

Cleveland Clinic Employee Health Plan Prescription Drug Formulary



Cleveland Clinic Health Benefit Program

Drug Formulary

July 2020

Prescription Drug Coverage

The listing of a drug in the Formulary does not guarantee coverage if your contract does not cover that category of drugs (e.g., oral contraceptives, infertility agents). Refer to the Benefits and Coverage Clarification section (page 13) in the *Handbook* to determine specific coverage.

Approved Medications — Only FDA-approved medications are eligible for coverage.

Non-Covered Medications — These drugs are determined by the terms of the member's group health plan. The following are examples of, but not limited to, drug categories that plans exclude from coverage: drugs used for cosmetic purposes, weight control, promotion of fertility, and sexual dysfunction.

Generic Medications (Tier 1) — The Cleveland Clinic Health Benefit Program supports and encourages the use of FDA-approved generic drugs that are both chemically and therapeutically equivalent to manufacturers' brand name products. Generically equivalent products are safe and effective treatments that offer savings as alternatives to brand name products.

This Formulary lists both a generic and a brand name for the purpose of drug recognition.

Preferred Brands (Tier 2) — An FDA-approved drug of proven therapeutic efficacy and safety and approved by the P&T Committee for inclusion in the Formulary.

This Formulary lists both a generic and a brand name for the purpose of drug recognition.

Non-Preferred /Non-Formulary Brands and Generics (Tier 3) — Any FDA-approved medication which has been reviewed by the P&T Committee and not added to the Formulary or is new and has not yet been reviewed by the P&T Committee is considered a Non-Preferred/Non-Formulary drug. A higher co-insurance is charged for Non-Preferred/Non-Formulary medications.

Specialty Drugs (Tier 4) — An FDA-approved drug of proven therapeutic efficacy and safety and approved by the P&T Committee for inclusion in the Formulary as a specialty medication due to its complex nature, administration, handling, and/or treatment of a complex disease state.

Compounded Prescriptions — A customized medication prepared by a pharmacist according to a doctor's specifications. Compounded prescriptions are considered Non-Preferred and have a charge of 45% at any Cleveland Clinic/Akron General Pharmacy or 50% at all other locations. Prior authorization is required for coverage of compounded medications with a total gross cost of \$100 or more.

Investigational/Experimental Drug Use — A medication pending FDA approval or a FDA-approved medication not generally recognized by the medical community as effective or appropriate for a particular diagnosis. Charges for experimental or investigational drugs are not a covered benefit.

Important Points About the Cleveland Clinic Health Benefit Program Drug Formulary

- The Formulary lists medications that are included in Tier 1, Tier 2 and Tier 4 of the HBP Prescription Drug Benefit (Tier 3 are Non-Preferred/Non-Formulary drugs). All of the medications listed in this Formulary are considered formulary medications. This Formulary is designed to assist members and physicians to enhance cost savings by using Generic (Tier 1), Preferred Brand (Tier 2) and Specialty Drugs (Tier 4), thereby making all drugs in these Tiers the preferred drug(s) of choice. **Take this Formulary with you to all physician appointments.**
- Coverage of certain Formulary medications may also be subject to restrictions established by the Pharmacy and Therapeutics (P&T) Committee.
- Brand names are listed in the Drug Formulary only as a reference to help you identify the Preferred drug and do not indicate coverage of a particular brand. Brand names are capitalized (e.g., Amoxil) and generic names are in lower case (e.g., amoxicillin).
- The inclusion of a drug on this list does not mean that all strengths or dosage forms for a given drug are covered under your prescription drug benefit. Medication strengths or dosage forms that are excluded from the formulary can be found in the Non-Covered Medications section starting on page 16.
- Designated symbols/letters follow certain drugs listed in the Formulary and indicate criteria related to the drugs as follows: (*) indicates availability of a generic equivalent; (**) indicates availability of a generic equivalent but the brand product is still covered as a Preferred Brand (Tier 2); (PA) indicates that prior authorization is required for use (physician must submit a Prior Authorization, Formulary Exception and Appeal Form); (SP) indicates a specialty drug (a higher co-insurance may be charged and medications only available through Cleveland Clinic/Akron General Pharmacies, Cleveland Clinic Specialty Pharmacy, or the CVS/caremark Specialty Drug Program); (QL) indicates the drug has a quantity limit. (ST) indicates the drug is part of the Step Therapy Program.

Notice

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2020. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Cleveland Clinic, Cleveland Clinic/Akron General, or CVS/caremark.

When viewing the Formulary via the Internet, please be advised that the Formulary is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Formulary Medications by Category

ALLERGY/COUGH & COLD/ RESPIRATORY

Anticholinergic, Inhaled Nasal

Atrovent (ipratropium)*

Anticholinergic, Inhaled Oral

Atrovent (ipratropium) inhalation solution*

Atrovent HFA (ipratropium) inhaler

Incruse Ellipta (umeclidinium bromide) (QL)

Lonhala Magnair (glycopyrrolate) (PA) (QL)

Spiriva Respimat (tiotropium) (2.5 mcg/
actuation only)

Tudorza Pressair (aclidinium)

Yupelri (revefenacin inhalation solution) (PA) (QL)

Anticholinergic/Beta Agonist, Inhaled Oral

Bevespi Aerosphere (glycopyrrolate/ formoterol)
(QL)

Combivent Respimat (ipratropium/albuterol)
inhaler

Duoneb (ipratropium/albuterol)*

Antihistamines, Oral

Atarax (hydroxyzine HCl)*

Cyproheptadine tablets*, syrup*

Phenergan (promethazine)*

Vistaril (hydroxyzine pamoate)*

Anti-Inflammatory, Inhaled Oral

Arnuity Ellipta (fluticasone) (QL)

Asmanex (mometasone) inhaler

Flovent HFA (fluticasone) inhaler

Pulmicort (budesonide) inhaler

Pulmicort Respules (budesonide)*

Qvar (beclomethasone) inhaler

Anti-Inflammatory, Inhaled Oral/Long

Acting Beta Agonist Combination

Advair Diskus (fluticasone/salmeterol)*

AirDuo (fluticasone/salmeterol)* (generic only);
S0 copay

Breo Ellipta (fluticasone/vilanterol) (QL)

Symbicort (budesonide/formoterol)*

Beta Agonists, Inhaled Oral

Accuneb (albuterol) inhalation solution*

Arcapta (indacaterol) Neohaler

Proventil (albuterol) inhalation solution*

ProAir HFA (albuterol) inhaler*

ProAir Respiclick (albuterol) inhaler

Serevent Diskus (salmeterol)

Ventolin HFA (albuterol) inhaler*

Xopenex (levalbuterol)*

Beta Agonists, Oral

Alupent (metaproterenol) syrup*, tablet*

Brethine (terbutaline) tablet*

Proventil (albuterol) tablet*, syrup*

Vospire ER (albuterol extended release) tablet*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

**Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).*

***Indicates both the brand and generic product are on the Formulary.*

(PA)—Indicates the drug requires prior authorization. **(CC)**—Copay Card

(QL)—Indicates the drug is a quantity limit product.

ALLERGY/COUGH & COLD/ RESPIRATORY (cont.)

Cough/Cold

Tessalon (benzonatate)* (only 100 mg & 200 mg)

Leukotriene Modulator

Accolate (zafirlukast)*

Singulair (montelukast)*

Miscellaneous Agents

Beriner (C1 inhibitor) (CC) (PA) (SP)

Bethkis (tobramycin for inhalation) (PA) (SP)

Cayston (aztreonam) inhalation solution (CC) (SP)

Cinqair (reslizumab) (CC) (PA) (SP)

Cinryze (C1 inhibitor) (PA) (SP)

Cuvposa (glycopyrrolate) (PA)

Daliresp (roflumilast) (PA)

Elixophyllin (theophylline) elixir

Epipen (epinephrine)* (generic only) (QL)

Epipen Jr. (epinephrine)* (generic only) (QL)

Esbriet (pirfenidone) (CC) (PA) (QL) (SP)

Fasenra (benralizumab) pens, prefilled syringes
(PA) (QL) (SP)

Firazyr (icatibant) (PA) (SP)

Grastek (timothy grass pollen allergen extract)

(PA) (QL)

Haegarda (C1 inhibitor) (PA) (SP)

Intal (cromolyn sodium) inhalation solution*

Kalbitor (ecallantide) (PA) (QL) (SP)

Kalydeco (ivacaftor) (CC) (PA) (QL) (SP)

Kitabis Pak (tobramycin) inhalation solution* (PA) (SP)

Lysteda (tranexamic acid)* (QL)

Nucala (mepolizumab) (CC) (PA) (QL) (SP)

Odactra (house dust mite allergen extract) (PA) (QL)

Ofev (nintedanib) (CC) (PA) (QL) (SP)

Oralair (grass mixed pollen allergen extract) (PA) (QL)

Orkambi (lumacaftor/ivacaftor) (CC) (PA) (QL) (SP)

Palforzia [peanut (arachis hypogaea) allergen

powder-dnfp] (PA) (QL) (SP)

Pulmozyme (dornase alfa) inhalation solution (CC) (SP)

Ragwitek (ragweed pollen allergen extract) (PA) (QL)

Ruconest (recombinant C1 inhibitor) (PA) (SP)

Symdeko (tezacaftor/ivacaftor) (PA) (QL) (SP)

Takhzyro (lanadelumab-flyo) (PA) (QL) (SP)

Theo-Dur (theophylline)*

TOBI (tobramycin) inhalation solution* (PA) (SP)

TOBI (tobramycin) Podhaler (PA) (SP)

Trelegy Ellipta (fluticasone/umeclidinium/vilanterol) (PA)

Trikafta (elexacaftor/tezacaftor/ivacaftor) (CC) (PA)
(QL) (SP)

Xolair (omalizumab) (prefilled syringes only)

(CC) (PA) (QL) (SP)

ANALGESICS

Arthritis

Actemra (tocilizumab) (CC) (PA) (QL) (SP)

Arava (leflunomide)* (SP)

Astagraf XL (tacrolimus ext-rel) (PA)

Azulfidine (sulfasalazine)*

Cimzia (certolizumab) (CC) (PA) (QL) (SP) (excluded
for Psoriasis)

Enbrel (etanercept) (CC) (PA) (QL) (SP) (excluded
for Psoriasis)

Gengraf (cyclosporine)*

Humira (adalimumab) (CC) (PA) (SP)

Imuran (azathioprine)*

Kevzara (sarilumab) (CC) (PA) (QL) (SP)

Kineret (anakinra) (CC) (PA) (SP)

Neoral (cyclosporine) capsules*, oral solution*

Olumiant (baricitinib) (CC) (PA) (QL) (SP)

Orencia (abatacept) (CC) (PA) (SP)

Otezla (apremilast) (CC) (PA) (QL) (SP)

Otrexup (methotrexate injection) (PA) (QL) (SP)

Plaquenil (hydroxychloroquine)* (QL)

Rasuvo (methotrexate injection) (PA) (QL) (SP)

Rinvoq (upadacitinib) (PA) (QL) (SP)

Rheumatrex (methotrexate)*

Sandimmune (cyclosporine) capsules*, solution

Simponi (golimumab) (PA) (SP)

Xeljanz (tofacitinib) (CC) (PA) (QL) (SP)

Xeljanz XR (tofacitinib) (CC) (PA) (QL) (SP)

Gout

Benemid (probenecid)*

Colcrys (colchicine)

Zyloprim (allopurinol)*

Migraine

Aimovig (erenumab-aooe) (CC) (PA) (QL) (SP)

Ajovy (fremanezumab-vfrm) (CC) (PA) (QL) (SP)

Amerge (naratriptan)* (QL)

Cafergot (ergotamine/caffeine)*

D.H.E. (dihydroergotamine)* (PA) (QL)

Emgality (galcanezumab-gnlm) (CC) (PA) (QL) (SP)

Imitrex (sumatriptan) injection*, nasal spray*,
tablet* (QL)

Maxalt/Maxalt-MLT (rizatriptan)* (QL)

Migranal (dihydroergotamine)* (PA) (QL)

Nurtec ODT (rimegepant) (PA) (QL) (SP)

Relpax (eletriptan)* (QL)

Reyvow (lasmiditan) (PA) (QL) (SP)

Ubrelvy (ubrogepant) (PA) (QL) (SP)

Zomig (zolmitriptan)* (QL)

Muscle Relaxants

Equanil (meprobamate)*

Flexeril (cyclobenzaprine)* (except 7.5 mg tablets)

Lioresal (baclofen)*

Norflex (orphenadrine)*

Norgesic (orphenadrine/aspirin/caffeine)*

Drug Formulary Medications by Category *(continued)*

ANALGESICS *(cont.)*

Muscle Relaxants *(cont.)*

Norgesic Forte (orphenadrine/aspirin/ caffeine)*
Parafon Forte DSC (chlorzoxazone)* (500 mg tablets only)
Robaxin (methocarbamol)*
Skelaxin (metaxalone)*
Soma (carisoprodol)*
Zanaflex (tizanidine)*

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Ansaid (flurbiprofen)*
Arthrotec (diclofenac sodium delayed release/misoprostol)*
Cataflam (diclofenac)*
Clinoril (sulindac)*
Feldene (piroxicam)*
Flector (diclofenac epolamine)* (PA) (QL)
Indocin (indomethacin)*
Lodine immediate-release (etodolac)* (only 200 mg capsules, 400 mg tablets, 500 mg tablets)
Mobic (meloxicam)*
Motrin (ibuprofen) tablets*, suspension*
Naprosyn (naproxen)*
Orudis (ketoprofen)*
Pennsaid (diclofenac sodium solution)* (PA) (only 1.5% solution)
Relafen (nabumetone)*
Solaraze (diclofenac gel)* (PA)
Tolectin (tolmetin)*
Toradol (ketorolac)* (QL)
Voltaren (diclofenac)*

Opioid Analgesics

Avinza (morphine extended release)
Codeine (codeine sulfate) 30 mg tablets*
Demerol (meperidine)*
Dilaudid (hydromorphone)*
Dolophine (methadone)*
Duragesic (fentanyl)*
Lortab (hydrocodone/acetaminophen) elixir*, tablets* (QL)
MS Contin (morphine extended release)*
MS IR (morphine) tablets*, solution*
Norco (hydrocodone/acetaminophen)* (QL)
Oxycontin (oxycodone extended release)
Percocet (oxycodone/acetaminophen)* (QL)
Percodan (oxycodone/aspirin)*
Tylenol with Codeine (acetaminophen/ codeine)* (QL)
Ultracet (tramadol/acetaminophen)* (QL)
Ultram (tramadol)*
Ultram ER (tramadol extended release)*

Opioid Antagonist

ReVia (naltrexone)*

ANALGESICS *(cont.)*

Salicylates

Dolobid (diflunisal)*
Easprin (aspirin)*
Trilisate (choline magnesium trisalicylate)*

Systemic Lupus Erythematosus

Benlysta (belimumab) (CC) (SP) (PA)

Miscellaneous Analgesics

Lidoderm (lidocaine) patch* (PA)
Stadol NS (butorphanol)*
Talwin NX (pentazocine/naloxone)*

ANTI-INFECTIVES

(Antibiotics/Antifungals/Antivirals)

Antifungals, Oral

Diflucan (fluconazole) tablet*, suspension*
Mycellex Troche (clotrimazole)*
Mycostatin (nystatin) tablet*, suspension*
Nizoral (ketoconazole)*
Noxafil (posaconazole) (SP)
Vfend (voriconazole)* (SP)

Antifungals, Topical

Lotrisone (clotrimazole/betamethasone) cream*
Mycolog II (nystatin/triamcinolone)*
Mycostatin (nystatin) cream*, ointment*, powder*
Naftin (naftifine) cream*, 1% gel*
Nizoral (ketoconazole) cream*
Selsun Rx (selenium sulfide) shampoo*

Antivirals, Injectable

Fuzeon (enfuvirtide) (SP)
Intron A (interferon alfa-2b) (SP)
Pegasys (peginterferon alfa-2a) (PA) (SP)
Pegintron (peginterferon alfa-2b) (PA) (SP)
Prevmis (letermovir) (PA) (QL) (SP)
Sylatron (peginterferon alfa-2b) (SP)

