



Formulary Quick Guide Individual Community January 2026

This is a Quick Formulary Reference of frequently prescribed medications for our McLaren Health Individual Community 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 | Female | | |
| M | Male | | |
| OTC | Over the Counter | | |
| P | Preventive =\$0.00 | | |
| PA | Prior Authorization | | |
| QL | Quantity Limits | | |
| (4) SP | Specialty Pharmacy Only | | |
| ST | Step Therapy | | |
| Copays | | | |
| 1=Tier 1 | 2=Tier 2 | 3=Tier 3 | 4=Specialty Pharmacy |

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

888-327-0671

McLarenHealthPlan.org

Information is subject to change

#MHPCC42723005-IND; Reviewed 1/1/26

ALLERGY

- 1 Astelin Nasal Spray*
- 1 Astepro Nasal Spray*
- 1 Atarax*
- 1 Atrovent Nasal Spray*
- 1 Clarinex Tablets*
- 1 Elestat* Eye Drops (QL)
- 1 Flonase Nasal Spray-OTC*
- 1 Hycodan* (QL)(AG)
- 1 Nasalide Nasal Spray* (QL)
- 1 Nasonex Nasal Spray-OTC* (QL)
- 1 Optivar* Eye Drop (QL)
- 1 Pataday* Eye Drops(QL)
- 1 Patanase Nasal Spray*
- 1 Periactin*
- 1 Phenergan*
- 1 Tavist Tablets*
- 1 Tessalon Perles*
- 1 Tussionex* (QL)(AG)
- 1 Xyzal Tablets*
- 1 Zyrtec Solution*

ANTI-INFECTIVES (Oral)

- 1 Amoxil*
- 1 Augmentin*/ES*/XR*
- 1 Avelox*
- 1 Bactrim*/Bactrim DS*
- 1 Biaxin*/ Biaxin XL*
- 1 Ceclor*/Ceclor ER*
- 1 Ceftin*
- 1 Cefzil*
- 1 Cipro*
- 1 Cleocin*
- 1 Diflucan*
- 1 Erythromycin*
- 1 Famvir*
- 1 Flagyl*
- 1 Floxin*
- 1 Keflex*
- 1 Lamisil Tablets*
- 1 Levaquin*
- 1 Macrobid*/Macrochantin* (QL)
- 1 Minocin*
- 1 Nizoral*
- 1 Nystatin*
- 1 Omnicef*
- 1 Penicillin*
- 1 Stromectol*
- 1 Valtrex*
- 1 Vibramycin*/Vibratabs*(QL)
- 1 Zithromax*
- 1 Zovirax*
- 1 Zyvox*

ASTHMA/BREATHING

- 1 Accolate*
- 1 Advair Diskus* (QL)
- 1 Flovent HFA*/Diskus*(QL)
- 1 ProAir HFA*/Proventil HFA*/Ventolin HFA*
- 1 Proventil*
- 1 Pulmicort Nebulizer Solution* (QL)
- 1 Singulair*
- 1 Spiriva Handihaler* (QL)
- 1 Symbicort* (QL)
- 1 Theophylline*
- 1 Xopenex HFA*
- 1 Xopenex Nebulizer Solution*
- 2 Advair HFA (**Brand**) (QL)
- 2 Arnuity Ellipta (**Brand**) (QL)
- 2 Atrovent HFA (QL)
- 2 Breo Ellipta (**Brand**) (QL)
- 2 Combivent Respimat
- 2 Serevent Diskus (QL)
- 2 Spiriva Respimat (QL)

CARDIOVASCULAR

- 1 Accupril*/Accuretic*
- 1 Aldactone*/Aldactazide*
- 1 Apresoline*
- 1 Avalide*/Avapro*
- 1 Benicar*/Benicar HCT*
- 1 Bumex*
- 1 Bystolic*
- 1 Capoten*/Capozide*
- 1 Cardizem*/CD*/LA*/SR*
- 1 Coreg*/CR* (QL)
- 1 Coumadin*
- 1 Cozaar*
- 1 Digitek*
- 1 Diovan*/Diovan HCT*
- 1 Dyazide*
- 1 Exforge*/Exforge HCT*
- 1 Hyzaar*
- 1 Imdur*
- 1 Inderal*/Inderal LA*
- 1 Lopressor*/Lopressor HCT*
- 1 Lotensin*/Lotensin HCT*
- 1 Lotrel*
- 1 Lovenox* (QL)
- 1 Mavik*
- 1 Monopril*/Monopril HCT*
- 1 Norpace*
- 1 Norvasc*
- 1 Plavix* (QL)
- 1 Plendil*
- 1 Pradaxa* (QL)
- 1 Procardia*/Procardia XL*

CARDIOVASCULAR, cont.

