

# Quick Reference Formulary

## Most Commonly Prescribed Medications

All generic medications are listed on the Partners Rx 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 (a drug not on the complete formulary list) is prescribed for you. To see the complete Partners Rx standard formulary, visit [www.partnersrx.com](http://www.partnersrx.com), under Members, or call toll-free 1.800.711.4550.

Drugs are listed alphabetically by brand name.

Accu-Chek: Aviva, Compact	Cipro* (ciprofloxacin)	Glucovance* (glyburide/ metformin)	Micronase* (glyburide)	Reglan* (metoclopramide)
Activella	Ciprodex	Glyrase Prestab* (glyburide micro)	Mirapex* (pramipexole)	Remeron* (mirtazapine)
ActoPlus Met, XR	Climara* (estradiol)	Glyset	Monoket* (isosorbide mono- nitrate)	Requip* (ropinirole)
Actos	Climara* (estradiol patch)	Halcion* (triazolam)	Motrin* (ibuprofen)	Restoril* (temazepam)
Advair	Coreg* (carvedilol)	Humalog, Humulin	Nalfon* (fenoprofen)	Septra, DS*
Aldara	Coreg CR*	Hydrodiuril* (hydrochloro- thiazide)	Naprosyn* (naproxen)	(sulfamethoxazole/ trim- ethoprim)
Alora	Corgard* (nadolol)	Hytrin* (terazosin)	Nasonex	Serevent Diskus
Alphagan P* (brimonidine)	Cortifoam	Hyzaar* (losartan HCT)	Niaspan	Spiriva
Altace* (ramipril)	Cosopt* (dorzolamide-timolol)	Imdur* (isosorbide mononitrate)	Nitro-Dur (nitroglycerin patch)	Sporanox* (itraconazole)
Alupent* (metaproterenol)	Coumadin (warfarin)	Imitrex* (sumatriptan)	Nitrostat* (nitroglycerin)	Starlix* (nateglinide)
Amaryl* (glimeperide)	Cozaar* (losartan)	Inderal* (propranolol)	Nizoral* (ketoconazole)	Symbicort
Ambien* (zolpidem)	Crestor	Inderal LA* (propranolol LA)	Norpramin* (desipramine)	Symlyn
Amoxil* (amoxicillin)	Crolom* (cromolyn)	Indocin, SR* (indomethacin, SR)	Norvasc* (amlodipine)	Synthroid (levothyroxine)
Anaprox, DS* (naproxen sodium)	Cymbalta	Intal Inh.	Novolin, Novolog	Tagamet *(cimetidine)
Ansaid* (flurbiprofen)	Cytotec* (misoprostol)	Intal Soln.* (cromolyn)	Ocupress* (carteolol)	Tenormin* (atenolol)
Arixtra	Dalmane* (flurazepam)	ISMO* (isosorbide mononitrate)	Ogen* (estropipate)	Theo-24
Asmanex	Desyrel* (trazodone)	Isordil* (isosorbide dinitrate)	Omnicef* (cefdinir)	Tilade
Astelina	Detrol, LA	Janumet	Omnipen* (ampicillin)	Timoptic XE* (timolol, XE)
Atrovent* (ipratropium bromide)	Diabeta* (glyburide)	Januvia	Ortho-Est* (estropipate)	Tolectin *(tolmetin)
Augmentin* (amox/clav)	Diflucan* (fluconazole)	Keflex* (cephalexin)	Orudis* (ketoprofen)	Toprol XL* (metoprolol XL)
Avalide	Dilacor XR* (diltiazem CR)	Lanoxin (digoxin)	Oruvail* (ketoprofen)	Trandate* (labetalol)
Avapro	Dipentum	Lantus	Pamelor* (nortriptyline)	Travatan Z
Azmacort	Diovan, HCT	Lasix* (furosemide)	Persantine* (dipyridamole)	Trental* (pentoxifylline)
Azopt	Duac	Levaquin	Plavix	Tricor
Bactrim, DS* (sulfamethoxazole/ trimethoprim)	Dyazide* (triamterene/ HCTZ)	Levemir	Prandin	Trusopt* (dorzolamide)
Bayer: Contour, Breeze 2	Effexor* (venlafaxine)	Lexapro	Precose* (acarbose)	Uniphyll* (theophylline)
Benicar, HCT	Effexor XR (venlafaxine XR)	Lipitor	Prefest	Verelan* (verapamil SR)
Betagan* (levobunolol)	Effient	Lodine* (etodolac)	Premarin	VESIcare
Betimol	Estrace* (estradiol)	Lopid* (gemfibrozil)	Prempo	Vivelle, Vivelle Dot
Betopic S	Estraderm* (estradiol)	Lopressor* (metoprolol)	Premphase	Voltaren* (diclofenac)
Boniva	Evista	Lortab* (hydrocodone/APAP)	Prinivil* (lisinopril)	Welchol
Byetta	FemHRT*	Lotensin, HCT* (benazepril/ HCTZ)	Prinzide* (lisinopril/hctz)	Wellbutrin, SR* (bupropion)
Calan, SR* (verapamil, SR)	Flomax* (tamsulosin)	Lotrel* (amlodipine/ benazepril)	ProAir HFA	Wellbutrin XL* (bupropion XL)
Capoten* (captopril)	Flonase* (fluticasone)	Lovaza	Prometrium	Xalatan
Carafate* (sucralfate)	Flovent, HFA	Lozol* (indapamide)	Protonix (pantoprazole)	Xopenex HFA
Cardizem* (diltiazem)	Foradil	Maxzide* (triamterene/ HCTZ)	Proventil* (albuterol)	Zantac* (ranitidine)
Cardura* (doxazosin)	Fosamax* (alendronate)	Metaglip* (glipizide/ metfor- min)	Provera* (medroxy - progesterone)	Zaroxolyn* (metolazone)
Ceclor, CD* (cefaclor, ER)	Fosamax-D*		Pulmicort	Zetia
Ceftin* (cefuroxime)	Fosrenol		Questran* (cholestyramine)	Zithromax* (azithromycin)
Cefzil* (cefprozil)	Glucophage, XR* (metformin, ER)		QVAR	Zocor* (simvastatin)
Cenestin	Glucotrol, XL* (glipizide)			Zoloff* (sertraline)
				Zomig, ZMT

### 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 (*)

### Updated 4/11

Note: This is a partial list of medications that changes periodically. To ensure you have the most current version of the standard formulary, [www.partnersrx.com](http://www.partnersrx.com), under Members, or call toll-free 1.800.711.4550. 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.