Antivirals, Oral

Aptivus (tipranavir) (SP)
Atripla (efavirenz/emtricitabine/tenofovir) (CC) (SP)
Baraclude (entecavir) (SP)
Combivir (zidovudine/lamivudine)* (SP)
Complera (emtricitabine/rilpivirine/ tenofovir) (CC) (SP)
Copegus (ribavirin)* (SP)
Crixivan (indinavir) (SP)
Cytovene (ganciclovir) (SP)
Daklinza (daclatasvir) (PA) (QL) (SP)
Descovy (emtricitabine/tenofovir) (CC) (PA) (QL) (SP)
Dovato (dolutegravir/lamivudine) (QL) (SP)
Edurant (rilpivirine) (SP)
Emtriva (emtricitabine) (SP)
Eplclusa (sofosbuvir/velpatasvir) (CC) (PA) (QL) (SP) (generic only)*

ANTI-INFECTIVES *(cont.)*

(Antibiotics/Antifungals/Antivirals)

Antivirals, Oral *(cont.)*

Epivir (lamivudine)* (SP)
Epivir HBV (lamivudine)* (SP)
Epzicom (abacavir/lamivudine) (SP)
Famvir (famciclovir)* (QL)
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) (CC) (QL) (SP)
Harvoni (ledipasvir/sofosbuvir)* (CC) (PA) (QL) (SP) (generic only)
Hepsera (adefovir)* (SP)
Incivek (telaprevir) (SP)
Intelence (etravirine) (CC) (SP)
Invirase (saquinavir) (SP)
Isentress (raltegravir) (CC) (SP)
Kaletra (lopinavir/ritonavir)* solution (SP)
Lexiva (fosamprenavir) (SP)
Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)
Norvir (ritonavir) (CC) (SP)
Odefsey (emtricitabine/rilpivirine/tenofovir) (CC) (QL) (SP)
Olysio (simeprevir) (PA) (QL) (SP)
Prevmis (letermovir) (PA) (QL) (SP)
Prezista (darunavir) (CC) (SP)
Rebetol (ribavirin)* (SP)
Rescriptor (delavirdine) (SP)
Retrovir (zidovudine)* (SP)
Reyataz (atazanavir) (SP)
Selzentry (maraviroc) (SP)
Sovaldi (sofosbuvir) (CC) (PA) (QL) (SP)
Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (CC) (SP)
Sustiva (efavirenz)* (CC) (SP) (generic only)
Symmetrel (amantadine)*
Tamiflu (oseltamivir) capsules*, suspension* (QL) (S0 copay)
Technivie (ombitasvir/paritaprevir/ritonavir) (PA) (QL) (SP)
Tivicay (Dolutegravir) (CC) (SP)
Trizivir (abacavir/lamivudine/zidovudine)* (SP)
Truvada (emtricitabine/tenofovir) (CC) (QL) (SP)
Tyzeka (telbivudine) (SP)
Valcyte (valganciclovir) (SP)* (generic only)
Valtrex (valacyclovir)* (QL)
Videx (didanosine) (SP)
Videx EC (didanosine)* (SP)
Viekira (ombitasvir/paritaprevir/ritonavir/dasabuvir) (CC) (PA) (QL) (SP)
Viracept (nelfinavir) (SP)
Viramune (nevirapine)* (SP)
Viread (tenofovir) (SP)
Vitekta (elvitegravir) (SP)
Viramune XR (nevirapine)* (SP)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications by Category *(continued)*

ANTI-INFECTIVES *(cont.)*

(Antibiotics/Antifungals/Antivirals)

Antivirals, Oral *(cont.)*

Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (CC)
(PA) (QL) (SP)
Zepatier (elbasvir/grazoprevir) (PA) (SP)
Zerit (stavudine)* (SP)
Ziagen (abacavir)* (SP)
Zovirax (acyclovir) capsule*, tablet*

Antivirals, Topical

Aldara (imiquimod)*
Condylox (podofilox) topical gel
Condylox (podofilox) topical solution*

Antibiotics, Oral

Cephalosporins

Ceclor (cefaclor)*
Ceftin (cefuroxime)*
Duricef (cefadroxil) capsule*
Keflex (cephalexin)*
Omnicef (cefdinir)*
Suprax (cefixime) capsules*, oral suspension*

Erythromycins/Macrolides

Biaxin (clarithromycin)*
Difcid (fidaxomicin) (ST)
E.E.S. (erythromycin ethylsuccinate)*
EryPed (erythromycin ethylsuccinate)*
Ery-Tab (erythromycin)*
Zithromax (azithromycin)*
Amoxil (amoxicillin)*
Augmentin (amoxicillin/clavulanate)*
Augmentin XR (amoxicillin/clavulanate XR)*

Penicillins

Dynapen (dicloxacillin)*
Pen-Vee K (penicillin VK)*
Principen (ampicillin)*

Quinolones

Avelox (moxifloxacin)*
Cipro (ciprofloxacin)*
Cipro XR (ciprofloxacin extended release)*
Levaquin (levofloxacin)*

Sulfas

Bactrim (sulfamethoxazole/trimethoprim)*
Bactrim DS (sulfamethoxazole/trimethoprim)*

Tetracyclines

Minocin (minocycline) capsule*
Monodox (doxycycline monohydrate)*
(except 75 mg, 150 mg)
Sumycin (tetracycline)*
Vibramycin (doxycycline hyclate)* (generic 50 mg,
100 mg capsules only)

ANTI-INFECTIVES *(cont.)*

(Antibiotics/Antifungals/Antivirals)

Miscellaneous

Aemcolo (rifamycin delayed-release) (PA) (QL)
Albenza (albendazole) (PA) (QL)
Biltricide (praziquantel)*
Campral (acamprosate calcium)*
Cleocin (clindamycin)*
Dapsone (dapsone)*
Emverm (mebendazole) (PA) (QL)
Flagyl (metronidazole)*
Humatin (paromomycin)*
Impavido (miltefosine) (PA) (QL) (SP)
Neomycin (neomycin)*
Sivextro (tedizolid) (SP)
Tindamax (tinidazole)*
Vancocin (vancomycin)*
Xifaxan (rifaximin) (PA) (SP)
Zyvox (linezolid)* (QL) (generic only; oral suspension
for members 0-11 years of age)

Antibiotics, Topical

Bactroban (mupirocin) cream* (PA) (QL), ointment*
Garamycin (gentamicin)*
Peridex (chlorhexidine gluconate)*
Silvadene (silver sulfadiazine)*

Antimalarials

Aralen (chloroquine phosphate)* (QL)
Lariam (mefloquine)*
Plaquenil (hydroxychloroquine)* (QL)

Antimycobacterials

Nydrazid (isoniazid)*
Priftin (rifapentine)
Pyrazinamide (pyrazinamide)*
Rifadin (rifampin)*

Urinary Tract Agents

Macrobid (nitrofurantoin)*
Macrochantin (nitrofurantoin)*
Proloprim (trimethoprim)*

Vaccines

*(Only covered at Cleveland Clinic/Akron General
Pharmacies)*

Adacel (diphtheria/tetanus toxoids/acellular
pertussis) (\$0 copay; for members ≥ 7 years
of age)
Pneumovax-23 (pneumococcal polysaccharide)
(\$0 copay; for members ≥ 2 years of age)
Prevnar-13 (pneumococcal conjugate) (\$0 copay)
Shingrix (zoster vaccine recombinant, adjuvanted)
(\$0 copay; for members ≥ 50 years of age)

Vaginal Agents

MetroGel Vaginal (metronidazole)*

CARDIOVASCULAR

(Blood Pressure/Heart/Cholesterol)

ACE Inhibitors

Accupril (quinapril)*
Accuretic (quinapril/hydrochlorothiazide)*
Altace (ramipril)*
Capoten (captopril)*
Capozide (captopril/hydrochlorothiazide)*
Lotensin (benazepril)*
Lotensin HCT (benazepril/ hydrochlorothiazide)*
Mavik (trandolapril)*
Monopril (fosinopril)*
Monopril-HCT (fosinopril/ hydrochlorothiazide)*
Prinivil (lisinopril)*
Prinzide (lisinopril/hydrochlorothiazide)*
Univasc (moexipril)*
Vaseretic (enalapril/hydrochlorothiazide)*
Vasotec (enalapril)*
Zestoretic (lisinopril/hydrochlorothiazide)*
Zestril (lisinopril)*

Angiotensin II Receptor Blockers

Avapro (irbesartan)* (ST)
Cozaar (losartan)*
Diovan (valsartan)* (except for 320 mg tablets) (ST)
Diovan HCT (valsartan/hydrochlorothiazide)* (ST)
Entresto (sacubitril/valsartan) (PA) (QL)
Hyzaar (losartan/hydrochlorothiazide)*
Micardis (telmisartan)* (ST)

Antiarrhythmic Agents

Betapace (sotalol)*
Cordarone (amiodarone)*
Mexitil (mexiletine)*
Multaq (dronedaron) (restricted to Cardiology)
Norpace (disopyramide)*
Norpace CR (disopyramide)
Rythmol (propafenone)*
Rythmol SR (propafenone extended release)*
Tambocor (flecainide)*
Tikosyn (dofetilide)*

Beta Blockers

Blocadren (timolol)*
Coreg (carvedilol)*
Inderal (propranolol)*
Lopressor (metoprolol)*
Sectral (acebutolol)*
Tenoretic (atenolol/chlorthalidone)*
Tenormin (atenolol)*
Toprol XL (metoprolol extended-release)*
Trandate (labetalol)*
Visken (pindolol)*
Zebeta (bisoprolol)*
Ziac (bisoprolol/hydrochlorothiazide)*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

**Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).*

***Indicates both the brand and generic product are on the Formulary.*

(PA)—Indicates the drug requires prior authorization. **(CC)**—Copay Card

(QL)—Indicates the drug is a quantity limit product.

****Indicates a generic is available but it is non-preferred.*

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications by Category (continued)

CARDIOVASCULAR (cont.) (Blood Pressure/Heart/Cholesterol)

Calcium Channel Blockers

Adalat CC (nifedipine extended release)*
Calan (verapamil)*
Calan SR (verapamil extended release)*
Cardizem (diltiazem)*
Cardizem CD (diltiazem extended release)*
Cardizem SR (diltiazem extended release)*
Lotrel (amlodipine/benazepril)*
Norvasc (amlodipine)*
Plendil (felodipine extended release)*
Procardia XL (nifedipine extended release)*
Sular (nisoldipine extended release)*
Verelan PM (verapamil extended release)*

Cholesterol-Lowering Agents

Antara (fenofibrate capsules)
Colestid (colestipol)*
Crestor (rosuvastatin)* (QL)
Epanova (omega-3 carboxylic acids)
(restricted to Cardiology) (QL)
Juxtapid (lomitapide) (PA) (SP)
Lescol (fluvastatin immediate release)* (ST)
Lescol XL (fluvastatin extended release)* (ST)
Lipitor (atorvastatin)* (mandatory tablet splitting)
Lopid (gemfibrozil)*
Lipofen (fenofibrate)*
Lovaza (omega-3-acid ethyl esters)* (restricted to
Cardiology) (QL)
Mevacor (lovastatin)*
Nexletol (bempedoic acid) (PA) (QL) (SP)
Nexlizet (bempedoic acid/ezetimibe) (PA) (QL) (SP)
Niaspan (niacin extended release)*
Praluent (alirocumab) (CC) (PA) (QL) (SP)
Pravachol (pravastatin)*
Questran (cholestyramine)*
Questran Light (cholestyramine)*
Repatha (evolocumab) (CC) (PA) (QL) (SP)
Tricor (fenofibrate)*
Trilipix (fenofibric acid delayed release)*
Vascepa (icosapent ethyl) (restricted to
Cardiology) (QL)
Welchol (colesevelam)*
Zetia (ezetimibe)* (QL)
Zocor (simvastatin)*

Coagulation Therapy

Advate (antithrombotic factor) (CC) (SP)
Aggrenox (dipyridamole extended release/
aspirin)* (generic only)
Agrylin (anagrelide)*
Arixtra (fondaparinux)*
Cabliivi (caplacizumab) (PA) (QL) (SP)
Coumadin (warfarin)**
Eliquis (apixaban)* (QL)

CARDIOVASCULAR (cont.) (Blood Pressure/Heart/Cholesterol)

Coagulation Therapy (cont.)

Lovenox (enoxaparin)*
Persantine (dipyridamole)*
Plavix (clopidogrel)*
Pletal (cilostazol)*
Ticlid (ticlopidine)*
Trental (pentoxifylline)*
Xarelto (rivaroxaban) (QL)

Diuretics

Aldactazide (spironolactone/hydrochlorothiazide)*
Aldactone (spironolactone)*
Bumex (bumetanide)*
Demadex (torsemide)*
Diuril (chlorothiazide)*
Dyazide (triamterene/hydrochlorothiazide)*
HydroDIURIL (hydrochlorothiazide)*
Hygroton (chlorthalidone)*
Inspra (eplerenone)*
Lasix (furosemide)*
Lozol (indapamide)*
Maxzide (triamterene/hydrochlorothiazide)*
Midamor (amiloride)*
Moduretic (amiloride/hydrochlorothiazide)*
Zaroxolyn (metolazone)*

Nitrates

Imdur (isosorbide mononitrate)*
Isordil (isosorbide dinitrate)*
Minitran (nitroglycerin) patches*
Nitro-Bid (nitroglycerin) ointment
Nitro-Dur (nitroglycerin) patches*
Nitrolingual (nitroglycerin) spray*
Nitrostat (nitroglycerin) SL tablets

Orthostatic Hypotension

Florinef (fludrocortisone)*
Northera (droxidopa) (PA) (QL) (SP)
Proamatine (midodrine)*

Pulmonary Arterial Hypertension

Adcirca (tadalafil)* (CC) (PA) (QL) (SP)
Adempas (riociguat) (PA) (QL) (SP)
Alyq (tadalafil)* (PA) (QL) (SP)
Flolan (epoprostenol)* (SP)
Letairis (ambrisentan)* (PA) (QL) (SP)
Opsumit (macitentan) (PA) (QL) (SP)
Orenitram (treprostinil) (PA) (QL) (SP)
Remodulin (treprostinil)* (PA) (SP) (generic only)
Revatio (sildenafil)* (CC) (PA) (SP) (generic only)
Tracleer (bosentan)* (CC) (PA) (QL) (SP)
Tyvaso (treprostinil) (CC) (PA) (SP)
Upravi (selexipag) (CC) (PA) (SP)
Ventavis (iloprost) (SP)

CARDIOVASCULAR (cont.) (Blood Pressure/Heart/Cholesterol)

Miscellaneous Agents

Aldomet (methyl dopa)*
Aldoril (methyl dopa/hydrochlorothiazide)*
Apresoline (hydralazine)*
Cardura (doxazosin)*
Catapres (clonidine) tablet*
Catapres-TTS (clonidine) patch*
Corlanor (ivabradine) (PA) (QL)
Corzide (nadolol/bendroflumethiazide)*
Hytrin (terazosin)*
Lanoxin (digoxin) tablet**
Loniten (minoxidil) tablet*
Minipress (prazosin)*
Ranexa (ranolazine)* (PA) (QL)
Serpasil (reserpine)*
Tenex (guanfacine)*
Vyndamax (tafamidis) (PA) (QL) (SP)
Vyndaqel (tafamidis meglumine) (PA) (QL) (SP)

CENTRAL NERVOUS SYSTEM

Alzheimer's

Aricept (donepezil)*
Exelon (rivastigmine)*
Namenda (memantine)*
Namenda XR (memantine)* (PA)
Razadyne (galantamine)*

Anticonvulsants

Aptiom (eslicarbazepine) (PA) (QL)
Banzel (rufinamide) (CC) (PA) (SP)
Briviact (brivaracetam) (PA) (QL)
Carbatrol (carbamazepine extended release)*
Celontin (methsuximide)
Depakene (valproic acid)*
Depakote (divalproex)*
Diastat (diazepam rectal gel)*
Dilantin (phenytoin)**
Epidiolex (cannabidiol) (PA) (SP)
Fycompa (perampanel) (PA) (QL) (SP)
Gabitril (tiagabine)*
Keppra (levetiracetam)*
Keppra XR (levetiracetam)*
Klonopin (clonazepam)*
Lamictal (lamotrigine)*
Lamictal ODT (lamotrigine orally
disintegrating tablets)*
Lamictal XR (lamotrigine extended release)*
Lyrica (pregabalin)
Lyrica CR (pregabalin extended-release) (QL)
Mysoline (primidone)*
Nayzilam (midazolam) (PA) (QL) (SP)
Neurontin (gabapentin)*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications by Category (continued)

CENTRAL NERVOUS SYSTEM (cont.) CENTRAL NERVOUS SYSTEM (cont.) CENTRAL NERVOUS SYSTEM (cont.)

