

2020 Precision Quick Reference Formulary

Most Commonly Prescribed Medications

The Precision 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-SOFT TOUCH	CREON	INCRUSE ELLIPTA	omeprazole	spironolactone
ACCU-CHECK SOFTCLIX	cyclobenzaprine hcl	INVOKAMET XR*	ondansetron hcl	STIOLTO
acetaminophen-codeine	DEXILANT*	INVOKAMET*	ondansetron odt	sumatriptan succinate
acyclovir	dextroamphetamine-amphetamine er	INVOKANA*	ONETOUCH	SYMBICORT
ADVAIR DISKUS	diazepam	JANUMET XR*	oxycodone hcl	SYMPROIC*
ADVAIR HFA	DUAVEE	JANUMET*	oxycodone-acetaminophen	SYNJARDY XR*
AIMOVIG*	duloxetine hcl	JANUVIA*	OZEMPIC*	SYNJARDY*
allopurinol	DYMISTA	JARDIANCE*	pantoprazole sodium	tamsulosin hcl
ALPHAGAN P	ELIQUIS	JENTADUETO/XR*	paroxetine hcl	testosterone cypionate
alprazolam	EMBEDA*	lamotrigine	PAZEO	tizanidine hcl
amitriptyline hcl	EMGALITY*	LANTUS	potassium chloride	topiramate
amlodipine besylate	EMVERM*	LANTUS SOLOSTAR	PRADAXA	TOUJEO MAX SOLOSTAR
ANDRODERM*	ENDOMETRIN	levothyroxine sodium	pravastatin sodium	TOUJEO SOLOSTAR
ANORO ELLIPTA	ENTRESTO	LINZESS*	PREMARIN	TRADJENTA*
APRISO	escitalopram oxalate	lisinopril	PREMARIN VAGINAL CREAM	tramadol hcl
aripiprazole	estradiol	lisinopril-hydrochlorothiazide	PREMPHASE	TRAVATAN Z
ARNUITY ELLIPTA	EUCRISA*	lorazepam	PREMPRO	trazodone hcl
atenolol	fenofibrate	losartan potassium	PROAIR HFA	TRELEGY
atorvastatin calcium	FLOVENT DISK	losartan-hydrochlorothiazide	PROAIR RESPICLICK	tretinoin
AZOPT	FLOVENT HFA	LUMIGAN	progesterone	triamcinolone acetonide
BREO ELLIPTA	fluoxetine hcl	meloxicam	PROLENSA	triamterene-hydrochlorothiazide
BRILINTA	fluticasone propionate	metformin hcl	propranolol hcl	TRULICITY*
bupropion hcl sr	FREESTYLE LIBRE	metformin hcl er	PULMICORT FLEXHALER	valacyclovir
bupropion xl	furosemide	methocarbamol	PYLERA*	venlafaxine hcl er
buspirone hcl	gabapentin	methotrexate	quetiapine fumarate	VENTOLIN HFA
BYDUREON/BCise*	glimepiride	methylphenidate er	RANEXA	VICTOZA*
BYDUREON PEN*	glipizide er	methylprednisolone	ranitidine hcl	VYVANSE
BYETTA*	GLUCAGON	metoprolol succinate	RAPAFLO	warfarin sodium
BYSTOLIC	GLYXAMBI*	metoprolol tartrate	RESTASIS MULTIDOSE*	XARELTO
BYVALSON	HUMALOG	MIRVASO	RESTASIS*	XARELTO STARTER PACK
carvedilol	HUMALOG JR	montelukast sodium	RHOPRESSA	XELPROS
celecoxib	HUMALOG KWIK	MOXEZA	ROCKLATAN*	XIIDRA*
CIPRODEX	HUMALOG MIX	MYRBETRIQ	rosuvastatin calcium	ZENPEP
citalopram hbr	HUMULIN	naproxen	SEREVENT DISKUS	zolpidem tartrate
CLIMARA PRO	HUMULIN N	NARCAN	sertraline hcl	ZUBSOLV*
clonazepam	HUMULIN R	NATAZIA	sildenafil*	
clonidine hcl	hydrochlorothiazide	NOVOFINE	SIMBRINZA	
clopidogrel	hydrocodone-acetaminophen	NOVOFINE AUT	simvastatin	
COLCRYS	hydroxyzine hcl	NOVOFINE PLS	SOLIQUA*	
COMBIGAN	ibuprofen	NOVOTWIST	SOOLANTRA	
COMBIVENT		ORILISSA*	SPIRIVA/RESPIMAT	

Updated 10/2019, Effective 1/2020

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 (*)