

2020 Precision Plus+ Quick Reference Formulary

Most Commonly Prescribed Medications

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

Updated 11/2019, Effective 1/2020

Note: Precision and Precision Plus+ are the same formulary and have the same base criteria. The main differences are that autoimmune non-preferred drugs cannot be grandfathered. Previous Prior Authorizations for autoimmune non-preferred drugs should be terminated. This document 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.

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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 (*)