

# Partners Rx Quick Reference Formulary

## Most Commonly Prescribed Medications

All generic medications are on the PRx 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 the 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 a complete 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.

Activella	Cipro* (ciprofloxacin)	Glyrase Prestab* (glyburide micro)	Monoket* (isosorbide mononitrate)	Reglan* (metoclopramide)
ActoPlus Met	Ciprodex	Glyset	Motrin* (ibuprofen)	Remeron* (mirtazapine)
Actos	Climara* (estradiol)	Halcion* (triazolam)	Nalfon* (fenoprofen)	Requip* (ropinirole)
Advair	Climara* (estradiol patch)	Humalog	Naprosyn* (naproxen)	Restoril* (temazepam)
Aldara	Climara Pro	Humulin	Nasonex	Septa, DS* (sulfamethoxazole/ trimethoprim)
Alora	Coreg* (carvedilol)	Hydrodiuril* (hydro - chlorothiazide)	Niaspan	Serevent Diskus
Alphagan P* (brimonidine)	Coreg CR*	Hytrin* (terazosin)	Nitro-Dur (nitroglycerin patch)	Spiriva
Altace* (ramipril)	Corgard* (nadolol)	Imdur* (isosorbide mononitrate)	Nitrostat* (nitroglycerin)	Sporanox* (itraconazole)
Alupent* (metaproterenol)	Cortifoam	Imitrex* (sumatriptan)	Nizoral* (ketoconazole)	Starlix* (nateglinide)
Amaryl* (glimeperide)	Cosopt* (dorzolamide-timolol)	Inderal* (propranolol)	Norpramin* (desipramine)	Symbicort
Amoxil* (amoxicillin)	Coumadin (warfarin)	Inderal LA* (propranolol LA)	Norvasc* (amlodipine)	Symlyn
Anaprox, DS* (naproxen sodium)	Crestor	Indocin, SR* (indomethacin, SR)	Novolog	Synthroid (levothyroxine)
Ansaïd* (flurbiprofen)	Crolom* (cromolyn)	Intal Inh.	Ocupress* (carteolol)	Tagamet *(cimetidine)
Arixtra	Cytotec* (misoprostol)	Intal Soln.* (cromolyn)	Ogen* (estropipate)	Tenormin* (atenolol)
Asmanex	Dalmane* (flurazepam)	ISMO* (isosorbide mononitrate)	Omnicef* (cefdinir)	Theo-24
Astelin	Desyrel* (trazodone)	Isoptin, SR* (verapamil, SR)	Omnipen* (ampicillin)	Tilade
Atrovent* (ipratropium bromide)	Detrol, LA	Isordil* (isosorbide dinitrate)	Ortho-Est* (estropipate)	Timoptic XE* (timolol, XE)
Augmentin* (amox/clav)	Diabeta* (glyburide)	Janumet	Orudis* (ketoprofen)	Tolectin *(tolmetin)
Avalide	Diflucan* (fluconazole)	Januvia	Oruvail* (ketoprofen)	Toprol XL* (metoprolol XL)
Avandamet	Dilacor XR* (diltiazem CR)	Keflex* (cephalexin)	Pamelor* (nortriptyline)	Trandate* (labetalol)
Avandaryl	Dipentum	Lanoxin (digoxin)	Persantine* (dipyridamole)	Travatan Z
Avandia	Diovan, HCT	Lantus	Plavix	Trental* (pentoxifylline)
Avapro	Duac	Lasix* (furosemide)	Pramasone 2.5%	Tricor
Azmacort	Dyazide* (triamterene/ HCTZ)	Levaquin	Prandin	Trusopt* (dorzolamide)
Azopt	Effexor* (venlafaxine)	Levemir	Precose* (acarbose)	Uniphyll* (theophylline)
Bactrim, DS* (sulfamethoxazole/ trimethoprim)	Effexor XR	Lexapro	Prefest	Verelan* (verapamil SR)
Benicar, HCT	Estrace* (estradiol)	Lipitor	Premarin	VESIcare
Betagan* (levobunolol)	Estraderm	Lodine* (etodolac)	Prempo	Vivelle, Vivelle Dot
Betimol	Estring	Lopid* (gemfibrozil)	Prempphase	Voltaren* (diclofenac)
Betopic S	Evista	Lopressor* (metoprolol)	Prinivil* (lisinopril)	Welchol
Boniva	FemHRT*	Lortab* (hydrocodone/APAP)	Prinzide* (lisinopril/hctz)	Wellbutrin, SR* (bupropion)
Byetta	Flomax* (tamsulosin)	Lotensin, HCT* (benazepril/ HCTZ)	ProAir HFA	Wellbutrin XL* (bupropion XL)
Calan, SR* (verapamil, SR)	Flonase* (fluticasone)	Lotrel* (amlodipine/ benazepril)	Prometrium	Xalatan
Capoten* (captopril)	Flovent, HFA	Lovaza	Protonix (pantoprazole)	Xopenex HFA
Carafate* (sucralfate)	Foradil	Lozol* (indapamide)	Proventil* (albuterol)	Zantac* (ranitidine)
Cardizem* (diltiazem)	Fosamax* (alendronate)	Maxzide* (triamterene/ HCTZ)	Provera* (medroxy - progesterone)	Zaroxolyn* (metolazone)
Cardura* (doxazosin)	Fosamax-D*	Metaglip* (glipizide/ metformin)	Prozac* (fluoxetine)	Zetia
Ceclor, CD* (cefaclor, ER)	Fosrenol	Micronase* (glyburide)	Pulmicort	Zithromax* (azithromycin)
Ceftin* (cefuroxime)	Glucophage, XR* (metformin, ER)	Mirapex* (pramipexole)	Questran* (cholestyramine)	Zocor* (simvastatin)
Cefzil* (cefprozil)	Glucotrol, XL* (glipizide)		QVAR	Zoloff* (sertraline)
Cenestin	Glucovance* (glyburide/ metformin)			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 5/10

Note: This is a partial list of medications that changes periodically. To ensure you have the most current version of the Partners Rx formulary, visit [www.partnersrx.com](http://www.partnersrx.com). Inclusion of a medication on the 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.