- 1 Rythmol*/Rythmol SR*
- 1 Tekturna*
- 1 Tenormin*/Tenoretic*
- 1 Toprol XL*
- 1 Univasc*
- 1 Vasotec*/Vaseretic*
- 1 Zestril*/Zestoretic*
- 1 Ziac*
- 2 Eliquis (QL)
- 2 Xarelto (QL)

CHOLESTEROL

- 1 Colestid*
- 1 Crestor*
- 1 Fibracor*
- 1 Lipitor*
- 1 Livalo* (QL)
- 1 Lopid*
- 1 Lovaza* (QL)(ST)
- 1 Mevacor* (QL)
- 1 Niaspan*
- 1 Pravachol* (QL)
- 1 Questran*/Light*
- 1 Tricor*
- 1 Trilipix*
- 1 Vascepa* (QL)
- 1 Vytorin* (QL)
- 1 Welchol*
- 1 Zetia* (QL)
- 1 Zocor* (QL)

CONTRACEPTIVES (G) (QL) (P)

- Apri*
- Ashlyna*
- Aviane*
- Camrese*/Camrese Lo*
- Cryselle*
- Depo-Provera*
- Eluryng*
- Heather*
- Jolessa*
- Junel*/Junel FE*
- Kelnor*
- Levora*
- Nortrel*
- Ocella*
- Ortho Evra*
- Ortho Tri-Cyclen*
- Seasonale*
- Sprintec*
- Trivora*
- Yasmin*
- Zovia*

| Diabetes | |
|--------------------------------|---------------------------------|
| 1 | Actos* |
| 1 | Admelog*/Humalog* (QL) |
| 1 | Amaryl* |
| 1 | Diabeta*/Micronase* |
| 1 | Glucophage*/Glucophage XR* |
| 1 | Glucotrol*/Glucotrol XL* (QL) |
| 1 | Glucovance* |
| 1 | Glynase* |
| 1 | Metaglip* |
| 1 | Precose* |
| 1 | Starlix* |
| 2 | Farxiga (BRAND)(QL) |
| 2 | Humulin Vials/Pens (QL) |
| 2 | Januvia/Janumet/XR (QL) |
| 2 | Jardiance (QL) |
| 2 | Novolin/Novolog (QL) |
| 2 | Semglee* (QL) |
| 2 | Toujeo (BRAND) (QL) |
| 2 | Tresiba (BRAND) (QL) |
| 2 | Xultophy (QL) |
| 3 | Symlinpen |
| GASTROINTESTINAL | |
| 1 | Aciphex Tablets* (QL) |
| 1 | Apriso* |
| 1 | Asacol HD* |
| 1 | Azulfidine*/Azulfadine EN* |
| 1 | Bentyl* |
| 1 | Carafate* |
| 1 | Colazal* |
| 1 | Delzicol* |
| 1 | Levsin* |
| 1 | Lialda* |
| 1 | Librax* |
| 1 | Lomotil* |
| 1 | Motegrity* (QL) |
| 1 | Nexium Capsules*/Packets* (QL) |
| 1 | Pentasa* |
| 1 | Pepcid* |
| 1 | Prevacid Capsules* |
| 1 | Prilosec Capsules* |
| 1 | Protonix Tablets* |
| 1 | Reglan* |
| 1 | Tagamet* |
| HORMONE REPLACEMENT (F) | |
| 1 | Alora*/Climara*/Minivelle* (QL) |
| 1 | Estrace* |
| 1 | Estratest*/Estratest HS* |
| 1 | FemHRT* |
| 1 | Premarin Tablets* |
| 1 | Prometrium* |
| 1 | Provera* |
| 1 | Yuvaferm* |
| 1 | Vivelle-Dot* (QL) |
| 2 | Prempro/Premphase |

