



HEALTH PLAN COMMUNITY

The **Right Plan** for State of Michigan Employees

Benefits Open Enrollment Oct. 17-Nov. 4

888-327-0671

McLarenHealthPlan.org/SOM





The **Right Plan** for State of Michigan Employees

Despite the difficulties most of us have experienced with airlines, they do get something right 100% of the time: They instruct you to put on your own oxygen mask first before helping others. They understand why taking care of yourself is important, and so do we. That's why McLaren Health Plan Community has put together a benefit package designed to make it easy for you to get the care you need, when you need it.

This year, we're offering you convenience at a lower cost. Your mental health/substance abuse office copay is only \$10 when you use the virtual telehealth option with your contracted mental health provider. That's half the cost of an in-person outpatient visit! For self-management help on the go, download our myStrength app. You'll get a flexible and comprehensive digital program using proven tools and dedicated support for stress, depression, sleep and more.

Speaking of virtual care, McLarenNow offers you the convenience of a face-to-face visit with a provider from the comfort of your own home using secure video anytime, anywhere on your smartphone, tablet or computer with a webcam.

Need to see a provider in person but can't get to your PCP? You can visit your nearest McLaren CareNow clinic located in select Walgreens throughout the state. You get easy, convenient, cost-effective treatment for illnesses and injuries, screenings, vaccinations and lab testing, with an on-site pharmacy, too!

In addition to getting the medical care you need, make it your goal this year to improve your mental and emotional well-being too. Let McLaren Health Plan Community help you become the best version of you!

Strengthen Your Emotional Health With myStrength

Make time for self-care with myStrength, a flexible and comprehensive digital program with proven tools and dedicated support for stress, depression, sleep and more — all tailored to your unique needs.

The myStrength program is free to members and covered dependents ages 13 years and older with coverage through McLaren Health Plan Community. Prioritize your mental health.

Download the myStrength app or go to McLarenHealthPlan.org/McLarenConnect.

Use the code “MCLARENHEALTHPLAN” to register.



McLarenNow and McLaren CareNow Clinics Open for SOM Employees

Telemedicine visits are a great way to seek care when traditional in-person visits are not possible. McLarenNow is a 24/7 telemedicine option available for urgent medical needs. Use McLarenNow for a \$0 copay if you need to be seen for cold, flu, coronavirus symptoms, minor injuries, illness, skin conditions and more.

For in-person urgent care, try McLaren CareNow clinics located inside participating Walgreens. They offer high-quality, efficient and cost-effective care for minor illnesses, injuries and conditions such as ear infections, sports physicals or chronic illness management. McLaren CareNow clinic visits are covered with a \$20 copay. Go to McLarenHealthPlan.org/McLarenConnect and click on the **McLarenNow** or **McLaren CareNow** links to learn more.

Register on McLaren CONNECT

With **McLaren CONNECT**, you can access your McLaren Health Plan Community information in one convenient location from your laptop, tablet or mobile device. You can review your enrollment history, request a PCP change, view and print ID cards and explanations of benefits, look up prescription information and more.

Go to McLarenHealthPlan.org/McLarenConnect.



McLaren Health Plan Community

Featured Benefits

Affordable Premiums

We keep your premium contributions affordable, while offering outstanding value and special savings and discounts.

No Referrals for In-Network Specialist

You don't need a referral to see an in-network specialist for an office visit.

Our Cost-Saving Pharmacy Benefit

You save money with our unique McLaren Health Plan Community pharmacy benefit. You can receive a 90-day supply of most generic medications for just one copay at a pharmacy in our extensive network, which includes the pharmacies you know and use. This can add up to tremendous savings for you and your family.

McLarenNow Available 24/7

Virtual visits with a doctor or health provider have become a convenient way to receive primary care. We want you to get the care you need, when you need it, wherever you are. Best of all, McLarenNow visits are covered with a \$0 copay! We also cover telehealth visits with contracted mental health and behavioral health providers with a \$10 copay.

