

# Standard Quick Reference Formulary

## Most Commonly Prescribed Medications

All generic medications are listed on the Magellan Rx Management standard formulary. 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 standard formulary, visit [magellanrx.com](http://magellanrx.com).

### Drugs are listed alphabetically by brand name.

Accu-Chek: Aviva Plus, Nano SmartView	Cozaar* (losartan)	Indocin, SR* (indomethacin, SR)	OneTouch: Ultra 2, UltraMini	Trandate* (labetalol)
ActoPlus Met* (pioglitazone/metformin)	Creon	Invokamet	Onexton*	Transderm-scop
Actos* (pioglitazone)	Crestor* (rosuvastatin)	Invokana	Ortho Evra* (norelgestromin-ethinyl estradiol td)	Travatan Z (travoprost)
Adalat CC* (nifedipine er)	Cymbalta* (duloxetine HCL)	Janumet, Janumet XR	Pamelor* (nortriptyline)	Trexall
Adderall* (amphetamine)	Cytomet* (liothyronine)	Januvia	Plavix* (clopidogrel)	Tricor* (fenofibrate)
Advair, HFA	Depakote* (divalproex)	Jardiance	Pravachol* (pravastatin)	Trileptal* (oxcarbazepine)
Aerospan	Detrol, LA* (tolerodine)	Jentadueto	Pradaxa	Trulicity
Ambien* (zolpidem)	Diabeta* (glyburide)	Klonopin* (clonazepam)	Premarin	Uloric
Amitiza	Differin* (adapalene)	Lamictal* (lamotrigine)	Prempro, low dose	Vagifem* (estradiol)
AndroGel (1.62%)	Diflucan* (fluconazole)	Lanoxin (digoxin)	Prinivil* (lisinopril)	Valtrex* (valacyclovir)
Antara* (fenofibrate micronized)	Dilacor XR* (diltiazem CR)	Lantus	Prinzide* (lisinopril/hctz)	Vasotec* (enalapril)
Apriso	Diovan* (valsartan)	Lasix* (furosemide)	Pristiq* (dexvenlafaxine)	Ventolin HFA
Arimidex* (anastrozole)	Diovan HCT* (valsartan HCTZ)	Levemir	ProAir HFA	VESIcare
Arnuity	Ditropan* (oxybutynin)	Lexapro* (escitalopram)	Protonix* (pantoprazole)	Viagra
Astepro* (azelastine hcl spr)	Dolophine* (methadone)	Lialda	Provera* (medroxy - progesterone)	Victoza
Avapro* (irbesartan)	Duavee	Lidoderm* (lidocaine patch)	Prozac* (fluoxetine)	Vigamox
Azopt	Dyazide* (triamterene/ HCTZ)	Linzees	Pulmicort Flexhaler	Vistaril* (hydroxyzine pam)
Azor* (amlodipine/olmesart)	Dymista	Lipitor* (atorvastatin)	QVAR	Vivelle Dot* (estradiol)
Bentyl* (dicyclomine)	Effexor* (venlafaxine)	Lopid* (gemfibrozil)	Reglan* (metoclopramide)	Voltaren* (diclofenac)
Boniva* (ibandronate)	Effexor XR* (venlafaxine XR)	Lopressor* (metoprolol)	Remeron* (mirtazapine)	Voltaren Gel* (diclofenac)
Breo ellipta	Effient	Lotensin, HCT* (benazepril/HCTZ)	Requip* (ropinirole)	Vytorin* (ezetimibe/simvastatin)
Brilinta	Elidel	Lotrel* (amlodipine/ benazepril)	Restoril* (temazepam)	Vyvanse
Bydureon	Epiduo*, Epiduo Forte*	Lovaza* (omega-3-acid)	Risperdal* (risperidone)	Welchol
Byetta	Epinephrine (mylan manuf)	Lunesta* (eszopiclone)	Serevent Diskus	Wellbutrin, SR* (bupropion)
Bystolic	Epipen*, Epipen JR*	Maxalt* (rizatriptan)	Seroquel* (quetiapine)	Wellbutrin XL* (bupropion XL)
Calan, SR* (verapamil, SR)	Estrace* (estradiol)	Maxzide* (triamterene/ HCTZ)	Seroquel XR	Xalatan* (latanoprost)
Cardizem* (diltiazem)	Evista* (raloxifene hcl)	Medrol* (methylprednisolone)	Singulair* (montelukast)	Xanax* (alprazolam)
Cardura* (doxazosin)	Exforge, HCT* (amlodipine/ valsartan, HCT)	Metaglip* (glipizide/metformin)	Soolantra	Xarelto
Celebrex* (celecoxib)	Flomax* (tamsulosin)	Mevacor* (lovastatin)	Spiriva	Xyzal* (levocetirizone)
Cialis	Flonase* (fluticasone)	Microzide* (hydrochlorothiazide)	Strattera	Zanaflex* (tizanidine)
Ciprodex	Fosamax* (alendronate)	Mirapex* (pramipexole)	Symbicort	Zenpep
Climara* (estradiol patch)	Glucophage, XR* (metformin, ER)	Mobic* (meloxicam)	Synjardy IR/XR	Zetia
Colcrys* (colchicine)	Glucotrol, XL* (glipizide)	Naprosyn* (naproxen)	Synthroid (levothyroxine)	Ziac* (bisoprolol-HCTZ)
Combivent Respimat	Glucovance* (glyburide/ metformin)	Nasonex* (mometasone)	Tapazole* (methimazole)	Zocor* (simvastatin)
Concerta (methylphenidate)	Humulin	Neurontin* (gabapentin)	Tenoretic* (atenolol-chlorthalidone)	Zofran, ODT* (ondansetron, ODT)
Conzip* (tramadol hcl)	Humalog, mix	Niaspan* (niacin tab CR)	Tenormin* (atenolol)	Zolof* (sertraline)
Coreg* (carvedilol)	Hyzaar* (losartan HCT)	Nitrostat	Testim* (testosterone td gel 1%)	Zomig, ZMT* (zolmitriptan)
Coreg CR*	Imdur* (isosorbide mononitrate)	Norvasc* (amlodipine)	Tobrex* (tobramycin)	Zovirax cream
Corgard* (nadolol)	Imitrex* (sumatriptan)	Novolin	Toprol XL* (metoprolol XL)	Zyloprim* (allopurinol)
Corlanor	Incruse Ellipta	Novolog, mix	Toujeo	Zyprexa* (olanzapine)
Cosopt* (dorzolamide-timolol)	Inderal LA* (propranolol LA)	Nuvaring	Tradjenta	
Coumadin (warfarin)		Ocuflox DRO* (ofloxacin)		

### Updated 07/2017

Note: This is a partial list of medications that changes periodically. To ensure you have the most current version of the standard 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 (*)