

Online Formulary Tools

At Magellan Rx Management, we are committed to delivering quality service and personalized care. Our formulary look up tool provides you and your employees/members with a way to look up a drug, determine which formulary tier the drug is on, and learn about any associated quantity, step therapy or prior authorization limitations for the drug.

Step One

- Visit our website at www.magellanrx.com.
- Scroll down and click on Member Portal from the home screen.

MagellanRx
MANAGEMENTSM

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We are a full-service pharmacy benefits manager (PBM) that specializes in solving complex pharmacy challenges for our customers.

Learn More

LOGIN TO ACCESS YOUR SECURE INFORMATION

Member Portal

Provider Portal

Client Portal

Step Two

- At the bottom of the page, select which formulary you'd like to search: Standard or Precision Formulary Drug Look Up.

Log In

Log in to get access to secured content such as pharmacy claims and benefit information.

Register

Complete a one-time registration process to get access to secured information.

I Want To...

- [View the Pharmacy Network List](#)
- [View the Standard Drug Look Up](#)
- [View the Precision Drug Look Up](#)

Register or Log In to...

- [Find a Pharmacy](#)
- [Price a Drug](#)
- [View My Claims](#)

Step Three

- Type in the drug name in the search bar, or search by therapy class.
- You can also view and print Prior Authorization, Quantity Limit and Excluded Drug Listings (Precision Formulary only) from this page.

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PRECISION Formulary Drug Name Search

Enter a drug name to begin

By Alphabet

Select a letter to view drugs starting with that letter

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

By Therapeutic Category

Please select a therapy class to continue

- [ADRENERGIC AGENTS](#)
- [ALPHA-ADRENERGIC BLOCKING AGENT\(SYMPATH\)](#)
- [ANALGESICS AND ANTIPYRETICS](#)
- [ANOREXIGENIC AGENTS](#)

Welcome

We cover both brand name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.

What is a Formulary?

A formulary is a list of covered drugs which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage. This formulary list is not intended to indicate coverage and may change over time. Please refer to your plan document for details on your drug benefit coverage.

Printable Files

The following files require Adobe Acrobat, [click here to download it now](#)

- [Printable Formulary](#)
- [Prior Authorization](#)
- [2017 Preferred and Excluded Drugs by Drug Class](#)
- [Formulary Explanation](#)
- [Quantity Limit](#)

When the selected drug displays, the formulary tier and any quantity, step therapy or prior authorization limits will also be indicated.

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STANDARD Formulary Drug Name Search
Enter a drug name to begin
PREVACID

By Alphabet
Select a letter to view drugs starting with that letter
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

By Therapeutic Category
Please select a therapy class to continue
ADRENERGIC AGENTS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)
ANALGESICS AND ANTIPYRETICS

Start Over

ANTIULCER AGENTS AND ACID SUPPRESSANTS >
PROTON-PUMP INHIBITORS

DRUG NAME	TIER	LIMITS & RESTRICTIONS	DETAILS
PREVACID 24HR DR 15 MG CAPSULE OTC	NF		
PREVACID 15 MG SOLUTAB	T3	ST QL 1 / day	
PREVACID DR 15 MG CAPSULE	T3	ST QL 1 / day	
PREVACID DR 30 MG CAPSULE	T3	ST QL 1 / day	
PREVACID 30 MG SOLUTAB	T3	ST QL 1 / day	

Our formulary tier structure is as follows (the drug look up tier is driven by the formulary tier):

- Tier 1 (T1) = Generics.
- Tier 2 (T2) = Preferred brands.
- Tier 3 (T3) = Non-preferred brands.
- NF = Non-formulary or excluded (“non-formulary” and “excluded” are interchangeable). Non-formulary drug drugs will reject at the point of service because they are not on the formulary.

Remember, if a preferred drug from the formulary is prescribed, your copay may be less than if a non-preferred drug is prescribed for you. To receive maximum prescription drug benefits, ask your doctor to prescribe a medication that is on the formulary.