Our Provider Network

McLaren Health Plan gives you access to more than 78,000 providers and 143 hospitals. McLaren, Sparrow, Henry Ford, Spectrum, Beaumont, Michigan Medicine, Ascension Genesys, Covenant and other health systems throughout Michigan are McLaren Health Plan Community contracted hospitals from which you can seek care. Visit McLarenHealthPlan.org/SOM to find your doctor or hospital or to see new providers added to the network.

Special Programs and Services

We take a holistic approach to your health. If you're pregnant, we have a McLaren Moms program that offers support. If you have high blood pressure, asthma or diabetes, our health management programs are designed to help you manage your chronic conditions. Want to lose weight or quit smoking? Need help with depression or mental health services? We have programs to help you with that, too!

The team at McLaren Health Plan Community takes a proactive approach to identifying your special health needs. We have member health surveys that help our nurses custom-design plans for you, and if your situation warrants, ongoing support programs with your own personal nurse case manager will guide and help you on your path to better health. Your nurse is available to assist you with your unique health care needs, such as transitioning from one care setting to another (like from hospital to home), or to help with managing complex or multiple medical conditions. Call Customer Service at 888-327-0671 (TTY: 711) for more information.

Prevention and Wellness

With McLaren Health Plan Community, you'll get postcards and newsletters with reminders about the importance of preventive care for you and your family. This includes annual exams, mammograms, well-child visits, dental appointments, cancer screenings and the list goes on. Your good health is important to us.

Contact Us

The McLaren Health Plan Community team is available to answer your questions during Benefits Open Enrollment.

Please call us at **888-327-0671** (TTY: 711) between 8 a.m. and 6 p.m. and we'd be happy to assist you.



Hospital Network

** Behavioral Health Services Only

ALLEGAN

Allegan General Hospital
Ascension Borgess-Pipp Hospital

ALPENA

MidMichigan Medical Center Alpena

ARENAC

Ascension Standish Hospital

BARRY

Spectrum Health Pennock Hospital

BAY

McLaren Bay Region
McLaren Bay Special Care Center

BENZIE

Paul Oliver Memorial Hospital
(Munson Healthcare Affiliate)

BERRIEN

Lakeland Hospital
Sacred Heart Serenity Hills**

CALHOUN

Oaklawn Hospital
Select Specialty Hospital
Battle Creek

CASS

Ascension Borgess-Lee Hospital

CHARLEVOIX

Bear River Health
Munson Healthcare
Charlevoix Hospital

CHEBOYGAN

McLaren Northern
Michigan-Cheboygan

CLARE

MidMichigan Medical Center

CLINTON

Cedar Creek Hospital
Sparrow Clinton Hospital

CRAWFORD

Munson Healthcare Grayling Hospital

EATON

Eaton Rapids Medical Center
Sparrow Eaton

EMMET

McLaren Northern Michigan
Northern Michigan Rehab Hospital

GENESEE

Ascension Genesys Hospital
Hurley Medical Center
McLaren Flint
Select Specialty Hospital Flint

GLADWIN

MidMichigan Medical Center

GRAND TRAVERSE

Munson Medical Center

GRATIOT

MidMichigan Medical Center

HILLSDALE

Hillsdale Community Health Center

HURON

McLaren Thumb Region
Scheurer Hospital

INGHAM

McLaren Greater Lansing
McLaren Orthopedic Hospital
Sparrow Hospital
Sparrow Hospital Rehab Unit
Sparrow Specialty Hospital
Sparrow St. Lawrence Campus

IONIA

Sparrow Ionia Hospital

IOSCO

Ascension St. Joseph Hospital

ISABELLA

McLaren Central Michigan

KALAMAZOO

Ascension Borgess Hospital

KALKASKA

Kalkaska Memorial Health Center

KENT

Forest View Hospital**
Helen DeVos Children's Hospital
Mary Free Bed
Rehabilitation Hospital
Mercy Health St. Mary's
Pine Rest Christian Mental Health**
Sanford House at Cherry St.
Women's Treatment Center**
Sanford House at John St. Men's
Treatment Center**
Select Specialty Hospital
Spectrum Health Blodgett Hospital
Spectrum Health
Butterworth Hospital

