McLaren HEALTH PLAN COMMUNITY

July 2021

Quick Formulary Guide
Large Group Community

This is a Quick Formulary Reference of frequently prescribed medications for our McLaren Health Plan Community members. A complete full drug formulary is available at McLarenHealthPlan.org or by calling 888-327-0671. Formulary changes and updates are also available on our web-site. McLaren Health Plan Community 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 180mg*/Allegra-D*
1 Astelin* (QL)
1 Atarax*
1 Atrovent Nasal Spray*
1 Clarinex* (QL)
1 Elestat*
1 Flonase* (QL)
1 Hycodan* (QL) (AG)
1 Nasalide* (QL)
1 Nasonex* (QL)
1 Optivar*
1 Pataday* (QL)
1 Patanol*
1 Phenegran Products* (QL) (AG)
1 Robitussin AC*/DAC* (AG)
1 Tavist*
1 Tessalon Perles*
1 Tussionex* (QL)(AG)
1 Vistaril*
1 Xyzal Tablets*
1 Zyrtec*/Zyrtec-D 12hr*

ANTI-INFECTIVES (ORAL)

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

ASTHMA/BREATHING

1 Accolate*
1 Advair Diskus (Brand)(QL)
1 Alupent*
1 Proair HFA*
1 Proventil Tablets*
1 Pulmicort Nebulizer Solution* (QL)
1 Singulair*
1 TheoDur*
1 Uniphyl*
1 Xopenex HFA*/Neb Sol*

2 Atrovent HFA (QL)
2 Breo Ellipta (QL)
2 Combivent Respimat
2 Flovent HFA/Diskus (Brand)(QL)
2 ProAir Respiclick
2 Serevent Diskus (QL)
2 Spiriva/Respimat (QL)
2 Symbicort (QL)
2 Trellegy 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 Vasotec*/Vaseretic*
1 Zestril*/Zestoretic*

CARDIOVASCULAR, *cont.*

1 Ziac*

2 Bystolic
2 Xarelto (QL)

CHOLESTEROL

1 Caduet* (QL)
1 Colestid*
1 Crestor* (QL)
1 Fibricor*
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*/Lo*
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
McLarenHealthPlan.org

McLaren HEALTH PLAN COMMUNITY

Continued

Quick Formulary Guide
Large Group Community

July 2021

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 Basaglar (QL)
2 Bydureon (QL)
2 Byetta (QL)
2 Farxiga (QL)
2 Humulin/Humalog Vials/Pens (QL)
2 Januvia/ Janumet (QL)
2 Levemir Vials/Pens (QL)
2 Ozempic (QL)
2 Symlin
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*
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* (QL)
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*/ODT*
1 Zoloft*
1 Zyprexa*/Zydis*(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 (P) (QL) (AG)

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 Elimite*
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*

***** = 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
McLarenHealthPlan.org