

# 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 the Pharmacy Director regarding the Formulary, please call 810-733-9727 for assistance.

ALLERGY
1 Allegra*/Allegra-D*
1 Astelin* (QL)
1 Atarax*
1 Atrovent Nasal Spray*
1 Clarinex* (QL)
1 Elestat*
1 Flonase* (QL)
1 Hycodan*(AG)
1 Nasalide* (QL)
1 Nasonex* (QL)
1 Optivar*
1 Pataday* (QL)
1 Patanol*
1 Phenegran Products* (QL)
1 Robitussin AC*/DAC* (AG)
1 Tavist*
1 Tessalon Perles*
1 Tussionex* (QL)(AG)
1 Vistaril*
1 Xyzal Tablets*
1 Zyrtec*/Zyrtec-D*

ANTI-INFECTIVES (ORAL)
1 Amoxil*
1 Augmentin*/ES*/XR*
1 Avelox*
1 Bactrim*/Bactrim DS*
1 Biaxin*/Biaxin XL*
1 Ceclor*/Ceclor XR 500mg*
1 Ceftin*
1 Cefzil*
1 Cipro*
1 Cleocin*
1 Diflucan*
1 Duricef*
1 Ery-Tabs*
1 Famvir*
1 Flagyl*
1 Floxin*
1 Keflex*
1 Lamisil*
1 Levaquin*
1 Macrodantin* (QL)
1 Minocin*
1 Nizoral*
1 Nystatin*
1 Omnicef*
1 Penicillin*
1 Stromectol*
1 Valtrex*
1 Vibramycin*
1 Zithromax*
1 Zovirax*
1 Zyvox*

ASTHMA/BREATHING
1 Accolate*
1 Advair Diskus (QL)
1 Alupent*
1 Proair HFA*
1 Proventil Tablets*
1 Pulmicort Nebulizer Solution* (QL)
1 Singulair*
1 TheoDur*
1 Uniphyll*
1 Xopenex HFA*/Neb Sol*
2 Breo Ellipta (QL)
2 Combivent Respimat
2 Flovent HFA/Diskus (QL)
2 ProAir Respiclick
2 Qvar Respimat (QL)
2 Serevent Diskus (QL)
2 Spiriva/Respimat (QL)
2 Symbicort (QL)
2 Trelegy Ellipta (QL)

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

CARDIOVASCULAR, cont.
1 Vasotec*/Vaseretic*
1 Zestril*/Zestoretic*
1 Ziac*
2 Bystolic
2 Xarelto (QL)

CHOLESTEROL
1 Caduet* (QL)
1 Colestid*
1 Crestor* (QL)
1 Fibracor*
1 Lipitor* (QL)
1 Lofibra*
1 Lopid*
1 Lovaza* (QL)
1 Mevacor* (QL)
1 Pravachol* (QL)
1 Questran*
1 Tricor*
1 Trilipix*
1 Vytorin* (QL)
1 Welchol*
1 Zetia* (QL)
1 Zocor* (QL)

CONTRACEPTIVES (F) (QL) (P)
Apri*
Aviane*
Camrese*
Depo-Provera*
Errin*
Jolessa*
Junel*/FE*
Kariva*
Lessina*
LoEstrin*/FE*
Necon*
NuvaRing*
Ortho-Novum*
Ortho Tri-Cyclen*
Seasonique*
Sprintec*
Triphasil*
Trivora*
Velivet*
Xulane*
Yasmin*
Yaz*
Zovia*

* = Generic Required	P = Preventive = \$0.00
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 (TTY:711)

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

Information is subject to change

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## DIABETES

- 1 Actos\*
- 1 Amaryl\*
- 1 Diabeta\*/Micronase\*
- 1 Glucophage\*/Glucophage XR\*
- 1 Glucotrol\*/Glucotrol XL\*
- 1 Glucovance\*
- 1 Glynase\*
- 1 Metaglip\*
- 1 Precose\*
- 1 Starlix\*
- 2 Bydureon (QL)
- 2 Byetta (QL)
- 2 Farxiga (QL)
- 2 Humulin/Humalog Vials/Pens (QL)
- 2 Januvia/Janumet (QL)
- 2 Lantus Vials/Pens (QL)
- 2 Levemir Vials/Pens (QL)
- 2 Symlin
- 2 Toujeo/Toujeo Max (QL)
- 2 Tresiba vial/pen (QL)
- 2 Trulicity (QL)
- 2 Victoza (QL)