LAPEER

McLaren Lapeer Region

LIVINGSTON

Brighton Hospital**

MACKINAC

Mackinac Straits Health System

MACOMB

Ascension Macomb Oakland Hospital
Behavioral Center of Michigan**
Harbor Oaks Hospital**
Henry Ford Macomb Hospital
Insight Surgical Hospital
McLaren Macomb
Sacred Heart Serenity Hills**
Select Specialty Hospital Macomb

MANISTEE

Munson Healthcare
Manistee Hospital

MASON

Spectrum Health Ludington Hospital

Hospital Network (continued)

** Behavioral Health Services Only

MECOSTA

Spectrum Health Big Rapids Hospital

MIDLAND

MidMichigan Medical Center

MONTCALM

Sparrow Carson Hospital

Sheridan Community Hospital

Spectrum Health Kelsey Hospital

Spectrum Health United Hospital

MUSKEGON

Great Lakes Specialty Hospital

NEWAYGO

Spectrum Health Gerber Memorial

OAKLAND

Ascension Providence

Rochester Hospital

Ascension Providence Hospital

& Medical Center

Ascension Providence Park Hospital

Ascension St. John Macomb

Oakland Hospital

Beaumont Farmington Hills

Beaumont Royal Oak

Beaumont Troy

DMC Huron Valley Sinai Hospital

Havenwyck Hospital**

Henry Ford Kingswood Hospital**

Henry Ford West Bloomfield Hospital

Maplegrove Center**

McLaren Oakland

McLaren Oakland Clarkston

McLaren Oakland Oxford

New Oakland Child

Adolescent & Family**

New Oakland Child Adolescent &

Family Center West**

Pioneer Specialty Hospital

Pontiac General Hospital

Select Specialty Hospital Pontiac

St. Joseph Mercy Oakland

Straith Hospital

Straith Hospital for Special Surgery

Surgeon's Choice Medical Center

OGEMAW

MidMichigan Medical

Center West Branch

OSCEOLA

Spectrum Health Reed City

OTSEGO

Munson Healthcare

Otsego Memorial Hospital

OTTAWA

North Ottawa Community Hospital

Spectrum Health Zeeland

Community Hospital

SAGINAW

Ascension St. Mary's

Medical Center Saginaw

Ascension St. Mary's of

Michigan Towne Centre

Healthsource Saginaw Inc.**

Covenant Hospital

Hospital Saginaw

Select Specialty

ST. CLAIR

Ascension River District Hospital

Lake Huron Medical Center

McLaren Port Huron Hospital

ST. JOSEPH

Sturgis Hospital

Three Rivers Health

SANILAC

Deckerville Community Hospital

McKenzie Memorial Hospital

SHIAWASSEE

Memorial Hospital &

Healthcare Center

TUSCOLA

Hills & Dales General Hospital

McLaren Caro Region

VAN BUREN

Bronson South Haven Hospital

WASHTENAW

Select Specialty Hospital - Ann Arbor

University of Michigan Medical Center

WAYNE

Ascension St. John Medical Center

Barbara Ann Karmanos

Cancer Hospital

Beaumont Hospital Dearborn

Beaumont Hospital Grosse Pointe

Beaumont Hospital Taylor

Beaumont Hospital Trenton

Beaumont Hospital Wayne

DMC Children's Hospital of Michigan

DMC Detroit Receiving Hospital

DMC Harper University Hospital

DMC Heart Hospital

DMC Hutzel Women's Hospital

DMC Rehabilitation Institute of MI

DMC Sinai Grace Hospital

Garden City Hospital

Henry Ford Hospital

Henry Ford Wyandotte Hospital

New Oakland Child

Adolescent & Family**

Pioneer Specialty

Hospital Garden City

Samaritan Behavioral Center**

Select Specialty Hospital Downriver

Select Specialty Hospital

Grosse Pointe

Select Specialty Hospital NW Detroit

Stonecrest Center**

Surgeon's Choice Medical Center**

WEXFORD

Munson Healthcare Cadillac Hospital



McLaren Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-327-0671 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-327-0671 (رقم هاتف الصم والبكم: 711).