Anticonvulsants (cont.)

Onfi (clobazam)* (CC) (PA) (SP) (generic only)
Oxtellar XR (oxcarbazepine) (PA) (QL) (SP)
Phenobarbital (phenobarbital)*
Sabril (vigabatrin)* (PA) (SP)
Spritam (levetiracetam) (PA) (QL) (SP)
Tegretol (carbamazepine)*
Tegretol-XR (carbamazepine extended release)*
Topamax (topiramate)*
Trileptal (oxcarbazepine) tablets*, suspension*
Valium (diazepam)*
Valtoco (diazepam) (PA) (QL) (SP)
Vimpat (lacosamide)
Zarontin (ethosuximide)*
Zonegran (zonisamide)*

Antidepressants

Selective Serotonin Reuptake Inhibitors

Celexa (citalopram)*
Lexapro (escitalopram)* (QL)
Luvox (fluvoxamine immediate-release) tablets*
Paxil (paroxetine)*
Prozac (fluoxetine)*
Zoloft (sertraline)*

Tricyclics

Anafranil (clomipramine)*
Elavil (amitriptyline)*
Norpramin (desipramine)*
Pamelor (nortriptyline)*
Sinequan (doxepin)*
Tofranil (imipramine)*
Tofranil-PM (imipramine pamoate)*

Miscellaneous Antidepressants

Desyrel (trazodone)*
Effexor (venlafaxine)*
Effexor XR (venlafaxine extended-release) capsules*, tablets* (PA) (QL)
Emsam (selegiline transdermal) (PA)
Ludomil (maprotiline)*
Parnate (tranylcypromine)*
Remeron (mirtazapine)*
Spravato (esketamine) (PA) (QL) (SP)
Wellbutrin (bupropion)*
Wellbutrin SR (bupropion extended release)*
Wellbutrin XL (bupropion extended release)* (QL)

Antiparkinson's

Artane (trihexyphenidyl)*
Azilect (rasagiline)*
Benadryl (diphenhydramine)* (50 mg only)
Cogentin (benztropine)*
Comtan (entacapone)*
Eldepryl (selegiline) capsules*
Mirapex (pramipexole)*

Antiparkinson's (cont.)

Mirapex ER (pramipexole extended release)*
Nuplazid (pimavanserin) (PA) (QL) (SP)
Parcopa (carbidopa/levodopa orally disintegrating tablets)*
Parlodel (bromocriptine)* (2.5 mg tablets only)
Requip (ropinirole)*
Requip XL (ropinirole extended release)*
Sinemet (carbidopa/levodopa)*
Sinemet CR (carbidopa/levodopa extended release)*
Stalevo (carbidopa/entacapone/levodopa)*
Symmetrel (amantadine)*
Xadago (safinamide) (PA) (QL)

Anxiolytics/Sedatives/Hypnotics

Ambien (zolpidem)* (QL)
Ambien CR (zolpidem continuous-release)* (QL)
Ativan (lorazepam)*
Buspar (buspirone)*
Halcion (triazolam)*
Klonopin (clonazepam)*
Librium (chlordiazepoxide)*
Lunesta (eszopiclone)* (QL)
Restoril (temazepam)* (PA except 15 mg and 30 mg strengths) (QL)
Serax (oxazepam)*
Sonata (zaleplon)* (QL)
Tranxene (clorazepate)*
Valium (diazepam)*
Versed (midazolam)*
Xanax (alprazolam)*

Attention Deficit Disorder/Narcolepsy

Adderall (dextroamphetamine racemic salts)*
Dexedrine (dextroamphetamine)*
Focalin (dexmethylphenidate)*
Intuniv (guanfacine extended release)
Metadate CD (methylphenidate extended release)*
Nuvigil (armodafinil) (ST)
Provigil (modafinil)*
Ritalin (methylphenidate)*
Ritalin LA (methylphenidate extended release)*
Ritalin-SR (methylphenidate extended release)*
Sunosi (solriamfetol) (PA) (QL) (SP)

Mood Stabilizers

Abilify Maintena (aripiprazole) (PA)
Aristada (aripiprazole) (PA) (SP)
Caplyta (lumateperone) (PA) (QL)
Clozaril (clozapine)*
Eskalith (lithium carbonate)*
Fanapt (iloperidone) (PA) (QL)
Geodon (ziprasidone)*
Haldol (haloperidol)*
Invega (paliperidone extended release)
Latuda (lurasidone) (PA) (QL)

Mood Stabilizers (cont.)

Lithobid (lithium carbonate extended release)*
Lithotabs (lithium carbonate)*
Loxitane (loxapine)*
Mellaril (thioridazine)*
Navane (thiothixene)*
Prolixin (fluphenazine)*
Risperdal (risperidone)*
Saphris (asenapine) (PA) (QL)
Secuado (asenapine) (PA) (QL)
Seroquel (quetiapine)*
Stelazine (trifluoperazine)*
Thorazine (chlorpromazine)*
Trilafon (perphenazine)*
Zyprexa (olanzapine)*

Multiple Sclerosis Agents

Ampyra (dalfampridine) (CC) (PA) (SP)* (Mylan generic version excluded)
Aubagio (teriflunomide) (PA) (SP)
Avonex (interferon beta-1a)* (CC) (PA) (SP)
Betaseron (interferon beta-1b) (CC) (PA) (SP)
Copaxone (glatiramer acetate)* (CC) (PA) (QL) (SP)
Extavia (interferon beta-1b) (PA) (SP)
Gilenya (fingolimod) (CC) (PA) (SP)
Glatopa* (CC) (PA) (QL) (SP)
Mavenclad (cladribine) (PA) (QL) (SP)
Mayzent (siponimod) (CC) (PA) (QL) (SP)
Plegridy (peginterferon beta-1a) (PA) (SP)
Rebif (interferon beta-1a) (PA) (SP)
Tecfidera (dimethyl fumarate) (PA) (SP)
Vumerity (diroximel fumarate) (PA) (QL) (SP)
Zeposia (ozanimod) (PA) (QL) (SP)

Miscellaneous

Antabuse (disulfiram)*
Austedo (deutetrabenazine) (PA) (QL) (SP)
Firdapse (amifampridine) (PA) (QL) (SP)
Hetlioz (tasimelteon) (PA) (QL) (SP)
Ingrezza (valbenazine) (PA) (QL) (SP)
Lucemyra (lofexidine) (PA) (QL)
Mestinon Timespan (pyridostigmine extended-release)*
Mestinon (pyridostigmine)*
Nimotop (nimodipine)*
Nuedexta (dextromethorphan/quinidine) (PA) (SP)
Probuphine (buprenorphine) (PA) (SP)
ReVia (naltrexone)*
Rilutek (riluzole)* (SP)
Ruzurgi (amifampridine) (PA) (QL) (SP)
Suboxone (buprenorphine/naloxone sublingual tablets)* (PA) (QL)
Subutex (buprenorphine)* (PA)
Tiglutik (riluzole) (PA) (QL) (SP)
Wakix (pitolisant) (PA) (QL) (SP)
Xenazine (tetrabenazine)* (SP)
Xyrem (sodium oxybate) (CC) (PA) (QL) (SP)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications by Category (continued)

DERMATOLOGICAL

Acne Therapy

Claravis (isotretinoin)*
Cleocin T (clindamycin) lotion*, pads*, solution*
Differin (adapalene) cream*, gel* (PA)
Erycette (erythromycin) pads*
Eryderm (erythromycin) topical solution* (PA)
Erygel (erythromycin) topical gel*
Erythromycin 5 mg/g ointment*
Klaron (sulfacetamide)*
Retin-A (tretinoin) gel*

Antipsoriatic/Antiseborrheic

Cosentyx (secukinumab) (CC) (PA) (QL) (SP)
(excluded for Psoriasis)
Dovonex (calcipotriene)*
Ilumya (tildrakizumab) (PA) (QL) (SP)
Oxoralen-Ultra (methoxsalen) (PA) (SP)
Skyrizi (risankizumab-rzaa) (PA) (QL) (SP)
Soriatane (acitretin)* (CC) (SP)
Stelara (ustekinumab) (CC) (PA) (SP)
Taltz (ixekizumab) (PA) (QL) (SP)

Immunomodulator

Elidel (pimecrolimus)* (PA)
Protopic (tacrolimus)*

Rosacea

Finacea (azelaic acid) gel*
Metrocream (metronidazole)*
MetroGel (metronidazole)* (PA except 0.75% strength)
Metro lotion (metronidazole)* (PA)

Topical Corticosteroids

Aristocort (triamcinolone) cream*, ointment*
Cutivate (fluticasone) cream*, lotion*, ointment*
Diprolene (augmented betamethasone dipropionate) cream*, gel*, ointment*
Diprolene AF (augmented betamethasone dipropionate) cream*
Diprosone (betamethasone dipropionate) cream*
Elocon (mometasone) cream*, lotion*, ointment*
Hytone (hydrocortisone) cream*, lotion*, ointment*
Kenalog (triamcinolone) lotion*
Lidex (fluocinonide) 0.05% cream*, solution*
Temovate (clobetasol) cream*, gel*, ointment*, solution*
Temovate-E (clobetasol emollient) cream*
Ultravate (halobetasol) cream*, ointment*
Westcort (hydrocortisone valerate) ointment*

Miscellaneous

Carac (fluorouracil)*
Drysol (aluminum chloride hexahydrate)*
Drysol Dab-O (aluminum chloride hexahydrate)*
Dupixent (dupilumab) (CC) (PA) (QL) (SP)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

DERMATOLOGICAL (cont.)

Miscellaneous (cont.)

Efudex (fluorouracil)*
Elimite (permethrin) cream*
Kwell (lindane) lotion*, shampoo*
Panretin (alitretinoin) (SP)
Qbrexza (glycopyrronium) (PA) (QL) (SP)
Sulfamylon (mafenide) cream, lotion (SP)
Xylocaine (lidocaine) 2% gel*

ENDOCRINE/DIABETES

Adrenal Hormones

Acthar (corticotropin) (CC) (PA) (QL) (SP)
Cortef (hydrocortisone)*
Cortone Acetate (cortisone)*
Decadron (dexamethasone)*
Deltasone (prednisone)*
Florinef (fludrocortisone)*
Medrol (methylprednisolone)*
Orapred (prednisolone)*
Prelone (prednisolone) syrup*

Antiandrogens

Casodex (bicalutamide)*
Eulexin (flutamide)*
Nilandron (nilutamide)

Antithyroid

Propylthiouracil (propylthiouracil)*
Tapazole (methimazole)*

Carnitine

Carnitor (levocarnitine)*

Glucose Elevating Agents

Baqsimi (glucagon)
GlucaGen (glucagon)
Glucagon Emergency Kit (glucagon)

Growth Hormone Releasing Factor

Egrifta (tesamorelin) (PA) (SP)

Human Growth Hormone Receptor Antagonist

Somavert (pegvisomant) injection (CC) (PA) (SP)

Human Growth Hormone

Genotropin (somatotropin) (PA) (SP) (ST)
Humatrope (somatotropin) (CC) (PA) (SP)
Increlex (mecasermin) (PA) (SP)
Norditropin (somatotropin) (CC) (PA) (SP)
Nutropin AQ (somatotropin) (PA) (SP) (ST)
Omnitrope (somatotropin) (PA) (SP) (ST)
Saizen (somatotropin) (PA) (SP) (ST)
Serostim (somatotropin) (PA) (SP) (ST)
Tev-Tropin (somatotropin) (PA) (SP) (ST)
Zomacton (somatotropin) (PA) (SP) (ST)
Zorbtive (somatotropin) (PA) (SP) (ST)

ENDOCRINE/DIABETES (cont.)

Hypoglycemic Agents

Actos (pioglitazone)* (QL)
Actoplus Met (pioglitazone/metformin) tablets*
Adlyxin (lixisenatide) (PA) (QL)
Amaryl (glimepiride)*
Bydureon (exenatide) (PA) (QL)
Byetta (exenatide) (PA) (QL)
Diabeta (glyburide)*
Duetact (pioglitazone/glimepiride) tablets*
Farxiga (dapagliflozin) (PA) (QL)
Glucophage (metformin)*
Glucophage XR (metformin extended release)*
Glucotrol (glipizide)*
Glucotrol XL (glipizide extended release)*
Glucovance (glyburide/metformin)*
Glyxambi (empagliflozin/linagliptin) (QL) (ST)
Glynase (glyburide)*
Invokana (canagliflozin) (PA) (QL)
Invokamet (canagliflozin/metformin) (PA) (QL)
Invokamet XR (canagliflozin, metformin) (PA) (QL)
Janumet (sitagliptin/metformin) (QL) (ST)
Janumet XR (sitagliptin/metformin) (QL) (ST)
Januvia (sitagliptin) (Alogliptin first) (QL) (ST)
Jardiance (empagliflozin) (PA) (QL)
Jentaduetto (linagliptin/metformin) (QL) (ST)
Jentaduetto XR (linagliptin/metformin) (QL) (ST)
Kazano (alogliptin/metformin)* (QL) (ST)
Kombiglyze XR (saxagliptin/metformin) (QL) (ST)
Micronase (glyburide)*
Nesina (alogliptin)* (QL) (ST)
Onglyza (saxagliptin) (Alogliptin first) (ST)
Oseni (alogliptin/pioglitazone)* (QL) (ST)
Ozempic (semaglutide) (PA) (QL)
Prandin (repaglinide)*
Precose (acarbose)*
Qtern (dapagliflozin/saxagliptin) (PA) (QL)
Rybelsus (semaglutide) (PA) (QL)
Soliqua (insulin human glargine/lixisenatide) (PA) (QL)
SymlinPen (pramlintide)
Synjardy (empagliflozin/metformin) (PA) (QL)
Synjardy XR (empagliflozin/metformin) (PA) (QL)
Tradjenta (linagliptin) (Alogliptin first) (ST)
Trijardy XR (empagliflozin/linagliptin/metformin) (PA) (QL)
Trulicity (dulaglutide) (PA) (QL)
Victoza (liraglutide) (PA) (QL)
Xigduo XR (dapagliflozin/metformin) (PA) (QL)

Insulin Therapy

Admelog (insulin human lispro) (PA)
Afrezza (insulin human) (PA)
Apidra (insulin human glulisine) (PA)
Basaglar (insulin human glargine) (PA)
Fiasp (insulin human aspart) (PA)

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications by Category *(continued)*

ENDOCRINE/DIABETES *(cont.)*

Insulin Therapy *(cont.)*

Humalog (insulin human lispro)
Humalog Mix 50/50 (insulin human lispro NPL/lispro)
Humalog Mix 75/25 (insulin human lispro NPL/lispro)
Humulin 70/30 (insulin human NPH/R)
Humulin N (insulin human NPH)
Humulin R (insulin human regular)
Humulin R U-500 (insulin human regular) (PA)
Lantus (insulin human glargine)
Levemir (insulin human detemir) (PA)
Novolin 70/30 (insulin human NPH/R)
Novolin N (insulin human NPH)
Novolin R (insulin human regular)
NovoLog (insulin human aspart) (PA)
NovoLog Mix 70/30 (insulin human aspart NPL/aspart) (PA)
Toujeo (insulin human glargine) (PA)
Tresiba (insulin human degludec) (PA)

