

Standard Quick Reference Formulary

Most Commonly Prescribed Medications

The Standard Quick Reference Formulary is intended to provide a list of commonly prescribed drugs that are covered. This is not an all-inclusive list, the formulary covers many more drugs. On the Quick Reference, generic drugs are listed in lower case italics, and brand drugs are listed in CAPS. Remember, if a generic drug from the formulary is prescribed, the copay may be less than if a brand drug is prescribed. If the drug has step therapy or prior authorization on the formulary at the time of publishing, it is indicated below with a star (*). There are other safety edits that are not listed because of the abbreviated nature of this document. Individual plan designs may also change coverage of products listed. To see the complete listing of covered products please visit magellanrx.com.

Drugs are listed alphabetically.

ACCU-CHEK	<i>clopidogrel</i>	INVOKAMET XR	ONETOUCH	SYNTHROID
<i>acyclovir</i>	COLCRYS	INVOKANA	<i>oxycodone hcl</i>	tamsulosin hcl
ADVAIR DISKUS	COMBIGAN	JANUMET	<i>oxycodone-acetaminophen</i>	testosterone cypionate
ADVAIR HFA	COMBIVENT RESPIMAT	JANUMET XR	<i> pantoprazole sodium</i>	tizanidine hcl
<i>allopurinol</i>	CREON	JANUVIA	<i> paroxetine er</i>	topiramate / er
ALPHAGAN P	<i>cyclobenzaprine hcl</i>	JARDIANCE	<i> pioglitazone hcl</i>	TOUJEO SOLOSTAR
alprazolam	<i>dextroamphetamine-amphetamine er</i>	JENTADUETO	PRADAXA	TRADJENTA
AMITIZA	<i> diazepam</i>	JENTADUETO XR	<i> pravastatin sodium</i>	tramadol hcl
<i> amitriptyline hcl</i>	<i> diclofenac sodium er</i>	<i> lamotrigine</i>	<i> prednisolone</i>	TRAVATAN Z
<i> amlodipine besylate</i>	<i> doxycycline hyclate</i>	LANTUS	<i> prednisone</i>	trazodone hcl
<i> amlodipine besylate-benazepril</i>	DUAVEE	LANTUS SOLOSTAR	PREMARIN	triamcinolone acetonide
ANDRODERM*	<i> duloxetine hcl</i>	LEVEMIR	PREMPHASE	triamterene-hydrochlorothiazide
ANDROGEL 1.62% GEL*	DYMISTA	<i> levocetirizine dihydrochloride</i>	PREMPRO	TRULICITY
ANORO ELLIPTA	ELIDEL*	<i> levothyroxine sodium</i>	PROAIR HFA	ULORIC*
APRISO	EMBEDA*	LINZESS*	PROAIR RESPICLICK	valacyclovir
ARNUITY ELLIPTA	<i> escitalopram</i>	<i> lisinopril</i>	PROCTOFOAM-HC	valsartan
<i> atenolol</i>	<i> esomeprazole magnesium</i>	<i> lisinopril-hydrochlorothiazide</i>	<i> progesterone</i>	valsartan-hydrochlorothiazide
<i> atorvastatin calcium</i>	<i> estradiol</i>	<i> lorazepam intensol</i>	<i> propranolol hcl</i>	venlafaxine hcl
<i> azithromycin</i>	<i> fenofibrate</i>	<i> losartan potassium</i>	PULMICORT FLEXHALER	VENTOLIN HFA
AZOPT	FLOVENT DISKUS	<i> losartan-hydrochlorothiazide</i>	PYLERA*	VESICARE
<i> benzonatate</i>	FLOVENT HFA	<i> lovastatin</i>	<i> quetiapine fumarate</i>	VIAGRA
BREO ELLIPTA	<i> fluconazole</i>	LUMIGAN	QVAR	VICTOZA
BRILINTA	<i> fluoxetine hcl</i>	<i> meloxicam</i>	RANEXA	VIGAMOX
<i> bupropion hcl sr</i>	<i> fluticasone propionate</i>	<i> metformin hcl</i>	<i> ranitidine hcl</i>	VYVANSE
<i> bupropion xl</i>	<i> furosemide</i>	<i> methocarbamol</i>	RAPAFLO	warfarin sodium
<i> buspirone hcl</i>	<i> gabapentin</i>	<i> methotrexate</i>	REVELA	WELCHOL
BYDUREON	<i> glimepiride</i>	<i> methylphenidate hcl</i>	RESTASIS*	XARELTO
BYETTA	<i> glipizide</i>	<i> methylprednisolone</i>	<i> rosuvastatin calcium</i>	zolpidem tartrate
BYSTOLIC	HUMALOG	<i> metoprolol tartrate</i>	SEREVENT DISKUS	ZOVIRAX*
BYVALSON	HUMALOG KWIKPEN	<i> metronidazole</i>	<i> sertraline hcl</i>	
CANASA	HUMALOG MIX	<i> minocycline hcl</i>	<i> simvastatin</i>	
<i> carvedilol</i>	HUMULIN 70-30	MIRVASO	SOLIQUA *	
<i> celecoxib</i>	HUMULIN N	<i> montelukast sodium</i>	SOOLANTRA	
<i> cephalixin</i>	HUMULIN R	MOXEZA	SPIRIVA	
CIALIS	<i> hydrochlorothiazide</i>	<i> mupirocin</i>	<i> spironolactone</i>	
<i> ciprofloxacin hcl</i>	<i> hydrocodone-acetaminophen</i>	MYRBETRIQ	<i> sprintec</i>	
<i> citalopram hbr</i>	<i> hydroxychloroquine sulfate</i>	<i> naproxen</i>	STIOLTO RESPIMAT	
CLIMARA PRO	<i> hydroxyzine hcl</i>	NATAZIA	<i> sulfamethoxazole-trimethoprim</i>	
<i> clindamycin phosphate</i>	<i> ibuprofen</i>	NOVOLOG	<i> sumatriptan succinate</i>	
<i> clobetasol propionate</i>	INCRUSE ELLIPTA	NUVARING	SYMBICORT	
<i> clonazepam</i>	INVOKAMET	<i> omeprazole</i>	SYNJARDY	
<i> clonidine hcl</i>		<i> ondansetron hcl</i>	SYNJARDY XR	

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

Generic Medications	Listed in all lower-case letters
Preferred Brand Name Medications	Listed in all upper-case letters
Medications requiring ST or PA	Listed with an asterisk (*)