State of Michigan 2023 Summary of Benefits

Option A Benefit	Option B Benefit*
Option A benefits provide the highest level of coverage. In most cases, to receive Option A benefits a Member must obtain services from a Participating Provider and obtain any necessary pre-authorization from MHP Community.	Option B benefits allow the Member to receive covered services from a non-Participating Provider. Member cost sharing is higher and provider balance billing may apply. Many services require pre-authorization from MHP Community in order for them to be covered. If the service is noted to be Not Covered, there is no Option B benefit.

* Requires prenotification or pre-authorization for certain services.

	Option A Benefit	Option B Benefit*
Deductibles, Copays and Dollar Maximums		
Annual Deductible	\$125/\$250	\$250/\$500
Coinsurance	Covered at 100%	After Deductible, Covered at 80%
Total Annual Out-of-Pocket Maximum	\$2,000/\$4,000	\$2,000/\$4,000
Physician Office Visits		
Physician Office Visits in person and virtual	\$20 Copay	After Deductible, Covered at 70%
Specialist Office Visit in person and virtual	\$20 Copay	After Deductible, Covered at 70%
McLaren CareNow Clinic Visit	\$20 Copay	Not Applicable
Allergy Services (testing, serum)	After Deductible, 100% Covered	After Deductible, Covered at 70%
Allergy Injections	100% covered	After Deductible, Covered at 70%
Preventive Services		
Preventive Services as defined by the U.S. Preventive Services Task Force. Examples of Preventive Services: <ul style="list-style-type: none"> Well-child visits Certain immunizations Certain assessments and screenings for children and for adults Breast cancer screening 	Covered at 100%	After Deductible, Covered at 70%

	Option A Benefit	Option B Benefit*
Emergency Care		
Hospital Emergency Room	\$200 Copay (Waived if Admitted)	\$200 Copay (Waived if Admitted)
Urgent Care Center	\$20 Copay	\$20 Copay
Telemedicine Visit — McLarenNow	\$0 Copay	Not Applicable
Medically Necessary Ambulance Services — Ground and Air	After Deductible, Covered at 100%	After Deductible, Covered at 100%
Hospital Services		
Inpatient Hospital Services	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Semiprivate Room; Surgery and Related Services; Anesthesia, Laboratory and Radiology; Chemotherapy, Inhalation Therapy; Hemodialysis; Physical, Speech and Occupational Therapy; Transplant Services; Maternity Care (hospital only); Physician Services including Consultation	After Deductible, Covered at 100%, Unlimited Days	After Deductible, Covered at 80%
Outpatient Hospital Services	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Outpatient Surgery and Nuclear Medicine	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Outpatient MRI, MRA, CAT and PET scans	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Diagnostic and Therapeutic Services and Tests		
Laboratory Tests (Note: Preventive Laboratory Tests are covered under Preventive Services above)	Covered at 100%	After Deductible, Covered at 70%
Diagnostic X-ray	After Deductible, Covered at 100%	After Deductible, Covered at 70%

Continued on back.

	Option A Benefit	Option B Benefit*
Special Surgical Procedures		
Surgical fees for Bariatric Surgery, Reduction Mammoplasty, Blepharoplasty of Upper Eyelids, Panniculectomy, Surgical Treatment of Male Gynecomastia, Procedures to Correct Obstructive Sleep Apnea	After Deductible, Covered at 100%	Not Covered
Alternatives to Hospital Care		
Skilled Nursing Care	After Deductible, Covered at 100% (120 days per plan year)	Not Covered
Home Health Care	After Deductible, \$20 Copay (60-visit limit)	Not Covered
Hospice Care	After Deductible, Covered at 100%	Not Covered
Mental Health and Substance Abuse Services		
Inpatient Mental Health (including Partial Hospitalization and Residential Mental Health Treatment)	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Inpatient Substance Abuse Treatment (including Intensive Inpatient, Partial Hospitalization and Residential Treatment)	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Outpatient Mental Health	\$10 Telehealth Copay \$20 In-Person Copay	After Deductible, Covered at 70%
Outpatient Substance Abuse Services	\$10 Telehealth Copay \$20 In-Person Copay	After Deductible, Covered at 70%