Metabolic Bone Disorders

Actonel (risedronate)* (QL)
Evenity (romosozumab) (CC) (PA) (QL) (SP)
Forteo (teriparatide) (CC) (PA) (QL) (SP)
Fosamax (alendronate)* (QL)
Prolia (denosumab) (CC) (PA) (SP)
Tymlos (abaloparatide) (CC) (PA) (QL) (SP)
Xgeva (denosumab) (CC) (PA) (SP)

Thyroid Supplement

Levothroid (levothyroxine)**
Synthroid (levothyroxine)**
Unithroid (levothyroxine)**

Miscellaneous

Arcalyst (rilonacept) (PA) (SP)
Buphenyl (sodium phenylbutyrate)* (SP)
Danocrine (danazol)*
DDAVP (desmopressin acetate)*
Dibenzyline (phenoxybenzamine)
Dostinex (cabergoline)*
Fortical (calcitonin)*
Korlym (mifepristone) (PA) (SP)
Jynarque (tolvaptan) (PA) (QL) (SP)
Natpara (parathyroid hormone) (PA) (SP)
Orfadin (nitisnone)* (SP) (only 2 mg, 5 mg, 10 mg capsules available generically)
Regranex (becaplermin) (SP)
Renagel (sevelamer)*
Renvela (sevelamer) tablets*, powder
Samsca (tolvaptan) (PA) (QL) (SP)
Sensipar (cinacalcet)* (PA) (SP) (generic only)
Sermorelin Acetate (PA) (SP)
Stimate (desmopressin) (SP)

ENDOCRINE/DIABETES *(cont.)*

Miscellaneous *(cont.)*

Sucraid (sacrosidase) (SP)
Synarel (nafarelin) (PA) (SP)
Zavesca (miglustat) (SP)

GASTROINTESTINAL

Antidiarrheals

Imodium (loperamide)*
Lomotil (diphenoxylate/atropine)*
Paregoric (paregoric)*
Antiemetic/Antivertigo
Akyneo (netupitant/palonosetron) (PA) (QL)
Antivert (meclizine)*
Anzemet (dolasetron) (QL)
Compazine (prochlorperazine) suppository*, tablet*
Emend (aprepitant) capsules, oral suspension (PA) (QL)
Kytril (granisetron)* (QL)
Marinol (dronabinol)* (PA)
Phenergan (promethazine)*
Reglan (metoclopramide)*
Tigan (trimethobenzamide)*
Varubi (rolapitant) (PA) (QL)
Zofran (ondansetron)* (QL)

Anti-Spasmotic Agents

Bentyl (dicyclomine) capsule*, tablet*
Levbid (hyoscyamine)*
Levsin (hyoscyamine)*
Pro-Banthine (propantheline)*

Heartburn/Ulcer Therapies

Carafate (sucralfate) tablet*
Cytotec (misoprostol)*
First-Lansoprazole suspension (for members < 1 year of age only)
First-Omeprazole suspension (for members < 1 year of age only)
Pamine (methscopolamine)*
Pepcid (Famotidine) 40 mg/5 mL suspension* (for members < 1 year of age only)
Prevpac (lansoprazole, amoxicillin, and clarithromycin)*
Zantac (Ranitidine) 75mg/5 mL syrup* (for members < 1 year of age only)

Pancreatic Enzyme

Creon (amylase/lipase/protease)
Pertzye (amylase/lipase/protease)

Saliva Stimulant

Evoxac (cevimeline)*

GASTROINTESTINAL

Miscellaneous

Anusol-HC (hydrocortisone) cream*
Apriso (mesalamine)*
Asacol HD (mesalamine)* (QL)
Azulfidine (sulfasalazine)*
Canasa (mesalamine)*
Cerezyme (imiglucerase) (PA) (SP)
Chronulac (lactulose)*
Colazal (balsalazide)*
Colyte (polyethylene glycol/potassium/sodium)*
Cortenema (hydrocortisone)*
Delzicol (mesalamine)* (ST)
Entocort (budesonide extended release)* (PA) (QL)
Entyvio (vedolizumab) (PA) (QL) (SP)
Gattex (teduglutide) (PA) (QL) (SP)
GoLYTELY (polyethylene glycol-electrolyte solution)*
Kuvan (sapropterin) (PA) (SP)
Librax (chlordiazepoxide/clidinium)* (QL) (only generic NDC: 51293-0607-01)
Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)
Lotronex (alosetron)* (PA)
MoviPrep (polyethylene glycol)
Ocaliva (obeticholic acid) (PA) (QL) (SP)
Rowasa (mesalamine)*
Strensiq (asfotase alfa) (PA) (SP)
Symproic (naldemedine) (PA) (QL)
Syprine (trientine) (PA) (SP)
Uceris (budesonide extended release)* (PA) (QL)
Urso (ursodiol)*
Veltassa (patiromer) (PA) (QL) (SP)

GENITOURINARY

BPH

Avodart (dutasteride)*
Cardura (doxazosin)*
Flomax (tamsulosin)*
Hytrin (terazosin)*
Proscar (finasteride)*
Rapaflo (silodosin)*
Uroxatral (alfuzosin)*

Urinary Anesthetic

Elmiron (pentosan polysulfate sodium) (PA) (QL)

Urinary Antispasmodics

Detrol (tolterodine)*
Detrol LA (tolterodine)* (QL) (ST) (only 2 mg capsules)
Ditropan (oxybutynin)*
Ditropan XL (oxybutynin extended release)*
Enablex (darifenacin)*
Sanctura (trospium)*
Sanctura XR (trospium extended release)*
VESicare (solifenacin)*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

**Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).*

***Indicates both the brand and generic product are on the Formulary.*

(PA)—Indicates the drug requires prior authorization. **(CC)**—Copy Card

(QL)—Indicates the drug is a quantity limit product.

****Indicates a generic is available but it is non-preferred.*

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications by Category *(continued)*

HEMATOLOGIC

Iron Chelator

Exjade (deferasirox)* (CC) (PA) (SP)
Ferriprox (deferiprone) (PA) (SP)
Jadenu (deferasirox) (CC) (PA) (SP)

Miscellaneous

Cuprimine (penicillamine)* (SP)
Oxbryta (voxelotor) (PA) (QL) (SP)

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC

Adjunctive Agents

Actimmune (interferon gamma-1b) (SP)
Aranesp (darbepoetin alfa) (SP)
Doptelet (avatrombopag) (CC) (PA) (QL) (SP)
Epogen (epoetin alfa) (SP)
Granix (filgrastim) (SP)
Leucovorin (leucovorin)*
Leukine (sargramostim) (SP)
Mircera (methoxy peg-epoetin beta) (SP)
Mulpleta (lusutrombopag) (PA) (QL) (SP)
Neulasta (pegfilgrastim) (CC) (SP)
Neumega (oprelvekin) (SP)
Neupogen (filgrastim) (SP)
Procrit (epoetin alfa) (SP)
Promacta (eltrombopag) (CC) (PA) (SP)
Zarxio (filgrastim) (CC) (SP)

Alkylating Agents

Alkeran (melphalan) (SP)
Cyclophosphamide (SP)
Gleostine (lomustine) (SP)
Leukeran (chlorambucil) (SP)
Matulane (procarbazine) (SP)
Myleran (busulfan) (SP)
Temodar (temozolomide)* (SP)
Antiandrogens Erleada (apalutamide) (PA) (QL) (SP)
Zytiga (abiraterone acetate)* (generic only; S0
copy) (CC) (PA) (QL) (SP)

Antiestrogens

Fareston (toremifene)* (SP)
Faslodex (fulvestrant)*
Nolvadex (tamoxifen)*

Antimetabolites

Hydrea (hydroxyurea)*
Purinethol (mercaptopurine)** (SP)
Purixan (mercaptopurine) (SP)
Rheumatrex (methotrexate)*
Tabloid (thioguanine) (QL) (SP)
Xeloda (capecitabine)* (PA) (SP)

Immunosuppressant Therapies

Cellcept (mycophenolate)*
Gengraf (cyclosporine)*

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Immunosuppressant Therapies *(cont.)*

Ilaris (canakinumab) (CC) (PA) (SP)
Imuran (azathioprine)*
Myfortic (mycophenolic acid)*
Neoral (cyclosporine) capsules*, oral solution*
Prograf (tacrolimus)*
Rapamune (sirolimus)*
Sandimmune (cyclosporine) capsules*, solution
Tegsedi (inotersen) (PA) (QL) (SP)
Tavalisse (fostamatinib) (CC) (PA) (QL) (SP)
Zortress (everolimus) (CC) (SP)*

Miscellaneous Antineoplastics

Adcetris (brentuximab vedotin) (PA) (SP)
Afinitor (everolimus) (CC) (QL) (SP)* (generic only;
10 mg tablets excluded)
Alecensa (alectinib) (PA) (QL) (SP)
Alunbrig (brigatinib) (CC) (PA) (QL) (SP)
Arimidex (anastrozole)* (SP)
Aromasin (exemestane)* (SP)
Ayvakit (avapritinib) (PA) (QL) (SP)
Balversa (erdafitinib) (PA) (QL) (SP)
Bosulif (bosutinib) (PA) (QL) (SP)
Braftovi (encorafenib) (PA) (QL) (SP)
Brukinsa (zanubrutinib) (PA) (QL) (SP)
Cabometyx (cabozantinib) (CC) (PA) (QL) (SP)
Caprelsa (vandetanib) (PA) (SP)
Cometriq (cabozantinib) capsules (PA) (QL) (SP)
Copiktra (duvelisib) (PA) (QL) (SP)
Cotellic (cobimetinib) (PA) (QL) (SP)
(glasdegib) (PA) (QL) (SP)
Daurismo (glasdegib) (CC) (PA) (QL) (SP)
Eligard (leuprolide) (PA) (SP)
Emcyt (estramustine) (SP)
Erivedge (vismodegib) (PA) (SP)
Farydak (panobinostat) (PA) (QL) (SP)
Femara (letrozole)* (SP)
Gilotrif (afatinib) (PA) (SP)
Gleevec (imatinib)* (CC) (PA) (QL) (SP) (generic only)
Hycamtin (topotecan) (PA) (QL) (SP)
Ibrance (palbociclib) (CC) (PA) (QL) (SP)
Iclusig (ponatinib) tablets (PA) (SP)
Imbruvica (ibrutinib) capsules, tablets 420 mg,
tablets 560 mg (CC) (PA) (QL) (SP)
Inlyta (axitinib) (CC) (PA) (QL) (SP)
Inrebic (fedratinib) (PA) (QL) (SP)
Iressa (gefitinib) (CC) (PA) (QL) (SP)
Jakafi (ruxolitinib) (CC) (PA) (SP)
Kisqali (ribociclib) (CC) (PA) (QL) (SP)
Kisqali Femara (ribociclib/letrozole) (PA) (QL) (SP)
Kyprolis (carfilzomib) (PA) (SP)
Lenvima (lenvatinib) (CC) (PA) (QL) (SP)
Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)

IMMUNOSUPPRESSANT/ ANTINEOPLASTIC *(cont.)*

Miscellaneous Antineoplastics *(cont.)*

Lorbrena (lorlatinib) (CC) (PA) (QL) (SP)
Lupron (leuprolide) (CC) (PA) (SP)
Lynparza (olaparib) (CC) (PA) (QL) (SP)
Lysodren (mitotane) (SP)
Megace (megestrol) (except 625 mg/5 mL solution)*
Mekinist (trametinib) (CC) (PA) (QL) (SP)
Mektovi (binimetinib) (PA) (QL) (SP)
Nexavar (sorafenib) (QL) (SP)
Ninlaro (ixazomib) (CC) (PA) (QL) (SP)
Odomzo (sonidegib) (CC) (PA) (QL) (SP)
Piqray (alpelisib) (PA) (QL) (SP)
Pomalyst (pomalidomide) (CC) (PA) (QL) (SP)
Revlimid (lenalidomide) (CC) (PA) (QL) (SP)
Rubraca (rucaparib) (CC) (PA) (QL) (SP)
Rydapt (midostaurin) (CC) (PA) (QL) (SP)
Sandostatin (octreotide)* (CC) (SP)
Sprycel (dasatinib) (CC) (QL) (SP)
Stivarga (regorafenib) (CC) (PA) (SP)
Sutent (sunitinib) (CC) (QL) (SP)
Tafinlar (dabrafenib) (CC) (PA) (QL) (SP)
Tagrisso (osimertinib) (CC) (PA) (QL) (SP)
Talzenna (talazoparib) (CC) (PA) (QL) (SP)
Tarceva (erlotinib)** (PA) (QL) (SP)
Targretin (bexarotene)* (PA) (QL) (SP)
Tasigna (nilotinib) (CC) (QL) (SP)
Tazverik (tazemetostat) (PA) (QL) (SP)
Thalomid (thalidomide) (SP)
Tibsovo (ivosidenib) (PA) (QL) (SP)
Turalio (pexidartinib) (PA) (QL) (SP)
Tykerb (lapatinib) (CC) (SP)
Venclexta (venetoclax) (CC) (PA) (QL) (SP)
VePesid (etoposide)*
Vesanoid (tretinoin)* (SP)
Vitakvi (larotrectinib) (CC) (PA) (QL) (SP)
Votrient (pazopanib) (CC) (QL) (SP)
Xalkori (crizotinib) (CC) (PA) (SP)
Xtandi (enzalutamide) (CC) (PA) (SP)
Zejula (niraparib) (CC) (PA) (QL) (SP)
Zelboraf (vemurafenib) (CC) (PA) (QL) (SP)
Zolanza (vorinostat) (QL) (SP)
Zykadia (ceritinib) (CC) (PA) (QL) (SP)

OBSTETRICS/GYNECOLOGY

Contraceptives

Aviane (ethinyl estradiol/levonorgestrel)*
Brevicon (ethinyl estradiol/norethindrone)*
Cyclessa (ethinyl estradiol/desogestrel)*
Depo-Provera (medroxyprogesterone)*
Estrostep Fe (ethinyl estradiol/norethindrone/
ferrous fumarate)*
Levora (ethinyl estradiol/levonorgestrel)*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

**Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).*

***Indicates both the brand and generic product are on the Formulary.*

(PA)—Indicates the drug requires prior authorization. **(CC)**—Copay Card

(QL)—Indicates the drug is a quantity limit product.

