

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 www.magellanrx.com.

Drugs are listed alphabetically by brand name.

Abilify	Ciprodex	Glucovance* (glyburide/ metformin)	Nasonex	Tenoretic* (atenolol- chlorthalidone)
Accu-Chek: Aviva Plus, Nano SmartView	Climara* (estradiol patch)	Humulin	Neurontin* (gabapentin)	Tenormin* (atenolol)
Accupril* (quinapril)	Colcrys* (colchicine)	Humalog, mix	Niaspan* (niacin tab CR)	Testim* (testosterone td gel 1%)
Aciphex* (rabeprazole)	Combivent Respimat	Hyzaar* (losartan HCT)	Nitrostat	Tobrex* (tobramycin)
Activella* (estradiol/norethin- drone)	Concerta* (methylphenidate)	Imdur* (isosorbide mononitrate)	Norvasc* (amlodipine)	Toprol XL* (metoprolol XL)
ActoPlus Met* (pioglitazone/ metformin)	Conzip* (tramadol hcl)	Imitrex* (sumatriptan)	Novolin	Tradjenta
Actos* (pioglitazone)	Coreg* (carvedilol)	Inderal LA* (propranolol LA)	Novolog, mix	Trandate* (labetalol)
Adalat CC* (nifedipine er)	Coreg CR*	Indocin, SR* (indomethacin, SR)	Nuvaring	Travatan Z* (travoprost)
Adderal* (amphetamine)	Corgard* (nadolol)	Invokana	Ocuflox DRO* (ofloxacin)	Tricor* (fenofibrate)
Advair, HFA	Corlanor	Janumet, Janumet XR	OneTouch: Ultra 2, UltraMini, Verio IQ	Trileptal* (oxcarbazepine)
Aerospan	Cosopt* (dorzolamide-timolol)	Januvia	Onglyza	Uloric
Aldactone* (spironolactone)	Coumadin (warfarin)	Keflex* (cephalexin)	Ortho Evra* (norelgestromin- ethinyl estradiol td)	Vagifem
Altace* (ramipril)	Cozaar* (losartan)	Keppra* (levetiracetam)	Pamelor* (nortriptyline)	Valtrex* (valacyclovir)
Amaryl* (glimeperide)	Crestor	Klonopin* (clonazepam)	Plavix* (clopidogrel)	Vasotec* (enalapril)
Ambien* (zolpidem)	Cymbalta* (duloxetine HCL)	Lamictal* (lamotrigine)	Pravachol* (pravastatin)	Ventolin HFA
Amoxil* (amoxicillin)	Cytomel* (liothyronine)	Lanoxin (digoxin)	Premarin	VESIcare
AndroGel (1.62%)	Depakote* (divalproex)	Lantus	Prempo, low dose	Victoza
Antara* (fenofibrate micronized)	Detrol, LA* (tolerodine)	Lasix* (furosemide)	Prinivil* (lisinopril)	Vigamox
Aricept* (donepezil hydrochloride)	Diabeta* (glyburide)	Levaquin* (levofloxacin)	Prinzide* (lisinopril/hctz)	Vistaril* (hydroxyzine pam)
Arimidex* (anastrozole)	Differin* (adapalene)	Levemir	Pristiq	Vivelle Dot
Asmanex, HFA	Diflucan* (fluconazole)	Lexapro* (escitalopram)	ProAir HFA	Voltaren* (diclofenac)
Astepro* (azelastine hcl spr)	Dilacor XR* (diltiazem CR)	Lialda	Provera* (medroxy - progesterone)	Voltaren Gel
Augmentin* (amox/clav)	Diovan* (valsartan)	Lidoderm* (lidocaine patch)	Prozac* (fluoxetine)	Vytorin
Avapro* (irbesartan)	Diovan HCT* (valsartan HCTZ)	Linzess	Pulmicort	Welchol
Azor	Ditropan* (oxybutynin)	Lipitor* (atorvastatin)	QVAR	Wellbutrin, SR* (bupropion)
Benicar, HCT	Dolophine* (methadone)	Lopid* (gemfibrozil)	Reglan* (metoclopramide)	Wellbutrin XL* (bupropion XL)
Bentyl* (dicyclomine)	Duac* (benzoyl peroxide- clindamycin)	Lopressor* (metoprolol)	Remeron* (mirtazapine)	Xalatan* (latanoprost)
Boniva* (ibandronate)	Duavee	Lotensin, HCT* (benazepril/ HCTZ)	Requip* (ropinirole)	Xanax* (alprazolam)
Breo ellipta	Dyazide* (triamterene/ HCTZ)	Lotrel* (amlodipine/ benazepril)	Restoril* (temazepam)	Xarelto
Brilinta	Effexor* (venlafaxine)	Lovaza* (omega-3-acid)	Risperdal* (risperidone)	Xyzal* (levocetirizone)
Bydureon	Effexor XR* (venlafaxine XR)	Lunesta* (eszopiclone)	Seroquel* (quetiapine)	Zanaflex* (tizanidine)
Byetta	Effient	Maxalt* (rizatriptan)	Seroquel XR	Zetia
Bystolic	Epipen, Epipen JR	Maxzide* (triamterene/ HCTZ)	Singulair* (montelukast)	Ziac* (bisoprolol-HCTZ)
Calan, SR* (verapamil, SR)	Estrace* (estradiol)	Medrol* (methylprednisolone)	Spiriva	Zithromax* (azithromycin)
Cardizem* (diltiazem)	Exforge, HCT (amlodipine/ valsartan, HCT)	Meaglip* (glipizide/metformin)	Strattera	Zocor* (simvastatin)
Cardura* (doxazosin)	Flomax* (tamsulosin)	Mevacor* (lovastatin)	Symbicort	Zofran, ODT* (ondansetron, ODT)
Ceftin* (cefuroxime)	Flonase* (fluticasone)	Microzide* (hydrochlorothiazide)	Synthroid (levothyroxine)	Zolof* (sertraline)
Celebrex* (celecoxib)	Flovent, HFA	Mirapex* (pramipexole)	Tapazole* (methimazole)	Zomig, ZMT* (zolmitriptan)
Cialis	Fosamax* (alendronate)	Mobic* (meloxicam)		Zyloprim* (allopurinol)
Cipro* (ciprofloxacin)	Glucophage, XR* (metformin, ER)	Naprosyn* (naproxen)		Zyprexa* (olanzapine)
	Glucotrol, XL* (glipizide)			

Updated 01/2016

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