This Summary of Benefits is intended only to highlight the benefits provided by McLaren Health Plan Community and should not be relied upon to fully determine coverage. This health plan may not cover all health care expenses. Please refer to the McLaren Health Plan Community Certificate of Coverage for a complete listing of covered services, limitations and exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Certificate issued to the enrolling group, the Certificate will prevail. For answers to questions about information that appears in the summary, call Customer Service at 888-327-0671.

	Option A Benefit	Option B Benefit*
Prescription Drugs		
Tier 1	\$10 Copay	\$20 Copay
Tier 2	\$30 Copay	\$60 Copay
Tier 3**	\$60 Copay	\$120 Copay
Other Services		
Outpatient Rehabilitation Services — Physical, Occupational and Speech Therapies	\$20 Copay. Combined maximum of 90 visits	After Deductible, Covered at 80%
Outpatient Habilitative Services — Physical and Occupational Therapy, Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder and Speech Therapies	After Deductible, Covered at 100%	Not Covered
Chiropractic Spinal Manipulation/ Treatment	After Deductible, \$20 Copay Up to 24 Visits Per Plan Year	Not Covered
Durable Medical Equipment	100% Covered	Not Covered
Prosthetics, Orthotics and Corrective Appliances	100% Covered	Not Covered
Infertility Treatment and Counseling	After Deductible, Covered at 100%	Not Covered
Female Voluntary Sterilization	Covered at 100%	Not Covered
Male Voluntary Sterilization	After Deductible, Covered at 100%	Not Covered
Reproductive Care, Family Planning Services	\$20 Copay	Not Covered
Oral Surgery	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Temporomandibular Joint Syndrome (TMJ) Treatment (surgical fees)	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Orthognathic Surgery (surgical fees)	After Deductible, Covered at 100%	After Deductible, Covered at 80%
Antineoplastic Drugs	After Deductible, Covered at 100%	After Deductible, Covered at 80%

** Prior Authorization or Step Therapy required.

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 website. 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.

This list is subject to change. Please see our website for up-to-date information: www.McLarenHealthPlan.org/SOM.