****Indicates a generic is available but it is non-preferred.*

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications by Category *(continued)*

OBSTETRICS/GYNECOLOGY

Contraceptives *(cont.)*

Lessina (ethinyl estradiol/levonorgestrel)*
Lo/Ovral (ethinyl estradiol/norgestrel)*
Loestrin (ethinyl estradiol/norethindrone)*
Loestrin 24 Fe (ethinyl estradiol/norethindrone/
ferrous fumarate)*
Loestrin Fe (ethinyl estradiol/norethindrone/
ferrous fumarate)*
Micronor (norethindrone)*
Mircette (ethinyl estradiol/desogestrel)*
Modicon (ethinyl estradiol/norethindrone)*
NuvaRing (ethinyl estradiol/etonogestrel)*
(only generic EluRyng)
Ogestrel (ethinyl estradiol/norgestrel)*
Ortho Evra (ethinyl estradiol/norelgestromin)* (QL)
Ortho Tri-Cyclen (ethinyl estradiol/norgestimate)*
Ortho-Cept (ethinyl estradiol/desogestrel)*
Ortho-Cyclen (ethinyl estradiol/norgestimate)*
Ortho-Novum 1/35 (ethinyl estradiol/norethindrone)*
Ortho-Novum 1/50 (mestranol & norethindrone)*
Ortho-Novum 7/7/7 (ethinyl estradiol/norethindrone)*
Ortho Tri-Cyclen Lo (ethinyl estradiol/norgestimate)*
Seasonale (ethinyl estradiol/levonorgestrel)*
Trivora (ethinyl estradiol/levonorgestrel)*
Yasmin (ethinyl estradiol/drospirenone)*
Zovia (ethinyl estradiol/ethynodiol diacetate)*

Emergency Contraceptives

Plan B One Step (levonorgestrel)*
Ella (ulipristal)
Next Choice (levonorgestrel)*

Estrogens/Progestins

Angeliq (estradiol/drospirenone) (PA) (QL)
Aygestin (norethindrone acetate)*
Bijuva (estradiol/progesterone) (PA) (QL)
Climara (estradiol)*
ClimaraPro (estradiol/levonorgestrel) (PA) (QL)
CombiPatch (estradiol/norethindrone) (PA) (QL)
Duavee (conjugated estrogens/bazedoxifene) (PA) (QL)
Estrace (estradiol)*
Estrace (estradiol) vaginal cream
FemHRT (ethinyl estradiol/norethindrone)*
Minivelle (estradiol)*
Ogen (estropipate)*
Prefest (estradiol/norgestimate) (PA) (QL)
Premarin (conjugated estrogens) tablets,
vaginal cream
Premphase (conjugated estrogens/
medroxyprogesterone) (PA) (QL)
Prempo (conjugated estrogens/
medroxyprogesterone) (PA) (QL)
Prometrium (progesterone)* (QL)
Provera (medroxyprogesterone)*
Vagifem (estradiol vaginal inserts)* (QL)
Vivelle-Dot (estradiol)* patch

OBSTETRICS/GYNECOLOGY *(cont.)*

Infertility (Consult SPD for Coverage)

Clomid (clomiphene)* (females only)

Miscellaneous

Evista (raloxifene)*
Methergine (methylergonovine)*
Orilissa (elagolix) (CC) (PA) (QL) (SP)

OPHTHALMIC

Anti-Infectives

Bacitracin (bacitracin)*
Bleph-10 (sulfacetamide) solution*
Ciloxan (ciprofloxacin)*
Garamycin (gentamicin)*
Ilotycin (erythromycin)*
Neosporin (bacitracin/neomycin/ polymyxin B)
ointment*
Neosporin (gramicidin/neomycin/ polymyxin B)
solution*
Ocuflax (ofloxacin)*
Polysporin (bacitracin/polymyxin B)*
Polytrim (trimethoprim/polymyxin B)*
Tobrex (tobramycin) solution*

Anti-Infective/Steroidal Combinations

Cortisporin (bacitracin/hydrocortisone
neomycin/polymyxin B) ointment*
Maxitrol (dexamethasone/neomycin/
polymyxin B)*
TobraDex (tobramycin/dexamethasone)
suspension*, ointment
Vasocidin (sodium sulfacetamide/
prednisolone)*

Anti-Inflammatory, Non-Steroidal

Acular (ketorolac)*
Ocufen (flurbiprofen)*
Voltaren (diclofenac) solution*

Anti-Inflammatory, Steroidal

Alrex (loteprednol)
Decadron (dexamethasone) solution*
Iluvien (fluocinolone) (PA) (SP)
Lotemax (loteprednol)
Pred Forte (prednisolone acetate)*

Beta-Blockers

Betagan (levobunolol)*
Betimol (timolol)
Betoptic S (betaxolol)
Ocupress (carteolol)*
Timoptic (timolol)*
Timoptic-XE (timolol)*

Carbonic Anhydrase Inhibitors

Azopt (brinzolamide)
Trusopt (dorzolamide)*

OPHTHALMIC *(cont.)*

Cycloplegic Mydriatics

Cyclogyl (cyclopentolate)*
Isopto Atropine (atropine)*
Mydracyl (tropicamide)*

Prostaglandin Agonists

Travatan Z (travoprost)
Travoprost*
Xalatan (latanoprost)*

Sympathomimetics

Alphagan P (brimonidine)*

Miscellaneous Ophthalmics

Cosopt (dorzolamide/timolol)*
Crolo (cromolyn)*
Oxervate (cenegermin) (PA) (QL) (SP)
Pilocar (pilocarpine)*
Restasis (cyclosporine) (single-use vials only)
(CC) (PA) (QL) (SP)
Rhopressa (netarsudil) (PA) (QL)
Viroptic (trifluridine)*
Xiidra (lifitegrast) (CC) (PA) (QL) (SP)

OTIC

Otic Agents

Auralgan (antipyrine/benzocaine)*
Cortisporin Otic (hydrocortisone/neomycin/
polymyxin B)*
Domeboro Otic (aluminum acetate/acetic acid)*
Floxin Otic (ofloxacin)*
Vosol (acetic acid)*
Vosol HC (acetic acid/hydrocortisone)*

VITAMINS/ELECTROLYTES

Electrolytes

K-Dur (potassium chloride)*
Klor-Con (potassium chloride)*
K-Lyte (potassium bicarbonate/citrate)*
PhosLo (calcium acetate)*

Miscellaneous Vitamins

Drisdol (ergocalciferol)*
Folic Acid*
Luride (sodium fluoride) chewable tablets*
Mephyton (phytonadione)
Poly-Vi-Flor
Poly-Vi-Flor with Iron
Rocaltrol (calcitriol)*
Tri-Vi-Flor*

Prenatal Vitamins

Prenatal Plus*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

**Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).*

***Indicates both the brand and generic product are on the Formulary.*

(PA)—Indicates the drug requires prior authorization. **(CC)**—Copay Card

(QL)—Indicates the drug is a quantity limit product.

****Indicates a generic is available but it is non-preferred.*

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically

A

Abilify Maintena (aripiprazole) (PA)
Accolate (zafirlukast)*
Accuneb (albuterol) inhalation solution*
Accupril (quinapril)*
Accuretic (quinapril/hydrochlorothiazide)*
Actemra (tocilizumab) (CC) (PA) (QL) (SP)
Acthar (corticotropin) (CC) (PA) (QL) (SP)
Actimmune (interferon gamma-1b) (SP)
Actonel (risedronate) (QL)
Actoplus Met (pioglitazone/metformin) tablets*
Actos (pioglitazone)* (QL)
Acular (ketorolac)*
Adacel (diphtheria/tetanus toxoids/acellular pertussis) (\$0 copay; for members ≥ 7 years of age)
Adalat CC (nifedipine extended release)*
Adecetris (brentuximab vedotin) (PA) (SP)
Adecirca (tadalafil)* (CC) (PA) (QL) (SP)
Adderall (dextroamphetamine racemic salts)*
Adempas (riociguat) (PA) (QL) (SP)
Adlyxin (lixisenatide) (PA) (QL)
Admelog (insulin human lispro) (PA)
Advair Diskus (fluticasone/salmeterol)*
Advate (antihemophilic factor) (CC) (SP)
Aemcolo (rifamycin delayed-release) (PA) (QL)
Afinitor (everolimus) (CC) (QL) (SP)* (generic only; 10 mg tablets excluded)
Afrezza (insulin human) (PA)
Aggrenox (dipyridamole extended release/ aspirin)* (generic only)
Agrylin (anagrelide)*
Aimovig (erenumab-aooe) (CC) (PA) (QL) (SP)
AirDuo (fluticasone/salmeterol)* (generic only; \$0 copay)
Ajoyv (fremanezumab-vfrm) (CC) (PA) (QL) (SP)
Akynteo (netupitant/palonosetron) (PA) (QL)
Aldactazide (spironolactone/hydrochlorothiazide)*
Aldactone (spironolactone)*
Aldara (imiquimod)*
Aldomet (methylodopa)*
Aldoril (methylodopa/hydrochlorothiazide)*
Alecensa (alectinib) (PA) (QL) (SP)
Alkeran (melphalan) (SP)
Alphagan P (brimonidine)*
Alex (loteprednol)
Altace (ramipril)*
Alunbrig (brigatinib) (CC) (PA) (QL) (SP)
Alupent (metaproterenol) syrup*, tablet*
Alyq (tadalafil)* (PA) (QL) (SP)
Amaryl (glimepiride)*
Ambien (zolpidem)* (QL)
Ambien CR (zolpidem continuous-release)* (QL)
Amerge (naratriptan)* (QL)
Amoxil (amoxicillin)*
Ampyra (dalfampridine) (CC) (PA) (SP)* (Mylan generic version excluded)
Anafranil (clomipramine)*
Angeliq (estradiol/drospirenone) (PA) (QL)
Ansaid (flurbiprofen)*
Antabuse (disulfiram)*
Antara (fenofibrate capsules)

A (cont.)

Antivert (meclizine)*
Anusol-HC (hydrocortisone) cream*
Anzemet (dolasetron) (QL)
Apidra (insulin human glulisine) (PA)
Apresoline (hydralazine)*
Apriso (mesalamine)*
Aptiom (eslicarbazepine) (PA) (QL)
Aptivus (tipranavir) (SP)
Aralen (chloroquine phosphate)* (QL)
Aranesp (darbepoetin alfa) (SP)
Arava (leflunomide)* (SP)
AArcalyst (riloncept) (PA) (SP)
Arcapta (indacaterol) Neohaler
Aricept (donepezil)*
Arimidex (anastrozole)* (SP)
Aristada (aripiprazole) (PA) (SP)
Aristocort (triamcinolone) cream*, ointment*
Arixtra (fondaparinux)*
Arnuity Ellipta (fluticasone) (QL)
Aromasin (exemestane) (SP)
Artane (trihexyphenidyl)*
Arthroce (diclofenac sodium delayed release/ misoprostol)*
Asacol HD (mesalamine)* (QL)
Asmanex (mometasone) inhaler
Astagrag XL (tacrolimus ext-rel) (PA)
Atarax (hydroxyzine HCl)*
Ativan (lorazepam)*
Atripla (efavirenz/emtricitabine/tenofovir) (CC) (SP)
Atrovent (ipratropium) inhalation solution*
Atrovent (ipratropium)*
Atrovent HFA (ipratropium) inhaler
Aubagio (teriflunomide) (PA) (SP)
Augmentin (amoxicillin/clavulanate)*
Augmentin XR (amoxicillin/clavulanate XR)*
Auralgan (antipyrine/benzocaine)*
Austedo (deutetrabenazine) (PA) (QL) (SP)
Avalide (irbesartan/hydrochlorothiazide)* (ST)
Avapro (irbesartan)* (ST)
Avelox (moxifloxacin)*
Aviane (ethinyl estradiol/levonorgestrel)*
Avinza (morphine extended release)
Avodart (dutasteride)*
Avonex (interferon beta-1a) (PA) (SP)
Aygestin (norethindrone acetate)*
Ayvakit (avapritinib) (PA) (QL) (SP)
Azilect (rasagiline)*
Azopt (brinzolamide)
Azulfidine (sulfasalazine)*

B

Bacitracin (bacitracin)*
Bactrim (sulfamethoxazole/trimethoprim)*
Bactrim DS (sulfamethoxazole/trimethoprim)*
Bactroban (mupirocin) cream* (PA) (QL), ointment*
Balversa (erdafitinib) (PA) (QL) (SP)
Banzel (rufinamide) (CC) (PA) (SP)
Baraclude (entecavir) (SP)
Basaglar (insulin human glargine) (PA)
Baqsimi (glucagon)

B (cont.)

Benadryl (diphenhydramine)* (50 mg only)
Benemid (probenecid)*
Benlysta (belimumab) (CC) (SP) (PA)
Bentyl (dicyclomine) capsule*, tablet*
Berinert (C1 inhibitor) (CC) (PA) (SP)
Betagan (levobunolol)*
Betapace (sotalol)*
Betaseron (interferon beta-1b) (CC) (PA) (SP)
Bethkis (tobramycin for inhalation) (PA) (SP)
Betimol (timolol)
Betoptic S (betaxolol)
Bevespi Aerosphere (glycopyrrolate/formoterol) (QL)
Biaxin (clarithromycin)*
Bijuva (estradiol/progesterone) (PA) (QL)
Biltricide (praziquantel)*
Bleph-10 (sulfacetamide) solution*
Blocadren (timolol)*
Bosulif (bosutinib) (PA) (QL) (SP)
Braftovi (encorafenib) (PA) (QL) (SP)
Breo Ellipta (fluticasone/vilanterol) (QL)
Brethine (terbutaline) tablet*
Brevicon (ethinyl estradiol/norethindrone)*
Briviact (brivaracetam) (PA) (QL)
Brukinsa (zanubrutinib) (PA) (QL) (SP)
Bumex (bumetanide)*
Buphenyl (sodium phenylbutyrate)* (SP)
Buspar (buspirone)*
Bydureon (exenatide) (PA) (QL)
Byetta (exenatide) (PA) (QL)

C

Cablivi (caplacizumab) (PA) (QL) (SP)
Cabometyx (cabozantinib) (CC) (PA) (QL) (SP)
Cafergot (ergotamine/cafeine)*
Calan (verapamil)*
Calan SR (verapamil extended release)*
Campral (acamprosate calcium)*
Caplyta (lumateperone) (PA) (QL)
Capoten (captopril)*
Capozide (captopril/hydrochlorothiazide)*
Caprelsa (vandetanib) (PA) (SP)
Canasa (mesalamine)*
Carac (flourouracil)*
Carafate (sucralfate) tablet*
Carbatrol (carbamazepine extended release)*
Cardizem (diltiazem)*
Cardizem CR (diltiazem extended release)*
Cardizem SR (diltiazem extended release)*
Cardura (doxazosin)*
Carnitor (levocarnitine)*
Casodex (bicalutamide)*
Cataflam (diclofenac)*
Catapres (clonidine) tablet*
Catapres-TTS (clonidine) patch*
Cayston (aztreonam) inhalation solution (CC) (SP)
Ceclor (cefaclor)*
Gleostine (lomustine) (SP)
Ceftin (cefuroxime)*
Celexa (citalopram)*
Cellcept (mycophenolate)*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

C (cont.)

Celontin (methsuximide)
Cerezyme (imiglucerase) (PA) (SP)
Chronulac (lactulose)*
Ciloxan (ciprofloxacin)*
Cimzia (certolizumab) (CC) (PA) (QL) (SP) (excluded for Psoriasis)
Cinqair (reslizumab) (CC) (PA) (SP)
Cinryze (C1 inhibitor) (PA) (SP)
Cipro (ciprofloxacin)*
Cipro XR (ciprofloxacin extended release)*
Claravis (isotretinoin)*
Cleocin (clindamycin)*
Cleocin T (clindamycin) lotion*, pads*, solution*
Climara (estradiol)*
ClimaraPro (estradiol/levonorgestrel) (PA) (QL)
Clinoril (sulindac)*
Clomid (clomiphene)* (females only)
Clozaril (clozapine)*
Codeine (codeine sulfate) 30 mg tablets*
Cogentin (benztropine)*
Colazal (balsalazide)*
Colcrys (colchicine)
Colestid (colestipol)*
Colyte (polyethylene glycol/potassium/sodium)*
CombiPatch (estradiol/norethindrone) (PA) (QL)
Combivent Respimat (ipratropium/albuterol) inhaler
Combivir (zidovudine/lamivudine)* (SP)
Cometriq (cabozantinib) capsules (PA) (QL) (SP)
Compazine (prochlorperazine) suppository*, tablet*
Complera (emtricitabine/rilpivirine/tenofovir) (CC) (SP)
Comtan (entacapone)*
Condylox (podofilox) topical gel
Condylox (podofilox) topical solution*
Copaxone (glatiramer acetate)* (CC) (PA) (QL) (SP)
Copegus (ribavirin)* (SP)
Copiktra (duvelisib) (PA) (QL) (SP)
Cordarone (amiodarone)*
Coreg (carvedilol)*
Corlanor (ivabradine) (PA) (QL)
Cortef (hydrocortisone)*
Cortenema (hydrocortisone)*
Cortisporin (bacitracin/hydrocortisone neomycin/polymyxin B) ointment*
Cortisporin Otic (hydrocortisone/neomycin/polymyxin B)*
Cortone Acetate (cortisone)*
Corzide (nadolol/bendroflumethiazide)*
Cosentyx (secukinumab) (CC) (PA) (QL) (SP) (excluded for Psoriasis)
Cosopt (dorzolamide/timolol)*
Cotellic (cobimetinib) (CC) (PA) (QL) (SP)
Coumadin (warfarin)**
Cozaar (losartan)*
Creon (amylase/lipase/protease)
Crestor (rosuvastatin)* (QL)
Crixivan (indinavir) (SP)
Crolom (cromolyn)*
Cuprimine (penicillamine)* (SP)
Cutivate (fluticasone) cream*, lotion*, ointment*
Cuvposa (glycopyrrolate) (PA)

C (cont.)

