

MHP - COMMERCIAL
QUICK FORMULARY GUIDE

This is a Quick Formulary Reference of frequently prescribed medications. This is not a full list of medications covered by the plan and is subject to change. A complete listing of covered medications is available on our website at www.mclarenhealthplan.org. Our formulary can also be downloaded through the Epocrates system. If you would like to speak with Medical Management regarding this 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 Claritin/Claritin-D OTC* (QL)
- 1 Flonase* (QL)
- 1 Hycodan*
- 1 Nasalide* (QL)
- 1 Optivar*
- 1 Phenergan Products*
- 1 Robitussin AC/DAC*
- 1 Rondec/Rondec DM*
- 1 Tessalon Perles* (QL)
- 1 Zaditor*
- 1 Zyrtec/Zyrtec-D OTC* (QL)

- 2 Patanol (PA)
- 3 Allegra-D (PA)
- 3 Clarinex (PA)
- 3 Nasacort AQ (PA)
- 3 Nasonex (PA)
- 3 Tussionex (QL)
- 3 Xyzal (PA)

ANTI-INFECTIVES

- 1 Amoxil*
- 1 Augmentin*
- 1 Bactrim/Bactrim DS*
- 1 Biaxin/Biaxin XL*
- 1 Ceclor*
- 1 Cefdin*
- 1 Cefzil*
- 1 Cipro* (AG)
- 1 Cleocin*
- 1 Ery-Tabs*
- 1 Famvir* (PA)
- 1 Flagyl 250mg and 500mg*
- 1 Floxin*
- 1 Keflex*
- 1 Lamisil*
- 1 Macrodantin*
- 1 Minocin*
- 1 Nizoral*
- 1 Nystatin
- 1 Omnicef*
- 1 Pediazole*
- 1 Penicillin
- 1 Tetracycline
- 1 Valtrex*
- 1 Vermox*
- 1 Vibramycin/Vibratabs*
- 1 Zithromax* (QL)
- 1 Zovirax*

- 2 Avelox
- 3 Levaquin (QL)
- 3 Vfend (PA)
- 3 Zyvox (PA)

ASTHMA/BREATHING

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

CARDIOVASCULAR

- 1 Accupril/Accuretic* (QL)
- 1 Aldactone/Aldactazide*
- 1 Apresoline*
- 1 Bumex*
- 1 Capoten/Capozide*
- 1 Cardizem CD* (QL)
- 1 Coreg*
- 1 Coumadin*
- 1 Cozaar* (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 Plendil* (QL)
- 1 Procardia XL* (QL)
- 1 Rythmol*
- 1 Tenormin/Tenoretic*
- 1 Toprol XL* (QL)
- 1 Univaso/Uniretic* (QL)
- 1 Vasotec/Vaseretic*
- 1 Zestril/Zestoretic* (QL)
- 1 Ziac*

- 2 Benicar/Benicar HCT (PA)
- 2 Tekturna (PA)
- 3 Atacand/Atacand HCT (PA)
- 3 Avapro/Avalide (PA)
- 3 Azor (QL)
- 3 Diovan/Diovan HCT (PA)
- 3 Exforge (QL)
- 3 Micardis/Micardis HCT (PA)
- 3 Teveten/ Teveten HCT (PA)

CHOLESTEROL

- 1 Colestid*
- 1 Fibracor*
- 1 Lofibra*
- 1 Lopid*
- 1 Mevacor* (QL)
- 1 Pravachol* (QL)
- 1 Questran*
- 1 Slo-Niacin OTC*
- 1 Zocor* (QL)

- 2 Crestor (PA)
- 2 Lipitor (PA)
- 2 Vytorin (PA)
- 2 Zetia (PA)
- 3 Livalo (PA)
- 3 Niaspan (PA)
- 3 TriCor (PA)
- 3 Triglide (PA)
- 3 Trilipix (PA)

CONTRACEPTIVES (G) (QL)

- 1 Alesse*
- 1 Cyclessa*
- 1 Demulen*
- 1 Depo-Provera*
- 1 LoEstrin/LoEstrin FE*
- 1 Lo-Ovral*
- 1 Micronor*
- 1 Mircette*
- 1 Modicon*
- 1 Necon
- 1 Nordette*
- 1 Ortho Tri-Cyclen*
- 1 Ortho-Cyclen*
- 1 Ortho-Novum*
- 1 Seasonale*
- 1 Tri-Norinyl*
- 1 Triphasil*
- 1 Yasmin*

- 2 NuvaRing
- 3 Estrostep FE
- 3 LoEstrin FE 24
- 3 Lybrel
- 3 Ortho Evra
- 3 Ortho Tri-Cyclen Lo
- 3 Yaz

* = Generic Required
 AG = Age Restrictions
 CA = Cancer Diagnosis
 G = Gender Specific
 OTC = Over The Counter
 PA = Prior Authorization
 QL = Quantity Limits
 ST = Step Therapy
 1 = Tier 1 (Lowest Copay)
 2 = Tier 2 (Medium Copay)
 3 = Tier 3 (Highest Copay)

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continued...

