTC = Over The Counter
 PA = Prior Authorization
 QL = Quantity Limits
 ST = Step Therapy

Continued

DIABETES
Actos* (PA) Amaryl* Apidra Vials Bayer Glucose Test Strips Bydureon (PA) Byetta (PA) Diabeta/Micronase* Glucophage/Glucophage XR* Glucotrol/Glucotrol XL* Glynase* Humulin/Humalog Vials Januvia (PA) Lantus Vials Levemir Vials Metaglip* Novolin/Novolog Vials Precose* Starlix* Victoza (PA) ** All pen products require prior authorization
GASTROINTESTINAL
Aciphex* (QL) Apriso (QL) Azulfidine* Bentyl* Carafate* Colazal* Delzicol (QL) Levsin* Lomotil* Nexium OTC (QL) Pentasa Pepcid* Prevacid* (QL) Prilosec* (QL) Protonix* (QL) Reglan* Tagamet* Zantac*
HORMONE REPLACEMENT (G)
Activella* Cenestin (QL) Climara* (QL) Estrace Cream Estrace Tablets* FemHRT* (QL) Menest (QL) Ogen* Premarin Cream Premarin Tablets (QL) Prempro/Premphase (QL) Prometrium* (QL) Provera*

MEN'S HEALTH
Androderm (PA) Androgel (PA) Cardura* Depo-Testosterone* (PA) Flomax* (QL) Hytrin* Minipres* Proscar* Uroxatral* (QL) **Erectile dysfunction medications are not a covered benefit
OSTEOPOROSIS
Fosamax* (QL) Miacalcin* (QL)
MIGRAINE
Amerge* (QL of 9/month) Imitrex* (QL of 9/month) Maxalt* (QL of 9/month)
PAIN & INFLAMMATION (QL)
Anaprox/Anaprox DS* Butrans Cataflam* Celebrex (PA) Daypro* Demero* Dilaudid* Duragesic* Flexeril* Indocin* Lodine/Lodine XL* Methadone* Mobic* Motrin* MS Contin* MSIR* Naprosyn* Norco* Norflex* Opana/Opana ER (PA) Oxycontin (PA) OxyIR* Percocet 5/325mg* Relafen* Robaxin* Tylenol with Codeine* Ultram* Ultram* Vicodin 5/500* (PA) Vicodin ES 7.5/750* Vicodin 5/300* (PA) Vicodin ES 7.5/300* (PA) Voltaren* Zanaflex Tablets*

SMOKING CESSATION
Chantix (PA) Nicotine Gum* (QL) Nicotine Patches (QL) Zyban* (QL)
TOPICALS (QL)
Abreva Bactroban Ointment* Benzamycin* Cleocin Solution* Desowen* Differin* (PA) Diprolene* Diprosone* Dovonex Solution* Efudex* Elimite* Elocon* Garamycin* Hytone* Lidex* Lotrisone* Mycolog* Nizoral* Psorcon* Retin-A* (AG) Sulfacet- R* Synalar* Ultravate* Valisone* Zovirax Ointment*

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