Cyclella (ethinyl estradiol/desogestrel)*
Cyclogyl (cyclopentolate)*
Cyclophosphamide (SP)
Cyproheptadine tablets*, syrup*
Cytotec (misoprostol)*
Cytovene (ganciclovir) (SP)
D
D.H.E. (dihydroergotamine)* (PA) (QL)
Daliresp (roflumilast) (PA)
Daklinza (daclatasvir) (PA) (QL) (SP)
Danocrine (danazol)*
Dapsone (dapsone)*
(glasdegib) (PA) (QL) (SP)
Daurismo (glasdegib) (CC) (PA) (QL) (SP)
DDAVP (desmopressin acetate)*
Decadron (dexamethasone)*
Decadron (dexamethasone) solution*
Deltasone (prednisone)*
Delzicol (mesalamine)* (ST)
Demadex (torsemide)*
Demerol (meperidine)*
Depakene (valproic acid)*
Depakote (divalproex)*
Depo-Provera (medroxyprogesterone)*
Descovy (emtricitabine/tenofovir) (CC) (PA) (QL) (SP)
Desyrel (trazodone)*
Detrol (tolterodine)*
Detrol LA (tolterodine)* (QL) (ST) (only 2 mg capsules)
Dexedrine (dextroamphetamine)*
Diabeta (glyburide)*
Diastat (diazepam rectal gel)*
Dibenzylamine (phenoxybenzamine)
Differin (adapalene) cream*, gel* (PA)
Difidic (fidaxomicin) (ST)
Diflucan (fluconazole) tablet*, suspension*
Dilantin (phenytoin)**
Dilaudid (hydromorphone)*
Diovan (valsartan)* (except 320 mg tablets) (ST)
Diovan HCT (valsartan/hydrochlorothiazide)* (ST)
Diprolene (augmented betamethasone dipropionate) cream*, gel*, ointment*
Diprolene AF (augmented betamethasone dipropionate) cream*
Diprosone (betamethasone dipropionate) cream*
Ditropan (oxybutynin)*
Ditropan XL (oxybutynin extended release)*
Diuril (chlorothiazide)*
Dolobid (diflunisal)*
Dolophine (methadone)*
Domeboro Otic (aluminum acetate/acetic acid)*
Doptelet (avatrombopag) (CC) (PA) (QL) (SP)
Dostinex (cabergoline)*
Dovato (dolutegravir/lamivudine) (QL) (SP)
Dovonex (calcipotriene)*
Drisdol (ergocalciferol)*
Drysol (aluminum chloride hexahydrate)*
Drysol Dab-O (aluminum chloride hexahydrate)*
Duavee (conjugated estrogens/bazedoxifene) (PA) (QL)
Duetaq (pioglitazone/glimepiride) tablets*
Duoneb (ipratropium/albuterol)*

D (cont.)

Duragesic (fentanyl)*
Duricef (cefadroxil) capsule*
Dupixent (dupilumab) (CC) (PA) (QL) (SP)
Dyazide (triamterene/hydrochlorothiazide)*
Dynapen (dicloxacillin)*
E
E.E.S. (erythromycin ethylsuccinate)*
Easprin (aspirin)*
Edurant (rilpivirine) (SP)
Effexor (venlafaxine)*
Effexor XR (venlafaxine extended-release) capsules*, tablets* (PA) (QL)
Efudex (fluorouracil)*
Egrifta (tesamorelin) (PA) (SP)
Elavil (amitriptyline)*
Eldepryl (selegiline) capsules*
Elidel (pimecrolimus)* (PA)
Eligard (leuprolide) (PA) (SP)
Elimite (permethrin) cream*
Eliquis (apixaban)* (QL)
Elixophyllin (theophylline) elixir
Ella (ulipristal)
Elocon (mometasone) cream*, lotion*, ointment*
Elmiron (pentosan polysulfate sodium) (PA) (QL)
Emcyt (estramustine) (SP)
Emend (aprepitant) capsules, oral suspension (PA) (QL)
Emgality (galcanezumab-gnlm) (CC) (PA) (QL) (SP)
Emsam (selegiline transdermal) (PA)
Emtriva (emtricitabine) (SP)
Enbrel (etanercept) (CC) (PA) (QL) (SP) (excluded for Psoriasis)
Entresto (sacubitril/valsartan) (PA) (QL)
Entyvio (vedolizumab) (PA) (QL) (SP)
Epipen (epinephrine)* (generic only) (QL)
Epipen Jr. (epinephrine)* (generic only) (QL)
Epivir (lamivudine)* (SP)
Epivir HBV (lamivudine)* (SP)
Epanova (omega-3 carboxylic acids) (restricted to Cardiology) (QL)
Eplclusa (sofosbuvir/velpatasvir)* (CC) (PA) (QL) (SP) (generic only)
Epidiolex (cannabidiol) (PA) (SP)
Epogen (epoetin alfa) (SP)
Epzicom (abacavir/lamivudine) (SP)
Equanil (meprobamate)*
Erivedge (vismodegib) (PA) (SP)
Erleada (apalutamide) (PA) (QL) (SP)
Erycette (erythromycin) pads*
Eryderm (erythromycin) topical solution* (PA)
Erygel (erythromycin) topical gel*
EryPed (erythromycin ethylsuccinate)*
Ery-Tab (erythromycin)*
Erythromycin 5 mg/g ointment*
Esbriet (pirfenidone) (CC) (PA) (QL) (SP)
Eskalith (lithium carbonate)*
Estrace (estradiol)*
Estrace (estradiol) vaginal cream
Estrostep Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

E (cont.)

Eulexin (flutamide)*
Evenity (romosozumab) (CC) (PA) (QL) (SP)
Evista (raloxifene)*
Evoxac (cevimeline)*
Exelon (rivastigmine)*
Exforge (amlodipine/valsartan)*
Exjade (deferasirox)* (CC) (PA) (SP)
Extavia (interferon beta-1b) (PA) (SP)

F

Famvir (famciclovir)* (QL)
Fanapt (iloperidone) (PA) (QL)
Fareston (toremifene)* (SP)
Farxiga (dapagliflozin) (PA) (QL)
Farydak (panobinostat) (PA) (QL) (SP)
Fasenra (benralizumab) pens, prefilled syringes (PA) (QL) (SP)
Faslodex (fulvestrant)*
Feldene (piroxicam)*
Femara (letrozole)* (SP)
FemHRT (ethinyl estradiol/norethindrone)*
Ferriprox (deferiprone) (PA) (SP)
Fiasp (insulin human aspart) (PA)
Finacea (azelaic acid) gel*
Firazyr (icatibant) (PA) (SP)
Firdapse (amifampridine) (PA) (QL) (SP)
First-Lansoprazole suspension (for members < 1 year of age only)
First-Omeprazole suspension (for members < 1 year of age only)
Flagyl (metronidazole)*
Flector (diclofenac epolamine)* (PA) (QL)
Flexeril (cyclobenzaprine)* (except 7.5 mg tablets)
Flolan (epoprostenol)* (SP)
Flomax (tamsulosin)*
Florinef (fludrocortisone)*
Florinef (fludrocortisone)*
Flovent HFA (fluticasone) inhaler
Floxin Otic (ofloxacin)*
Focalin (dexmethylphenidate)*
Folic Acid*
Forteo (teriparatide) (CC) (PA) (QL) (SP)
Fortical (calcitonin)*
Fosamax (alendronate)* (QL)
Fuzeon (enfuvirtide) (SP)
Fycompa (perampanel) (PA) (QL) (SP)

G

Gabitril (tiagabine)*
Garamycin (gentamicin)*
Gattex (teduglutide) (PA) (QL) (SP)
Gengraf (cyclosporine)*
Genotropin (somatotropin) (PA) (SP) (ST)
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) (CC) (QL) (SP)
Geodon (ziprasidone)*
Gilenya (fingolimod) (CC) (PA) (SP)
Gilotrif (afatinib) (PA) (SP)
Glatopa* (CC) (PA) (QL) (SP)
Gleevec (imatinib)* (CC) (PA) (QL) (SP) (generic only)
Gleostine (lomustine) (SP)

G (cont.)

GlucaGen (glucagon)
Glucagon Emergency Kit (glucagon)
Glucophage (metformin)*
Glucophage XR (metformin extended release)*
Glucotrol (glipizide)*
Glucotrol XL (glipizide extended release)*
Glucoavance (glyburide/metformin)*
Glynase (glyburide)*
Glyxambi (empagliflozin/linagliptin) (QL) (ST)
GoLYTELY (polyethylene glycol-electrolyte solution)*
Granix (filgrastim) (SP)
Grastek (timothy grass pollen allergen extract) (PA) (QL) (SP)

H

Haegarda (C1 inhibitor) (PA) (SP)
Halcion (triazolam)*
Haldol (haloperidol)*
Harvoni (ledipasvir/sofosbuvir)* (CC) (PA) (QL) (SP) (generic only)
Hepsera (adefovir)* (SP)
Hetlioz (tasimelteon) (PA) (QL) (SP)
Humalog (insulin human lispro)
Humalog Mix 50/50 (insulin human lispro NPL/lispro)
Humalog Mix 75/25 (insulin human lispro NPL/lispro)
Humatin (paromomycin)*
Humatrope (somatotropin) (CC) (PA) (SP)
Humira (adalimumab) (CC) (PA) (SP)
Humulin 70/30 (insulin human NPH/R)
Humulin N (insulin human NPH)
Humulin R (insulin human regular)
Humulin R U-500 (insulin human regular) (PA)
Hycamtin (topotecan) (PA) (QL) (SP)
Hydrea (hydroxyurea)*
HydroDIURIL (hydrochlorothiazide)*
Hygroton (chlorthalidone)*
Hytone (hydrocortisone) cream*, lotion*, ointment*
Hytrin (terazosin)*
Hyzaar (losartan/hydrochlorothiazide)*

I

Ibrance (palbociclib) (CC) (PA) (QL) (SP)
Iclusig (ponatinib) tablets (PA) (SP)
Ilaris (canakinumab) (CC) (PA) (SP)
Ilumya (tildrakizumab) (PA) (QL) (SP)
Ilotycin (erythromycin)*
Iluvien (fluocinolone) (CC) (PA) (SP)
Imbruvica (ibrutinib) capsules, tablets 420 mg, tablets 560 mg (CC) (PA) (QL) (SP)
Imdur (isosorbide mononitrate)*
Imitrex (sumatriptan) injection*, nasal spray*, tablet* (CC) (QL)
Imodium (loperamide)*
Impavido (miltefosine) (PA) (QL) (SP)
Imuran (azathioprine)*
Imuran (azathioprine)*
Incivek (telaprevir) (SP)
Increlex (mecasermin) (PA) (SP)
Incruse Ellipta (umeclidinium bromide) (QL)
Inderal (propranolol)*
Indocin (indomethacin)*
Ingrezza (valbenazine) (PA) (QL) (SP)

I (cont.)

Inlyta (axitinib) (CC) (PA) (QL) (SP)
Inrebic (fedratinib) (PA) (QL) (SP)
Insprira (eplerenone)*
Intal (cromolyn sodium) inhalation solution*
Intelence (etravirine) (CC) (SP)
Intron A (interferon alfa-2b) (SP)
Intuniv (guanfacine extended release)
Invega (paliperidone extended release)
Invirase (saquinavir) (SP)
Invokana (canagliflozin) (PA) (QL)
Iressa (gefitinib) (CC) (PA) (QL) (SP)
Isentress (raltegravir) (CC) (SP)
Isordil (isosorbide dinitrate)*

J

Jadenu (deferasirox) (CC) (PA) (SP)
Jakafi (ruxolitinib) (CC) (PA) (SP)
Janumet (sitagliptin/metformin) (QL) (ST)
Janumet XR (sitagliptin/metformin) (QL) (ST)
Januvia (sitagliptin) (Alogliptin first) (QL) (ST)
Jardiance (empagliflozin) (PA) (QL)
Jentaduo (linagliptin/metformin) (QL) (ST)
Jentaduo XR (linagliptin/metformin) (QL) (ST)
Juxtapid (lomitapide) (PA) (SP)
Jynarque (tolvaptan) (PA) (QL) (SP)

K

Kalbitor (ecallantide) (PA) (SP)
Kaletra (lopinavir/ritonavir)* solution (SP)
K-Dur (potassium chloride)*
Kalydeco (ivacaftor) (CC) (PA) (QL) (SP)
Kazano (alogliptin/metformin)* (QL) (ST)
Keflex (cephalexin)*
Kenalog (triamcinolone) lotion*
Keppra (levetiracetam)*
Keppra XR (levetiracetam)*
Kevzara (sarilumab) (CC) (PA) (QL) (SP)
Kineret (anakinra) (CC) (PA) (SP)
Kisqali (ribociclib) (CC) (PA) (QL) (SP)
Kisqali Femara (ribociclib/letrozole) (PA) (QL) (SP)
Kitabis Pak (tobramycin) inhalation solution* (PA) (SP)
Klaron (sulfacetamide)*
Klonopin (clonazepam)*
Klor-Con (potassium chloride)*
K-Lyte (potassium bicarbonate/citrate)*
Kombiglyze XR (saxagliptin/metformin) (QL) (ST)
Korlym (mifepristone) (PA) (SP)
Kuvan (sapropterin) (PA) (SP)
Kwell (lindane) lotion*, shampoo*
Kyprolis (carfilzomib) (PA) (SP)
Kytril (granisetron)* (QL)

L

Lamictal (lamotrigine)*
Lamictal ODT (lamotrigine orally disintegrating tablets)*
Lamictal XR (lamotrigine extended release)*
Lanoxin (digoxin) tablet**
Lantus (insulin human glargine)
Lariam (mefloquine)*
Lasix (furosemide)*
Latuda (lurasidone) (PA) (QL)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copy Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

L (cont.)

Lenvima (lenvatinib) (CC) (PA) (QL) (SP)
Lescol (fluvastatin immediate release)* (ST)
Lescol XL (fluvastatin extended release)* (ST)
Lessina (ethinyl estradiol/levonorgestrel)*
Letairis (ambrisentan)* (PA) (QL) (SP)
Leucovorin (leucovorin)*
Leukeran (chlorambucil) (SP)
Leukine (sargramostim) (SP)
Levaquin (levofloxacin)*
Levbid (hyoscyamine)*
Levemir (insulin human detemir) (PA)
Levora (ethinyl estradiol/levonorgestrel)*
Levothroid (levothyroxine)**
Levsin (hyoscyamine)*
Lexapro (escitalopram)* (QL)
Librax (chlordiazepoxide/clidinium)* (QL) (only generic NDC: 51293-0607-01)
Librium (chlordiazepoxide)*
Lidex (fluocinonide) 0.05% cream*, solution*
Lidoderm (lidocaine) patch* (PA)
Lioresal (baclofen)*
Lipitor (atorvastatin)*
(mandatory tablet splitting)
Lipofen (fenofibrate)*
Lithobid (lithium carbonate extended release)*
Lithotabs (lithium carbonate)*
Lo/Ovral (ethinyl estradiol/norgestrel)*
Lodine immediate-release (etodolac)* (only 200 mg capsules, 400 mg tablets, 500 mg tablets)
Loestrin (ethinyl estradiol/norethindrone)*
Loestrin 24 Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*
Loestrin Fe (ethinyl estradiol/norethindrone/ferrous fumarate)*
Lokelma (sodium zirconium cyclosilicate) (PA) (QL) (SP)
Lomotil (diphenoxylate/atropine)*
Lonhala Magnair (glycopyrrolate) (PA) (QL)
Loniten (minoxidil) tablet*
Lonsurf (trifluridine/tipiracil) (PA) (QL) (SP)
Lopid (gemfibrozil)*
Lopressor (metoprolol)*
Lorbrena (lorlatinib) (CC) (PA) (QL) (SP)
Lortab (hydrocodone/acetaminophen) elixir*, tablets* (QL)
Lotemax (loteprednol)
Lotensin (benazepril)*
Lotensin HCT (benazepril/hydrochlorothiazide)*
Lotrel (amlodipine/benazepril)*
Lotrisona (clotrimazole/betamethasone) cream*
Lotronex (alosetron)* (PA)
Lovaza (omega-3-acid ethyl esters)* (restricted to Cardiology) (QL)
Lovenox (enoxaparin)*
Loxitane (loxapine)*
Lozol (indapamide)*
Lucemyra (lofedidine) (PA) (QL)
Ludiumil (maprotiline)*
Lunesta (eszopiclone)* (QL)
Lupron (leuprolide) (CC) (PA) (SP)
Luride (sodium fluoride) chewable tablets*

L (cont.)