KEY				
* — Generic Required		M — Male	PA — Prior Authorization	
AG — Age Restrictions		OTC — Over the Counter	QL — Quantity Limits	
F — Female		P — Preventive	ST — Step Therapy	
ALLERGY				
1 Allegra 180mg*	1 Duricef*	2 Arnuity Ellipta (QL)	1 Lovenox* (QL)(SP)	
1 Allegra-D* 24hr	1 Diflucan*	2 Atrovent HFA (QL)	1 Mavik*	
1 Astelin* (QL)	1 Ery-Tabs*	2 Breo Ellipta (QL)	1 Monopril*/Monopril HCT*	
1 Atarax*	1 Flagyl*	2 Combivent Respimat	1 Norpace*	
1 Atrovent Nasal Spray*	1 Floxin*	2 Flovent HFA/	1 Norvasc*	
1 Clarinex* (QL) 5mg tablets	1 Keflex*	Diskus (Brand)(QL)	1 Plavix* (QL)	
1 Elestat* (QL)	1 Lamisil* tablets	2 Serevent Diskus (QL)	1 Plendil*	
1 Flonase* (QL)	1 Levaquin*	2 Spiriva/Respimat (QL)	1 Procardia*/XL*	
1 Hycodan* (QL) (AG)	1 Macrodantin* (QL)	2 Symbicort (QL) (Brand)	1 Rythmol*/SR*	
1 Nasalide* (QL)	1 Minocin*	2 Trellegy Ellipta (QL)	1 Tekturna*	
1 Nasonex* (QL)	1 Nizoral*	CARDIOVASCULAR		
1 Optivar* (QL)	1 Nystatin*	1 Accupril*/Accuretic*	1 Tenormin*/Tenoretic*	
1 Pataday* (QL)	1 Omnicef*	1 Aldactone*/	1 Toprol XL*	
1 Patanol*	1 Penicillin*	Aldactazide*	1 Vasotec*/Vaseretic*	
1 Phenegran Products* (QL) (AG)	1 Stromectol*	1 Apresoline*	1 Zestril*/Zestoretic*	
1 Robitussin DAC* (AG)	1 Valtrex*	1 Avalide*/Avapro*	1 Ziac*	
1 Tavist*	1 Vibramycin*	1 Benicar*/Benicar HCT*	2 Eliquis (QL)	
1 Tessalon Perles*	1 Zithromax*	1 Bumex*	2 Xarelto (QL)	
1 Tussionex* (QL)(AG)	1 Zovirax*	1 Bystolic*	CHOLESTEROL	
1 Vistaril*	1 Zyvox*	1 Capoten*/Capozide*	1 Caduet* (QL)	
1 Xyzal Tablets*	ASTHMA/BREATHING			1 Colestid*
1 Zyrtec*/Zyrtec-D 12hr*	1 Accolate*	1 Cardizem*/CD*/LA*	1 Crestor* (QL)	
ANTI-INFECTIVES		1 Coreg*/CR*	1 Fibricor*	
1 Amoxil*	1 Advair Diskus (Brand)(QL)	1 Coumadin*	1 Lipitor* (QL)	
1 Augmentin*/ES*/XR*	1 Alupent* syrup	1 Cozaar*	1 Lofibra*	
1 Avelox*	1 Proair HFA*	1 Diovan*/Diovan HCT*	1 Lipid*	
1 Bactrim*/Bactrim DS*	1 Proventil Tablets*	1 Dyazide*	1 Mevacor* (QL)	
1 Biaxin*/Biaxin XL*	1 Pulmicort Nebulizer	1 Exforge*/HCT*	1 Niaspan*	
1 Ceclor*/XR	Solution* (QL)	1 Hyzaar*	1 Pravachol* (QL)	
1 Ceftin*	1 Singulair*	1 Imdur*	1 Questran*/Lite*	
1 Cefzil*	1 TheoDur*	1 Inderal*/Inderal LA*	1 Tricor*	
1 Cipro* (IR)	1 Uniphyll*	1 Lanoxin*	1 Trilipix*	
1 Cleocin*	1 Xopenex HFA*/	1 Lopressor*/Lopressor HCT*	1 Vascepa* (QL)	
	Neb Sol*	1 Lotensin*/Lotensin HCT*	1 Vytorin* (QL)	
	2 Anoro Ellipta (QL)	1 Lotrel*	1 Welchol*	

Quick Formulary Guide — Large Group Community (continued)

1 Zetia* (QL)
1 Zocor* (QL)

CONTRACEPTIVES (G) (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*

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) Bcise
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) Tablets
1 Apriso*
1 Asacol HD*
1 Azulfidine*
1 Bentyl*
1 Carafate*
1 Colazal*
1 Levsin*/SL*
1 Librax*
1 Lomotil*
1 Nexium* (QL) Capsules
1 Pepcid*
1 Prevacid* Capsules
1 Prilosec* Capsules
1 Protonix* Tablets
1 Reglan*
1 Tagamet*
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 Yuvaferm*
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*

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 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 Valium*
1 Wellbutrin*/SR*/XL*
1 Xanax*/XR*/ODT*
1 Zoloft* (QL)
1 Zyprexa*/Zydis*(QL)

PAIN & INFLAMMATION (QL)

1 Anaprox*/Anaprox DS*
1 Butrans* (ST)
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*
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 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* (QL) Cream
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*
1 Silvadene*
1 Spectazole* (QL)
1 Sulfacet-R*
1 Valisone*
1 Westcort Cream*
1 Zovirax Ointment*