DIABETES

- 1 Amaryl*
- 1 Diabeta/Micronase*
- 1 Glucophage/Glucophage XR*
- 1 Glucotrol/Glucotrol XL*
- 1 Glucovance*
- 1 Glynase*
- 1 Metaglip*
- 1 Precose*
- 1 Starlix* (QL)
- 2 Actos (QL)
- 2 Bayer Test Strips (QL)
- 2 Humulin/Humalog Vials
- 2 Januvia (QL)
- 2 Lantus Vials
- 2 Levemir Vials
- 2 Novolin/Novolog Vials
- 3 Apidra Vials
- 3 Avandia (PA)
- 3 Byetta (PA)
- 3 Humulin/Humalog Pens
- 3 Novolin/Novolog Pens
- 3 Symlin (PA)
- 3 Victoza (PA)

GASTROINTESTINAL

- 1 Azulfidine*
- 1 Bentyl*
- 1 Carafate Tablets*
- 1 Colazal*
- 1 Levsin*
- 1 Librax*
- 1 Lomotil*
- 1 Pepcid*
- 1 Prevacid OTC (QL)
- 1 Prilosec* (QL)
- 1 Protonix* (PA)
- 1 Reglan*
- 1 Tagamet*
- 1 Zantac*
- 1 Zegerid OTC (QL)
- 2 Asacol
- 2 Pentasa
- 3 Aciphex (PA)
- 3 Dexilant (PA)
- 3 Lialda (QL)
- 3 Nexium (PA)

HORMONE REPLACEMENT (G)

- 1 Climara* (QL)
- 1 Estrace Tablets*
- 1 Estratest/Estratest HS*
- 1 Ogen*
- 1 Provera*
- 2 Alora (QL)
- 2 Estrace Cream
- 2 Premarin Cream
- 2 Premarin Tablets
- 2 Prempro/Premphase (QL)
- 3 Estring (QL)
- 3 FemHRT/FemHRT Lo (QL)
- 3 Femring (QL)
- 3 Prometrium (PA)
- 3 Vivelle-Dot (QL)

MEN'S HEALTH

- 1 Cardura*
- 1 Depo-Testosterone* (PA)
- 1 Flomax* (QL)
- 1 Hytrin*
- 1 Minipres*
- 1 Proscar*
- 1 Yohimbine*
- 3 Androgel (PA)
- 3 Androderm (PA)
- 3 Avodart (QL)
- 3 Cialis (QL of 10/month)
- 3 Levitra (QL of 10/month)
- 3 Rapaflo (QL)
- 3 Testim (PA)
- 3 Uroxatrol (QL)
- 3 Viagra (QL of 10/month)

MENTAL HEALTH

- 1 Adderall*
- 1 Adderall XR* (QL)
- 1 Ambien*
- 1 Ativan*
- 1 Celexa* (QL)
- 1 Desyrel*
- 1 Effexor XR* (QL)
- 1 Effexor*
- 1 Elavil*
- 1 Eskalith*
- 1 Focalin*
- 1 Haldol*
- 1 Librium*
- 1 Paxil* (QL)
- 1 Prozac 10mg and 20mg*
- 1 Remeron*
- 1 Restoril 15mg and 30mg*
- 1 Risperdal*
- 1 Ritalin/Ritalin SR*
- 1 Sonata*
- 1 Tranxene*
- 1 Valium*
- 1 Wellbutrin SR/XL* (QL)
- 1 Wellbutrin*
- 1 Xanax*
- 1 Zoloft* (QL)
- 2 Seroquel
- 3 Abilify (QL)
- 3 Ambien CR (PA)
- 3 Concerta (QL)
- 3 Focalin XR (QL)
- 3 Lexapro (PA)
- 3 Lunesta (PA)
- 3 Rozerem (PA)
- 3 Strattera (PA)
- 3 Zyprexa (QL)

PAIN AND INFLAMMATION (QL)

- 1 Anaprox/Anaprox DS*
- 1 Cataflam*
- 1 Demerol*
- 1 Dilaudid*
- 1 Duragesic*
- 1 Flexeril*
- 1 Indocin*
- 1 Lodine/Lodine XL*
- 1 Lortab/Lorcet*

PAIN AND INFLAMMATION (QL)
cont...

- 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 Tylox*
- 1 Ultracet*
- 1 Ultram*
- 1 Vicodin/Vicodin ES*
- 1 Voltaren*
- 1 Zanaflex Tablets*
- 2 Celebrex (PA)
- 3 Lidoderm (PA)
- 3 Oxycontin (PA)
- 3 Voltaren Gel (QL)

TOPICALS

- 1 Aclovate*
- 1 Bactroban Ointment*
- 1 Benzacilin*
- 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*
- 2 Zovirax Ointment
- 3 Bactroban Cream
- 3 Denavir (QL)
- 3 Elidel (PA)
- 3 Eurax (QL)
- 3 Zovirax Cream (QL)

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