Luvox (fluvoxamine immediate-release) tablets*
Lynparza (olaparib) (CC) (PA) (QL) (SP)
Lyrica (pregabalin)
Lyrica CR (pregabalin extended-release) (QL)
Lysodren (mitotane) (SP)
Lysteda (tranexamic acid)* (QL)
M
Macrobid (nitrofurantoin)*
Macrochantin (nitrofurantoin)*
Marinol (dronabinol)* (PA)
Matulane (procarbazine) (SP)
Mavenclad (cladribine) (PA) (QL) (SP)
Mavik (trandolapril)*
Mavyret (glecaprevir/pibrentasvir) (PA) (QL) (SP)
Maxalt/Maxalt-MLT (rizatriptan)* (QL)
Maxitrol (dexamethasone/neomycin/polymixin B)*
Maxzide (triamterene/hydrochlorothiazide)*
Mayzent (siponimod) (CC) (PA) (QL) (SP)
Medrol (methylprednisolone)*
Megace (megestrol) (except 625 mg/5 mL solution)*
Mekinist (trametinib) (CC) (PA) (QL) (SP)
Mektovi (binimetinib) (PA) (QL) (SP)
Mellaril (thioridazine)*
Mephyton (phytonadione)
Metadate CD (methylphenidate extended release)*
Methergine (methylergonovine)*
Metrocream (metronidazole)*
MetroGel (metronidazole)* (PA except 0.75% strength)
MetroGel Vaginal (metronidazole)*
Metro lotion (metronidazole)* (PA)
Mestinon Timespan (pyridostigmine extended-release)*
Mestinon (pyridostigmine)*
Mevacor (lovastatin)*
Mexitil (mexiletine)*
Micardis (telmisartan)* (ST)
Micardis HCT (telmisartan/hydrochlorothiazide)* (ST)
Micronase (glyburide)*
Micronor (norethindrone)*
Midamor (amiloride)*
Migranal (dihydroergotamine)* (PA) (QL)
Minipress (prazosin)*
Minitran (nitroglycerin) patches*
Minivelle (estradiol)*
Minocin (minocycline) capsule*
Mirapex (pramipexole)*
Mirapex ER (pramipexole extended release)*
Mircera (methoxy peg-epoetin beta) (SP)
Mircette (ethinyl estradiol/desogestrel)*
Mobic (meloxicam)*
Modicon (ethinyl estradiol/norethindrone)*
Moduretic (amiloride/hydrochlorothiazide)*
Monodox (doxycycline monohydrate)* (except 75 mg, 150 mg)
Monopril (fosinopril)*
Monopril-HCT (fosinopril/hydrochlorothiazide)*
Motrin (ibuprofen) tablets*, suspension*
MoviPrep (polyethylene glycol)
MS Contin (morphine extended release)*
MS IR (morphine) tablets*, solution*

M (cont.)

Multaq (dronedarone) (restricted to Cardiology)
Mulpleta (lusutrombopag) (PA) (QL) (SP)
Mycelex Troche (clotrimazole)*
Mycolog II (nystatin/triamcinolone)*
Mycostatin (nystatin) cream*, ointment*, powder*
Mycostatin (nystatin) tablet*, suspension*
Mydraciyl (tropicamide)*
Myfortic (mycophenolic acid)*
Myleran (busulfan) (SP)
Mysoline (primidone)*
N
Naftin (naftifine) cream*, 1% gel*
Namenda (memantine)*
Namenda XR (memantine)* (PA)
Naprosyn (naproxen)*
Natpara (parathyroid hormone) (PA) (SP)
Navane (thiothixene)*
Nayzilam (misdazolam) (PA) (QL) (SP)
Neomycin (neomycin)*
Neoral (cyclosporine) capsules*, oral solution*
Neosporin (bacitracin/neomycin/polymixin B) ointment*
Neosporin (gramicidin/neomycin/polymixin B) solution*
Nerlynx (neratinib) (PA) (QL) (SP)
Nesina (alogliptin)* (QL) (ST)
Neulasta (pegfilgrastim) (CC) (SP)
Neumega (oprelvekin) (SP)
Neupogen (filgrastim) (SP)
Neurontin (gabapentin)*
Nexavar (sorafenib) (QL) (SP)
Nexletol (bempedoic acid) (PA) (QL) (SP)
Nexlizet (bempedoic acid/ezetimibe) (PA) (QL) (SP)
Next Choice (levonorgestrel)*
Niaspan (niacin extended release)*
Nilandron (nilutamide)
Nimotop (nimodipine)*
Ninlaro (ixazomib) (CC) (PA) (QL) (SP)
Nitro-Bid (nitroglycerin) ointment
Nitro-Dur (nitroglycerin) patches*
Nitrolingual (nitroglycerin) spray*
Nitrostat (nitroglycerin) SL tablets
Nizoral (ketoconazole)*
Nizoral (ketoconazole) cream*
Nolvadex (tamoxifen)*
Norco (hydrocodone/acetaminophen)* (QL)
Norditropin (somatropin) (CC) (PA) (SP)
Norflex (orphenadrine)*
Norgesic (orphenadrine/aspirin/caffeine)*
Norgesic Forte (orphenadrine/aspirin/caffeine)*
Norpace (disopyramide)*
Norpace CR (disopyramide)
Norpramin (desipramine)*
Nothera (droxidopa) (PA) (QL) (SP)
Norvasc (amlodipine)*
Norvir (ritonavir) (CC) (SP)
Novolin 70/30 (insulin human NPH/R)
Novolin N (insulin human NPH)
Novolin R (insulin human regular)
NovoLog (insulin human aspart) (PA)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

N (cont.)

NovoLog Mix 70/30 (insulin human aspart NPL/aspart) (PA)
Noxafil (posaconazole) (SP)
Nucala (mepolizumab) (CC) (PA) (QL) (SP)
Nuedexta (dextromethorphan/quinidine) (PA) (SP)
Nuplazid (pimavanserin) (PA) (QL) (SP)
Nurtec ODT (rimegepant) (PA) (QL) (SP)
Nutropin AQ (somatropin) (PA) (SP) (ST)
NuvaRing (ethinyl estradiol/etonogestrel)* (only generic EluRyng)
Nuvigil (armodafinil) (ST)
Nydrazid (isoniazid)*

O

Ocaliva (obeticholic acid) (PA) (QL) (SP)
Ocuflen (flurbiprofen)*
Ocuflax (ofloxacin)*
Ocupress (carteolol)*
Odaetra (house dust mite allergen extract) (PA) (QL)
Odefsey (emtricitabine/rilpivirine/tenofovir) (CC) (QL) (SP)
Odomzo (sonidegib) (CC) (PA) (QL) (SP)
Ofev (nintedanib) (CC) (PA) (QL) (SP)
Ogen (estropipate)*
Ogestrel (ethinyl estradiol/norgestrel)* (CC)
Olumiant (baricitinib) (CC) (PA) (QL) (SP)
Olysio (simeprevir) (PA) (QL) (SP)
Omnicef (cefdinir)*
Omnitrope (somatropin) (PA) (SP) (ST)
Onfi (clobazam)* (CC) (PA) (SP) (generic only)
Onglyza (saxagliptin) (Alogliptin first) (ST)
Opsumit (macitentan) (PA) (QL) (SP)
Oralair (grass mixed pollen allergen extract) (PA) (QL)
Orapred (prednisolone)*
Orencia (abatacept) (CC) (PA) (SP)
Orenitram (treprostinil) (PA) (QL) (SP)
Orfadin (nitisinone)* (SP) (only 2 mg, 5 mg, 10 mg capsules available generically)
Orilissa (elagolix) (CC) (PA) (QL) (SP)
Orkambi (lumacaftor/ivacaftor) (CC) (PA) (QL) (SP)
Ortho Evra (ethinyl estradiol/norelgestromin)* (QL)
Ortho Tri-Cyclen (ethinyl estradiol/norgestimate)*
Ortho-Cept (ethinyl estradiol/desogestrel)*
Ortho-Cyclen (ethinyl estradiol/norgestimate)*
Ortho-Novum 1/35 (ethinyl estradiol/norethindrone)*
Ortho-Novum 1/50 (mestranol & norethindrone)*
Ortho-Novum 7/7/7 (ethinyl estradiol/norethindrone)*
Ortho Tri-Cyclen Lo (ethinyl estradiol/norgestimate)*
Orudis (ketoprofen)*
Oseni (alogliptin/pioglitazone)* (QL) (ST)
Otezla (apremilast) (CC) (PA) (QL) (SP)
Otrexup (methotrexate injection) (PA) (QL) (SP)
Oxbryta (voxelotor) (PA) (QL) (SP)
Oxervate (cenegermin) (PA) (QL) (SP)
Oxsoalene-Ultra (methoxsalen) (PA) (SP)
Oxtellar XR (oxcarbazepine) (PA) (QL) (SP)
Oxycontin (oxycodone extended release)
Ozempic (semaglutide) (PA) (QL)

P

Palforzia [peanut (arachis hypogaea) allergen powder-dnfp] (PA) (QL) (SP)
Pamelor (nortriptyline)*
Pamine (methscopolamine)*
Panretin (alitretinoin) (SP)
Parcopa (carbidopa/levodopa orally disintegrating tablets)*
Parafon Forte DSC (chlorzoxazone)* (500 mg tablets only)
Paregoric (paregoric)*
Parlodel (bromocriptine)* (2.5 mg tablets only)
Parnate (tranylcypromine)*
Paxil (paroxetine)*
Pegasys (peginterferon alfa-2a) (PA) (SP)
Pegintron (peginterferon alfa-2b) (PA) (SP)
Pen-Vee K (penicillin VK)*
Pennsaid (diclofenac sodium solution)* (PA) (only 1.5% solution)
Pepcid (Famotidine) 40 mg/5 mL suspension* (for members < 1 year of age only)
Percocet (oxycodone/acetaminophen)* (QL)
Percodan (oxycodone/aspirin)*
Peridex (chlorhexidine gluconate)*
Persantine (dipyridamole)*
Pertzze (amylase/lipase/protease)
Phenergan (promethazine)*
Phenobarbital (phenobarbital)*
PhosLo (calcium acetate)*
Pilocar (pilocarpine)*
Piqray (alpelisib) (PA) (QL) (SP)
Plan B One Step (levonorgestrel)*
Plaquenil (hydroxychloroquine)* (QL)
Plavix (clopidogrel)*
Plegridy (peginterferon beta-1a) (PA) (SP)
Plendil (felodipine extended release)*
Pletal (cilostazol)*
Pneumovax-23 (pneumococcal polysaccharide) (S0 copay; for members ≥ 2 years of age)
Poly-Vi-Flor
Poly-Vi-Flor with Iron
Polysporin (bacitracin/polymyxin B)*
Polytrim (trimethoprim/polymyxin B)*
Pomalyst (pomalidomide) (CC) (PA) (QL) (SP)
Praluent (alirocumab) (CC) (PA) (QL) (SP)
Prandin (repaglinide)*
Pravachol (pravastatin)*
Precose (acarbose)*
Pred Forte (prednisolone acetate)*
Prefest (estradiol/norgestimate) (PA) (QL)
Prelone (prednisolone) syrup*
Premarin (conjugated estrogens) tablets, vaginal cream
Premphase (conjugated estrogens/medroxyprogesterone) (PA) (QL)
Prempro (conjugated estrogens/medroxyprogesterone) (PA) (QL)
Prenatal Plus*
Prevnar-13 (pneumococcal conjugate) (S0 copay)
Prevpac (lansoprazole, amoxicillin, and clarithromycin)*

P (cont.)

Prevymis (letermovir) (PA)(QL) (SP)
Prezista (darunavir) (CC) (SP)
Priftin (rifapentine)
Principen (ampicillin)*
Prinivil (lisinopril)*
Prinzide (lisinopril/hydrochlorothiazide)*
Pro-Banthine (proprantheline)*
ProAir HFA (albuterol) inhaler*
ProAir Respiclick (albuterol) inhaler
Proamatine (midodrine)*
Pravachol (pravastatin)*
Precose (acarbose)*
Procardia XL (nifedipine extended release)*
Procrit (epoetin alfa) (SP)
Prograf (tacrolimus)*
Prolia (denosumab) (CC) (PA) (SP)
Prolixin (fluphenazine)*
Proloprim (trimethoprim)*
Promacta (eltrombopag) (CC) (PA) (SP)
Propylthiouracil (propylthiouracil)*
Proscar (finasteride)*
Protopic (tacrolimus)*
Proventil (albuterol) inhalation solution*
Proventil (albuterol) tablet*, syrup*
Provera (medroxyprogesterone)*
Provigil (modafinil)*
Prozac (fluoxetine)*
Pulmicort (budesonide) inhaler
Pulmicort Respules (budesonide)*
Pulmozyme (dornase alfa) inhalation solution(CC) (SP)
Purinethol (mercaptapurine)** (SP)
Purixan (mercaptapurine) (SP)
Pyrazinamide (pyrazinamide)*

Q

Qbrexza (glycopyrronium) (PA) (QL) (SP)
Questran (cholestyramine)*
Questran Light (cholestyramine)*
Qvar (beclomethasone) inhaler

R

Ragwitek (ragweed pollen allergen extract) (PA) (QL)
Ranexa (ranolazine)* (PA) (QL)
Rapaflo (silodosin)*
Rapamune (sirolimus)* (SP)
Rasuvo (methotrexate injection) (PA) (QL) (SP)
Razadyne (galantamine)*
Rebetol (ribavirin)* (SP)
Rebif (interferon beta-1a) (PA) (SP)
Reglan (metoclopramide)*
Regranex (becaplermin) (SP)
Relafen (nabumetone)*
Relpax (eletriptan)* (QL)
Remeron (mirtazapine)*
Remodulin (treprostinil)* (PA) (SP) (generic only)
Renagel (sevelamer)*
Renvela (sevelamer) tablets*, powder
Repatha (evolocumab) (CC) (PA) (QL) (SP)
Requip (ropinirole)*
Requip XL (ropinirole extended release)*
Rescriptor (delavirdine) (SP)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

R (cont.)