## GASTROINTESTINAL

- 1 Aciphex\* (QL)
- 1 Apriso\*
- 1 Asacol HD\*
- 1 Azulfidine\*
- 1 Bentyl\*
- 1 Carafate Tablets\*
- 1 Colazal\*
- 1 Levsin\*/SL\*
- 1 Librax\*
- 1 Lomotil\*
- 1 Nexium\* (QL)
- 1 Pepcid\*
- 1 Prevacid\*
- 1 Prilosec\*
- 1 Protonix\*
- 1 Reglan\*
- 1 Tagamet\*
- 1 Urso\*/Forte\*
- 2 Linzess (QL)
- 2 Pentasa

## HORMONE REPLACEMENT

- 1 Alora\* (QL)
- 1 Aygestin\*
- 1 Climara\* (QL)
- 1 Estrace Cream\*
- 1 Estrace Tablets\*
- 1 Estratest\*/Estratest HS\*
- 1 FemHRT\*
- 1 Prometrium\*
- 1 Provera\*
- 1 Yuvafem\*
- 2 Estring (QL)
- 2 Premarin Cream
- 2 Premarin Tablets
- 2 Prempro/Premphase

## MEN'S HEALTH

- 1 Androgel\* (PA)
- 1 Android\* (PA)
- 1 Avodart\*
- 1 Cardura\*
- 1 Depo-Testosterone\* (PA)
- 1 Flomax\*
- 1 Hytrin\*
- 1 Jalyn\* (ST)
- 1 Minipres\*
- 1 Proscar\*
- 1 Rapaflo\* (ST)
- 1 Testim\* (PA)
- 1 Uroxatral\*
- 3 Androderm (PA)

## MENTAL HEALTH

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

## PAIN & INFLAMMATION (QL)

- 1 Anaprox\*/Anaprox DS\*
- 1 Butrans\* (ST)
- 1 Cataflam\*
- 1 Celebrex\*
- 1 Demerol\*
- 1 Dilaudid\*
- 1 Duragesic\* (PA) (ST)
- 1 Flector\*
- 1 Flexeril\*
- 1 Indocin\*/ER\*
- 1 Lodine\*/Lodine XL\*
- 1 Mobic\*
- 1 Motrin\*
- 1 MS Contin\* (ST)
- 1 Naprosyn\*

## PAIN & INFLAMMATION (QL), cont.

- 1 Norco\*
- 1 Norflex\*
- 1 Oxycontin\* (ST)
- 1 Percocet\*
- 1 Relafen\*
- 1 Robaxin\*
- 1 Soma\*
- 1 Tylenol with Codeine\* (AG)
- 1 Ultracet\*(AG)
- 1 Ultram\*(AG)
- 1 Vicodin\*/ES\*/HP\*
- 1 Voltaren Gel\*
- 1 Voltaren\*/XR\*
- 1 Zanaflex\*
- 2 Nucynta

## SMOKING CESSATION (AG)(P)(QL)

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

## TOPICALS

- 1 Aclovate\*
- 1 Bactroban Cream\* (QL)
- 1 Benzamycin Packet\*
- 1 Cleocin\* (QL)
- 1 Cutivate\*
- 1 Desowen\*
- 1 Diprolene\*
- 1 Diprosone\*
- 1 Elidel\* (ST)
- 1 Elimate\*
- 1 Garamycin\* (QL)
- 1 Hytone\*
- 1 Lidex\*
- 1 Lotrisone\*
- 1 Nizoral\* (QL)
- 1 Ovace\*
- 1 Penlac\* (QL)
- 1 Plexion\*
- 1 Retin-A\*/Retin-a micro (AG)
- 1 Selsun Lotion\*
- 1 Silvadene\*
- 1 Spectazole\* (QL)
- 1 Sulfacet-R\*
- 1 Valisone\*
- 1 Westcort\*
- 1 Zovirax Ointment\*

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