

Partners Rx Quick Reference Formulary

Most Commonly Prescribed Medications

PARTNERS RX

We're in this business together.

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

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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 Partners Rx formulary, visit 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.