

# Precision Quick Reference Formulary

## Most Commonly Prescribed Medications

Please use this quick reference list when you receive a prescription. To receive maximum prescription drug benefits, ask your doctor to prescribe a medication on this formulary. Remember, if a preferred drug from the formulary is prescribed, your copay may be less than if a non-preferred drug is prescribed for you. To see the complete Magellan Rx Management Precision formulary, visit [magellanrx.com](http://magellanrx.com).

### Drugs are listed alphabetically.

ActoPlus Met* (pioglitazone/ metformin)	Cymbalta* (duloxetine HCL)	indomethacin	Nuvaring	Toujeo
Adderall* (amphetamines)	Cytomel* (liothyronine)	Incruse Ellipta	Ocuflox DRO* (ofloxacin)	Tradjenta
Advair, HFA	Depakote* (divalproex)	Inderal LA* (propranolol LA)	OneTouch: Ultra 2, UltraMini	Trandate* (labetalol)
Aerospan	Detrol, LA* (tolerodine)	Indocin, SR* (indomethacin, SR)	Onexton*	Transderm-scop
Altoprev*(lovastatin)	Diabeta* (glyburide)	Invokamet	Ortho Evra* (norelgestromin- ethinyl estradiol td)	Travatan Z* (travoprost)
Ambien* (zolpidem)	Differin* (adapalene)	Invokana	oxaprozin	Trexall
AndroGel (1.62%)	Diflucan* (fluconazole)	Janumet, Janumet XR	Pamelor* (nortriptyline)	Tricor (fenofibrate)
Antara* (fenofibrate micronized)	diflunisal	Januvia	piroxicam	Trileptal* (oxcarbazepine)
Apriso	Dilacor XR* (diltiazem CR)	Jardiance	Plavix* (clopidogrel)	Trulicity
Arimidex* (anastrozole)	Diovan* (valsartan)	Jentaduo	Pravachol*(pravastatin)	Uloric
Arnuity ellipta	Diovan HCT* (valsartan HCTZ)	ketoprofen	Pradaxa	Vagifem* (estradiol)
Astepro* (azelastine hcl spr)	Ditropan* (oxybutynin)	ketorolac	Premarin	Valtrex* (valacyclovir)
Avapro* (irbesartan)	Dolophine* (methadone)	Klonopin* (clonazepam)	Prempro, low dose	Vasotec* (enalapril)
Azopt	Duavee	Lamictal* (lamotrigine)	Prinivil* (lisinopril)	Ventolin HFA
Azor* (amlodipine/olmesart)	Dyazide* (triamterene/ HCTZ)	Lanoxin (digoxin)	Prinzide* (lisinopril/hctz)	Vesicare
Bentyl* (dicyclomine)	Dymista	Lantus	Pristiq* (dexvenlafaxine)	Viagra
Boniva* (ibandronate)	Effexor* (venlafaxine)	Lasix* (furosemide)	ProAir HFA	Victoza
Breo ellipta	Effexor XR* (venlafaxine XR)	Lexapro* (escitalopram)	Protonix* (pantoprazole)	Vigamox
Brilinta	Effient	Lialda	Provera* (medroxy - progesterone)	Vistaril* (hydroxyzine pam)
Bydureon	Elidel	Lidoderm* (lidocaine patch)	Prozac* (fluoxetine)	Vivelle Dot
Byetta	Epinephrine (mylan manuf)	Linzees	Pulmicort	Voltaren* (diclofenac)
Bystolic	Epipen*, Epipen JR*	Lipitor* (atorvastatin)	Reglan* (metoclopramide)	Voltaren Gel* (diclofenac)
Calan, SR* (verapamil, SR)	Epiduo*, Epiduo Forte*	Lopid* (gemfibrozil)	Remeron* (mirtazapine)	Vyvanse
Cardizem* (diltiazem)	Epiduo*, Epiduo Forte*	Lopressor* (metoprolol)	Requip* (ropinirole)	Welchol
Cardura* (doxazosin)	etodolac	Lotensin, HCT* (benazepril HCTZ)	Restoril* (temazepam)	Wellbutrin, SR* (bupropion)
Celebrex* (celecoxib)	Evista* (raloxifene hcl)	Lotrel* (amlodipine/ benazepril)	Risperdal* (risperidone)	Wellbutrin XL* (bupropion XL)
Cialis	Exforge, HCT* (amlodipine/ valsartan, HCT)	Lovaza* (omega-3-acid)	Serevent Diskus	Xalatan* (latanoprost)
Ciprodex	fenoprofen	Lumigan*	Seroquel	Xanax* (alprazolam)
Climara* (estradiol patch)	Flomax* (tamsulosin)	Lunesta* (eszopiclone)	Seroquel XR	Xarelto
Colcrys* (colchicine)	Flonase* (fluticasone)	Maxalt* (rizatriptan)	Singulair* (montelukast)	Xyzal* (levocetirizone)
Combivent Respimat	flurbiprofen	Maxzide* (triamterene/ HCTZ)	Strattera	Zanaflex* (tizanidine)
Concerta (methylphenidate)	fluvastatin	Medrol* (methylprednisolone)	sulindac	Zetia* (ezetimibe)
Conzip* (tramadol hcl)	Fosamax* (alendronate)	meclizine	Symbicort	Zenpep
Coreg* (carvedilol)	Glucophage, XR* (metformin, ER)	Metaglip* (glipizide/metformin)	Synjardy IR/XR	Ziac* (bisoprolol-HCTZ)
Coreg CR*	Glucotrol, XL* (glipizide)	Microzide* (hydrochlorothiazide)	Synthroid (levothyroxine)	Zocor* (simvastatin)
Coregard* (nadolol)	Glucovance* (glyburide/ met- formin)	Mirapex* (pramipexole)	Tapazole* (methimazole)	Zofran, ODT* (ondansetron, ODT)
Corlanor	Humalog, mix	Nabumetone	Tenoretic* (atenolol- chlorthalidone)	Zolofit* (sertraline)
Cosopt* (dorzolamide-timolol)	Hyzaar* (losartan HCT)	Nasonex* (mometasone)	Tenormin* (atenolol)	Zomig, ZMT* (zolmitriptan)
Coumadin (warfarin)	ibuprofen	Neurontin* (gabapentin)	Tobrex* (tobramycin)	Zovirax cream
Cozaar* (losartan)	Imdur* (isosorbide mononitrate)	Niaspan* (niacin tab CR)	tolmetin	Zyloprim* (allopurinol)
Creon	Imitrex* (sumatriptan)	Nitrostat	Toprol XL* (metoprolol XL)	Zyprexa* (olanzapine)
Crestor*(rosuvastatin)		Norvasc* (amlodipine)		

### Updated 07/2017

Note: This is a partial list of medications that changes periodically. To ensure you have the most current version of the precision formulary, visit [magellanrx.com](http://magellanrx.com). Inclusion of a medication on this formulary is not a guarantee of coverage. Please refer to your plan of benefits for coverage limitations and exclusions. Not all benefits plans in all states are subject to quantity limits. For details regarding quantity limits for your particular benefits plan, contact Customer Service at the telephone number listed on your identification card.

### Key

Lowest Copay	Generic Medications	Listed in all lower-case letters
Middle Copay	Preferred Brand Name Medications	Listed with a leading capital letter
Highest Copay	Non-Preferred Brand Medications	Listed with an asterisk (*)