| MEN'S HEALTH | |
|-------------------------------------|--------------------------------------|
| 1 | Androgel* (PA)(QL) |
| 1 | Android* (PA) |
| 1 | Avodart* |
| 1 | Cardura* |
| 1 | Depo-Testosterone* (PA)(QL) |
| 1 | Flomax* |
| 1 | Hytrin* |
| 1 | Jalyn* (ST) |
| 1 | Minipres* |
| 1 | Proscar* |
| 1 | Rapaflo* |
| 1 | Testim* (PA) (QL) |
| 1 | Testosterone Gel* (PA) |
| 1 | Uroxatral* |
| MENTAL HEALTH | |
| 1 | Abilify Tablets* |
| 1 | Adderall*/XR* (QL) |
| 1 | Ambien*/Ambien CR* (QL) |
| 1 | Ativan* |
| 1 | Celexa* |
| 1 | Concerta* (QL) |
| 1 | Cymbalta* |
| 1 | Desyrel* |
| 1 | Effexor*/Effexor XR* |
| 1 | Elavil* |
| 1 | Eskalith*/Eskalith CR* |
| 1 | Focalin*/Focalin XR* (QL) |
| 1 | Lexapro* |
| 1 | Librium* |
| 1 | Lunesta* (QL) |
| 1 | Paxil*/Paxil CR* |
| 1 | Prozac* |
| 1 | Remeron*/Remeron ODT* |
| 1 | Restoril* |
| 1 | Risperdal*/Risperdal ODT* |
| 1 | Ritalin*/SR*/LA* (QL) |
| 1 | Seroquel*/Seroquel XR* |
| 1 | Sonata* (QL) |
| 1 | Strattera* |
| 1 | Tranxene* |
| 1 | Valium* |
| 1 | Vyvanse* (QL) |
| 1 | Wellbutrin*/SR*/XL* |
| 1 | Xanax*/XR*/ODT* |
| 1 | Zoloft Tablets* |
| 1 | Zyprexa*/ Zyprexa Zydis* |
| PAIN & INFLAMMATION (QL) | |
| 1 | Butrans* (ST) |
| 1 | Celebrex* |
| 1 | Dilaudid* |
| 1 | Duragesic* (PA)(ST) |
| 1 | Feldene* |
| 1 | Flexeril* |
| 1 | Indocin*/Indocin ER* |

| PAIN & INFLAMMATION (QL), cont. | |
|---|------------------------------|
| 1 | Lodine*/Lodine XL* |
| 1 | Methadone* |
| 1 | Mobic* |
| 1 | Motrin* |
| 1 | MS Contin*(ST) |
| 1 | Naprosyn* |
| 1 | Norco* |
| 1 | Oxycontin* (ST) |
| 1 | Percocet* |
| 1 | Relafen* |
| 1 | Robaxin* |
| 1 | Soma* |
| 1 | Tylenol with Codeine* (AG) |
| 1 | Ultram*/Ultracet* (AG) |
| 1 | Vicodin*/ES*/HP* |
| 1 | Voltaren Tablets*/XR*/Gel* |
| 1 | Zanaflex* |
| SMOKING CESSATION (QL) (P-must be 18 for \$0 copay) | |
| 1 | Chantix* |
| 1 | Nicotine Gum* |
| 1 | Nicotine Patches* |
| 1 | Nicotine Lozenges* |
| 2 | Nicotrol NS (ST) |
| 1 | Zyban* |
| TOPICALS | |
| 1 | Aclovate* |
| 1 | Bactroban* (QL) |
| 1 | Benzaclin* |
| 1 | Benzamycin* |
| 1 | Ciclofanol* (QL) |
| 1 | Cleocin* (QL) |
| 1 | Cutivate* |
| 1 | Desowen* |
| 1 | Differin* (AG) |
| 1 | Diprolene*/Diprosone* |
| 1 | Elimite* |
| 1 | Epiduo*/Epiduo Forte* |
| 1 | Garamycin* (QL) |
| 1 | Hytone* |
| 1 | Lidex* |
| 1 | Lotrisone* |
| 1 | Nizoral* (QL) |
| 1 | Nystatin* (QL) |
| 1 | Ovace* |
| 1 | Plexion* |
| 1 | Retin-A*/Retin-A Micro* (AG) |
| 1 | Selsun Lotion* |
| 1 | Silvadene* |
| 1 | Spectazole* (QL) |
| 1 | Sulfacet-R* |
| 1 | Valisone* |
| 1 | Westcort Cream* |
| 1 | Zovirax Ointment* |