Restasis (cyclosporine) (single-use vials only)
(**CC**) (**PA**) (**QL**) (**SP**)
Restoril (temazepam)* (**PA** except 15 mg and 30 mg strengths) (**QL**)
Retin-A (tretinoin) gel*
Retrovir (zidovudine)* (**SP**)
Revatio (sildenafil)* (**CC**) (**PA**) (**SP**) (generic only)
ReVia (naltrexone)*
Revlimid (lenalidomide) (**CC**) (**PA**) (**QL**) (**SP**)
Reyataz (atazanavir) (**SP**)
Reyvow (lasmiditan) (**PA**) (**QL**) (**SP**)
Rheumatrex (methotrexate)
Rifadin (rifampin)*
Rilutek (riluzole)* (**SP**)
Rinvoq (upadacitinib) (**PA**) (**QL**) (**SP**)
Risperdal (risperidone)*
Ritalin (methylphenidate)*
Ritalin LA (methylphenidate extended release)*
Ritalin-SR (methylphenidate extended release)*
Robaxin (methocarbamol)*
Rocaltrol (calcitriol)*
Rowasa (mesalamine)*
Rubraca (rucaparib) (**CC**) (**PA**) (**QL**) (**SP**)
Ruconest (recombinant C1 inhibitor) (**PA**) (**SP**)
Ruzurgi (amifampridine) (**PA**) (**QL**) (**SP**)
Rybelsus (semaglutide) (**PA**) (**QL**)
Rydapt (midostaurin) (**CC**) (**PA**) (**QL**) (**SP**)
Rythmol (propafenone)*
Rythmol SR (propafenone extended release)*

S

Sabril (vigabatrin)* (**PA**) (**SP**)
Saizen (somatropin) (**PA**) (**SP**) (**ST**)
Samsca (tolvaptan) (**PA**) (**QL**) (**SP**)
Sanctura (trospium)*
Sanctura XR (trospium extended release)*
Sandimmune (cyclosporine) capsules*, solution
Sandostatin (octreotide)* (**CC**) (**SP**)
Saphris (asenapine) (**PA**) (**QL**)
Seasonale (ethinyl estradiol/levonorgestrel)*
Sectral (acebutolol)*
Secuado (asenapine) (**PA**) (**QL**)
Selsun Rx (selenium sulfide) shampoo*
Selzentry (maraviroc) (**SP**)
Sensipar (cinacalcet)* (**PA**) (**SP**) (generic only)
Serax (oxazepam)*
Serevent Diskus (salmeterol)
Sermorelin Acetate (**PA**) (**SP**)
Seroquel (quetiapine)*
Serostim (somatropin) (**PA**) (**SP**) (**ST**)
Serpasil (reserpine)*
Shingrix (zoster vaccine recombinant, adjuvanted) (S0 copay; for members ≥ 50 years of age)
Silvadene (silver sulfadiazine)*
Simponi (golimumab) (**PA**) (**SP**)
Sinemet (carbidopa/levodopa)*
Sinemet CR (carbidopa/levodopa extended release)*
Sinequan (doxepin)*
Singulair (montelukast)*
Sivextro (tedizolid) (**SP**)

S (cont.)

Skelaxin (metaxalone)
Skyrizi (risankizumab-rzaa) (**PA**) (**QL**) (**SP**)
Solaraze (diclofenac gel)* (**PA**)
Soliqua (insulin human glargine/lixisenatide) (**PA**) (**QL**)
Soma (carisoprodol)*
Somavert (pegvisomant) injection (**CC**) (**PA**) (**SP**)
Sonata (zaleplon)* (**QL**)
Soriatane (acitretin)* (**SP**)
Sovaldi (sofosbuvir) (**CC**) (**PA**) (**QL**) (**SP**)
Spiriva Respimat (tiotropium) (2.5 mcg/actuation only)
Spritam (levetiracetam) (**PA**) (**QL**) (**SP**)
Spravato (esketamine) (**PA**) (**QL**) (**SP**)
Sprycel (dasatinib) (**CC**) (**QL**) (**SP**)
Stadol NS (butorphanol)*
Stalevo (carbidopa/entacapone/levodopa)*
Stelara (ustekinumab) (**CC**) (**PA**) (**SP**)
Stelazine (trifluoperazine)*
Stimate (desmopressin) (**SP**)
Stivarga (regorafenib) (**CC**) (**PA**) (**SP**)
Strensiq (asfotase alfa) (**PA**) (**SP**)
Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir) (**CC**) (**SP**)
Suboxone (buprenorphine/naloxone sublingual tablets)* (**PA**) (**QL**)
Subutex (buprenorphine)* (**PA**)
Sucraid (sacrosidase) (**SP**)
Sular (nisoldipine extended release)*
Sulfamylon (mafenide) cream, lotion (**SP**)
Sumycin (tetracycline)*
Sunosi (solriamfetol) (**PA**) (**QL**) (**SP**)
Suprax (cefixime) capsules*, oral suspension*
Sustiva (efavirenz)* (**CC**) (**SP**) (generic only)
Sutent (sunitinib) (**CC**) (**QL**) (**SP**)
Sylatron (peginterferon alfa-2b) (**SP**)
Symbicort (budesonide/formoterol)*
Symdeko (tezacaftor/ivacaftor) (**PA**) (**QL**) (**SP**)
SymlinPen (pramlintide)
Symmetrel (amantadine)*
Symproic (naldemedine) (**PA**) (**QL**)
Synarel (nafarelin) (**PA**) (**SP**)
Synthroid (levothyroxine)**
Syprine (trientine) (**PA**) (**SP**)

T

Tabloid (thioguanine) (**QL**) (**SP**)
Tafinlar (dabrafenib) (**CC**) (**PA**) (**QL**) (**SP**)
Tagrisso (osimertinib) (**CC**) (**PA**) (**QL**) (**SP**)
Takhzyro (lanadelumab-flyo) (**PA**) (**QL**) (**SP**)
Taltz (ixekizumab) (**PA**) (**QL**) (**SP**)
Talwin NX (pentazocine/naloxone)*
Talzenna (talazoparib) (**CC**) (**PA**) (**QL**) (**SP**)
Tambocor (flecainide)*
Tamiflu (oseltamivir) capsules*, suspension* (**QL**) (S0 copay)
Tapazole (methimazole)*
Tarevea (erlotinib)** (**PA**) (**QL**) (**SP**)
Targretin (bexarotene)* (**PA**) (**QL**) (**SP**)
Tasigna (nilotinib) (**CC**) (**QL**) (**SP**)
Tavalisse (fostamatinib) (**CC**) (**PA**) (**QL**) (**SP**)

T (cont.)

Tazverik (tazemetostat) (**PA**) (**QL**) (**SP**)
Tecfidera (dimethyl fumarate) (**PA**) (**SP**)
Tegretol (carbamazepine)*
Tegretol-XR (carbamazepine extended release)*
Tegsedi (inotersen) (**PA**) (**QL**) (**SP**)
Temodar (temozolomide)* (**SP**)
Temovate (clobetasol) cream*, gel*, ointment*
Temovate-E (clobetasol emollient) cream*
Tenex (guanfacine)*
Tenoretic (atenolol/chlorthalidone)*
Tenormin (atenolol)*
Tessalon (benzonatate)* (only 100 mg & 200 mg)
Tev-Tropin (somatropin) (**PA**) (**SP**) (**ST**)
Thalomid (thalidomide) (**SP**)
Theo-Dur (theophylline)*
Thorazine (chlorpromazine)*
Tibsovo (ivosidenib) (**PA**) (**QL**) (**SP**)
Ticlid (ticlopidine)*
Tigan (trimethobenzamide)*
Tiglutik (riluzole) (**PA**) (**QL**) (**SP**)
Tikosyn (dofetilide)*
Timoptic (timolol)*
Timoptic-XE (timolol)*
Tindamax (tinidazole)*
Tivicay (Dolutegravir) (**CC**) (**SP**)
TOBI (tobramycin) inhalation solution* (**PA**) (**SP**)
TOBI (tobramycin) Podhaler (**PA**) (**SP**)
TobraDex (tobramycin/dexamethasone) suspension*, ointment
Tobrex (tobramycin) solution*
Tofranil (imipramine)*
Tofranil-PM (imipramine pamoate)*
Tolectin (tolmetin)*
Topamax (topiramate)*
Toprol XL (metoprolol extended-release)*
Toradol (ketorolac)* (**QL**)
Toujeo (insulin human glargine) (**PA**)
Tracleer (bosentan)* (**CC**) (**PA**) (**QL**) (**SP**)
Tradjenta (linagliptin) (Alogliptin first) (**ST**)
Trandate (labetalol)* (**CC**)
Tranxene (clorazepate)*
Travatan Z (travoprost)
Travoprost*
Trelegy Ellipta (fluticasone/umeclidinium/vilanterol) (**PA**)
Trental (pentoxifylline)*
Tresiba (insulin human degludec) (**PA**)
Tri-Vi-Flor*
Tricor (fenofibrate)*
Trijardy XR (empagliflozin/linagliptin/metformin) (**PA**) (**QL**)
Trikafta (tezacaftor/tezacaftor/ivacaftor) (**CC**) (**PA**) (**QL**) (**SP**)
Trilafon (perphenazine)*
Trileptal (oxcarbazepine) tablets*, suspension*
Trilipix (fenofibric acid delayed release)*
Trilisate (choline magnesium trisilicylate)*
Trivora (ethinyl estradiol/levonorgestrel)*
Trizivir (abacavir/lamivudine/zidovudine)* (**SP**)
Trulicity (dulaglutide) (**PA**) (**QL**)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(**PA**)—Indicates the drug requires prior authorization. (**CC**)—Copay Card

(**QL**)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(**SP**)—Indicates the drug is a specialty product.

(**ST**)—Indicates the drug is part of the step therapy program.

Drug Formulary Medications Alphabetically (continued)

T (cont.)

Trusopt (dorzolamide)*
Truvada (emtricitabine/tenofovir) (CC) (QL) (SP)
Turalio (pexidartinib) (PA) (QL) (SP)
Tudorza Pressair (aclidinium)
Tykerb (lapatinib) (CC) (SP)
Tylenol with Codeine (acetaminophen/codeine)* (QL)
Tymlos (abaloparatide) (CC) (PA) (QL) (SP)
Tyvaso (treprostinil) (CC) (PA) (SP)
Tyzeka (telbivudine) (SP)

U

Ubrelyvy (ubrogepant) (PA) (QL) (SP)
Uceris (budesonide extended release) (PA) (QL)
Ultracet (tramadol/acetaminophen)* (QL)
Ultram (tramadol)*
Ultram ER (tramadol extended release)*
Ultravate (halobetasol) cream*, ointment*
Unithroid (levothyroxine)**
Univasc (moexipril)*
Upravi (selexipag) (CC) (PA) (SP)
Uroxatral (alfuzosin)*
Urso (ursodiol)*

V

Vagifem (estradiol vaginal inserts)* (QL)
Valcyte (valganciclovir) (SP)* (generic only)
Valium (diazepam)*
Valtoco (diazepam) (PA) (QL) (SP)
Valtrex (valacyclovir)* (QL)
Vancocin (vancomycin)*
Varubi (rolapitant) (PA) (QL)
Vascepa (icosapent ethyl) (restricted to Cardiology) (QL)
Vaseretic (enalapril/hydrochlorothiazide)*
Vasocidin (sodium sulfacetamide/prednisolone)*
Vasotec (enalapril)*
Veltassa (patiromer) (PA) (QL) (SP)
Venclexta (venetoclax) (CC) (PA) (QL) (SP)
Ventavis (iloprost) (SP)
Ventolin HFA (albuterol) inhaler*
VePesid (etoposide)*
Verelan PM (verapamil extended release)*
Versed (midazolam)*
Vesanoid (tretinoin)* (SP)
VESIcare (solifenacin)*
Vfend (voriconazole)* (SP)
Vibramycin (doxycycline hyclate)* (generic 50 mg, 100 mg capsules only)
Victoza (liraglutide) (PA) (QL)
Videx (didanosine) (SP)
Videx EC (didanosine)* (SP)
Viekira (ombitasvir/paritaprevir/ritonavir/dasabuvir) (CC) (PA) (QL) (SP)
Vimpat (lacosamide)
Viramune (nevirapine)* (SP)
Viramune XR (nevirapine)* (SP)
Viread (tenofovir) (SP)
Viroptic (trifluridine)*
Visken (pindolol)*
Vistaril (hydroxyzine pamoate)*
Vitekta (elvitegravir) (SP)

V (cont.)

Vitrakvi (larotrectinib) (CC) (PA) (QL) (SP)
Voltaren (diclofenac)*
Voltaren (diclofenac) solution*
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) (CC) (PA) (QL) (SP)
Vosol (acetic acid)*
Vosol HC (acetic acid/hydrocortisone)*
Vospire ER (albuterol extended release) tablet*
Votrient (pazopanib) (CC) (QL) (SP)
Vumerity (diroximel fumarate) (PA) (QL) (SP)
Vyndamax (tafamidis) (PA) (QL) (SP)
Vyndaqel (tafamidis meglumine) (PA) (QL) (SP)

W

Wakix (pitolisant) (PA) (QL) (SP)
Welchol (colesevelam)
Wellbutrin (bupropion)*
Wellbutrin SR (bupropion extended release)*
Wellbutrin XL (bupropion extended release)* (QL)
Westcort (hydrocortisone valerate) ointment*

X

Xadago (safinamide) (PA) (QL)
Xalatan (latanoprost)*
Xalkori (crizotinib) (CC) (PA) (SP)
Xanax (alprazolam)*
Xarelto (rivaroxaban) (QL)
Xeljanz (tofacitinib) (CC) (PA) (QL) (SP)
Xeljanz XR (tofacitinib) (CC) (PA) (QL) (SP)
Xeloda (capecitabine)* (PA) (SP)
Xenazine (tetrabenazine)* (SP)
Xgeva (denosumab) (CC) (PA) (SP)
Xifaxan (rifaximin) (PA) (SP)
Xiidra (lifitegrast) (CC) (PA) (QL) (SP)
Xolair (omalizumab) (prefilled syringes only) (CC) (QL) (PA) (SP)
Xopenex (levalbuterol)*
Xtandi (enzalutamide) (CC) (PA) (SP)
Xylocaine (lidocaine) 2% gel*
Xyrem (sodium oxybate) (CC) (PA) (QL) (SP)

Y

Yasmin (ethinyl estradiol/drospirenone)*
Yupelri (revefenacin inhalation solution) (PA) (QL)

Z

Zanaflex (tizanidine)*
Zantac (Ranitidine) 75mg/5 mL syrup* (for members < 1 year of age only)
Zarontin (ethosuximide)*
Zaroxolyn (metolazone)*
Zarxio (filgrastim) (CC) (SP)
Zavesca (miglustat) (SP)
Zebeta (bisoprolol)*
Zejula (niraparib) (CC) (PA) (QL) (SP)
Zelboraf (vemurafenib) (CC) (PA) (QL) (SP)
Zepatier (elbasvir/grazoprevir) (PA) (SP)
Zeposia (ozanimod) (PA) (QL) (SP)
Zerit (stavudine)* (SP)
Zestoretic (lisinopril/hydrochlorothiazide)*
Zestril (lisinopril)*
Zetia (ezetimibe)* (QL)

Z (cont.)

Ziac (bisoprolol/hydrochlorothiazide)*
Ziagen (abacavir)* (SP)
Zithromax (azithromycin)*
Zocor (simvastatin)*
Zofran (ondansetron)* (QL)
Zolinza (vorinostat) (QL) (SP)
Zoloft (sertraline)*
Zomacton (somatropin) (PA) (SP) (ST)
Zomig (zolmitriptan)* (QL)
Zonegran (zonisamide)*
Zorbtive (somatropin) (PA) (SP) (ST)
Zortress (everolimus) (CC) (SP)*
Zovia (ethinyl estradiol/ethynodiol diacetate)*
Zovirax (acyclovir) capsule*, tablet*
Zykadia (ceritinib) (CC) (PA) (QL) (SP)
Zyloprim (allopurinol)*
Zyprexa (olanzapine)*
Zytiga (abiraterone acetate)* (generic only; S0 copay) (CC) (PA) (QL) (SP)
Zyvox (linezolid)* (QL) (generic only; oral suspension for members 0-11 years of age)

Brand names are listed only as a reference and do not indicate coverage of a particular brand.

*Indicates that a generic is available. The brand name form will be covered only when the generic form is not available on the Formulary (see Generic Medication Policy on page 8 of the Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook).

**Indicates both the brand and generic product are on the Formulary.

(PA)—Indicates the drug requires prior authorization. (CC)—Copay Card

(QL)—Indicates the drug is a quantity limit product.

***Indicates a generic is available but it is non-preferred.

(SP)—Indicates the drug is a specialty product.

(ST)—Indicates the drug is part of the step therapy program.



Every life deserves world class care.

9500 Euclid Avenue, Cleveland, OH 44195

Cleveland Clinic is a top-rated nonprofit academic medical center founded in 1921. With more than 1,300 staffed beds, as well as research and education institutes, the organization is dedicated to providing expert inpatient and hospital care through innovation, quality, teamwork and service.

© The Cleveland Clinic Foundation 2020