

This is a Quick Formulary Reference of frequently prescribed medications for our Large Group Standard Commercial members. A complete positive listing is available on our website at [McLarenHealthPlan.org](http://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/COLD AND COUGH
1 Allegra* (QL)
1 Astelin* (QL)
1 Atarax*
1 Atrovent Nasal Spray* (QL)
1 Clarinex* (QL)
1 Claritin/Claritin-D OTC* (QL)
1 Elestat*
1 Flonase* (QL)
1 Hycodan* (QL)
1 Nasacort OTC (QL)
1 Patanol (QL)
1 Optivar* (QL)
1 Phenergan Products*
1 Rhinocort AQ (QL)
1 Robitussin AC/DAC*
1 Rondec/Rondec DM*
1 Tessalon Perles* (QL)
1 Tussionex* (QL)
1 Xyzal Tablets* (QL)
1 Zaditor*
1 Zyrtec/Zyrtec-D OTC* (QL)
3 Nasonex (PA)

ANTI-INFECTIVES
1 Amoxicil*
1 Augmentin/ES/XR*
1 Avelox* (QL)
1 Bactrim/Bactrim DS*
1 Biaxin/Biaxin XL*
1 Ceclor*
1 Cefdin*
1 Cefzil*
1 Cipro* (AG)
1 Cleocin*
1 Ery-Tabs*
1 Diflucan*
1 Famvir* (QL)
1 Flagyl 250mg and 500mg*
1 Floxin*
1 Keflex 250mg and 500mg*
1 Lamisil* (QL)
1 Levaquin* (QL)
1 Macrochantin*
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 Zyxov* (PA)

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

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

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

CARDIOVASCULAR (CONT.)
1 Exforge* (QL)
1 Zestril/Zestoretic* (QL)
1 Ziac*
2 Tekturna (PA)
3 Benicar/Benicar HCT (PA)
3 Bystolic (QL)
3 Edarbi (PA)
3 Pradaxa (QL)
3 Xarelto (QL)

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

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

**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 Bayer Test Strips (QL)
- 2 Humulin/Humalog Vials
- 2 Januvia (PA)
- 2 Lantus Vials
- 2 Levemir Vials
- 2 Novolin/Novolog Vials
- 3 Apidra Vials
- 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 Azulfidine\*
- 1 Benty\*
- 1 Carafate Tablets\*
- 1 Colazal\*
- 1 Levsin\*
- 1 Librax\*
- 1 Lomotil\*
- 1 Pepcid\*
- 1 Prevacid\* (QL)
- 1 Prilosec\* (QL)
- 1 Protonix\* (QL)
- 1 Reglan\*
- 1 Tagamet\*
- 1 Zantac\*

- 2 Apriso (QL)
- 2 Delzicol (QL)
- 2 Nexium OTC (QL)
- 3 Asacol HD (QL)
- 3 Dexilant (PA)
- 3 Lialda (QL)

**HORMONE REPLACEMENT (G)**

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

- 2 Estrace Cream
- 2 Premarin Cream
- 2 Premarin Tablets
- 2 Prempro/Premphase (QL)
- 3 Estring (QL)
- 3 Femring (QL)
- 3 Vivelle-Dot (QL)

**MEN'S HEALTH**

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

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

**MENTAL HEALTH**

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

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

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

**PAIN & INFLAMMATION (QL)**

- 1 Anaprox/Anaprox DS\*
- 1 Cataflam\*
- 1 Celebrex\* (QL)
- 1 Demerol\*
- 1 Dilaudid\*
- 1 Duragesic\*
- 1 Flexeril\*
- 1 Indocin\*
- 1 Lodine/Lodine XL\*
- 1 Mobic\*
- 1 Motrin\*
- 1 MS Contin\*
- 1 Naprosyn\*
- 1 Norco\*
- 1 Norflex\*
- 1 Percocet\*
- 1 Relafen\*
- 1 Robaxin\*
- 1 Soma 350mg\*
- 1 Tylenol with Codeine\*
- 1 Ultracet\*
- 1 Ultram\*
- 1 Voltaren\*
- 1 Vicodin\* 5/300 (PA)
- 1 Vicodin ES\* 7.5/300 (PA)
- 1 Zanaflex Tablets\*

- 3 Butrans (QL)
- 3 Flector (PA)
- 3 Nucynta/Nucynta ER (PA)
- 3 Opana/Opana ER (PA)
- 3 Oxycontin\* (PA)
- 3 Voltaren Gel (QL)

**SMOKING CESSATION**

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

**TOPICALS (QL)**

- 1 Aclovate\*
- 1 Bactroban Ointment\*
- 1 Benzamycin\*
- 1 Cleocin Solution\*
- 1 Cutivate\*
- 1 Desowen\*
- 1 Diprolene\*
- 1 Diprosone\*
- 1 Elimite\*
- 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)

- 3 Denavir (QL)
- 3 Elidel (PA)
- 3 Eurax (QL)