

## EHP Coordinated Care Congestive Heart Failure Medication Reimbursement List

Below, please find a list of medications that are able to be reimbursed as part of this EHP Healthy Choice Coordinated Care program for members who qualify for reimbursement. Medications are categorized below by their availability as a brand or generic. Medications that are generically available will only be eligible for copay/co-insurance reimbursement when the generic medication is filled, unless members have a prior authorization from the EHP Pharmacy Management department on file for the brand medication. **If a brand medication recently becomes available as generic, members will be notified of an effective date that the brand formulation will no longer be reimbursable. Before that effective date, if a member or physician requests a brand name drug be dispensed when a generic is available, the member is required to pay the generic co-insurance AND the cost difference between the brand name drug price and the generic drug price. The cost difference is known as a DAW penalty. When a DAW penalty is applied it will not be reimbursed. Medications that require prior authorization will have (PA) listed after the name of the medication. Medications that are part of the Step Therapy Program will have (step therapy) after the name of the medication.** To qualify for pharmacy reimbursement, members must provide the original tax receipt provided by a Cleveland Clinic Pharmacy **AND** the cash register receipt. Both must be provided to request reimbursement. Only monies actually paid out-of-pocket will be reimbursed. Drug manufacturer coupons used to pay the deductible will not be reimbursed. The deductible is the member's responsibility. Any fraudulent receipts submitted will disqualify the member for future reimbursements in the program. EHP members residing in the states of Florida, Indiana, Michigan, Nevada, New Jersey, Ohio, Pennsylvania, Virginia, West Virginia, or Wisconsin who are enrolled in a Coordinated Care program and are eligible for medication reimbursement must utilize a Cleveland Clinic Outpatient Pharmacy or Cleveland Clinic Home Delivery/Cleveland Clinic Specialty Pharmacy to qualify for medication reimbursement. Members residing in all other states must utilize CVS/Caremark Mail Order Pharmacies or CVS/Specialty Pharmacies to qualify for medication reimbursement. If you have any remaining questions regarding qualifying for reimbursement as it pertains to medications in this list, please refer to the Cleveland Clinic Employee Health Plan(s) Coordinated Care Incentive FAQ found on the EHP website at [2025-Coordinated-Care-Incentive-FAQ.pdf](#) or contact your Care Coordinator.

### **Brand**

Entresto tablet (PA)  
Farxiga (PA)  
Jardiance (PA)  
Verquvo (PA)

### **Generic**

Acebutolol  
Amiloride  
Amiloride/HCTZ  
Amlodipine  
Amlodipine/Benazepril  
Atenolol  
Atenolol/Chlorthalidone  
Benazepril  
Benazepril/Hydrochlorothiazide

### **Generic (cont.)**

Bisoprolol  
Bisoprolol/Hydrochlorothiazide  
Bumetanide  
Candesartan (step therapy)  
Candesartan/Hydrochlorothiazide (step therapy)  
Captopril  
Captopril/Hydrochlorothiazide  
Carvedilol (*carvedilol ER (24 hr) is not reimbursable*)  
Chlorothiazide  
Chlorthalidone  
Clonidine patch  
Clonidine tablet (*clonidine ER 0.17 mg tablets are not reimbursable*)  
Dapagliflozin (PA)  
Digoxin

**Generic (cont.)**

Dilt-XR  
Diltiazem  
Diltiazem ER or CD  
Doxazosin  
Enalapril  
Enalapril/Hydrochlorothiazide  
Eplerenone  
Felodipine ER  
Fosinopril  
Fosinopril/Hydrochlorothiazide  
Furosemide  
Guanfacine  
Hydralazine  
Hydrochlorothiazide  
Indapamide  
Irbesartan  
Irbesartan/Hydrochlorothiazide  
Isosorbide dinitrate (*isosorbide dinitrate 40 mg tablets are not reimbursable*)  
Isosorbide mononitrate  
Ivabradine tablet  
Labetalol  
Lisinopril  
Lisinopril/Hydrochlorothiazide  
Losartan  
Losartan/Hydrochlorothiazide  
Methyldopa  
Methyldopa/Hydrochlorothiazide  
Metolazone  
Metoprolol succinate  
Metoprolol tartrate  
Minoxidil  
Moexipril  
Nadolol  
Nadolol/Bendroflumethazide  
Nebivolol  
Nifedical XL  
Nifedipine  
Nifedipine ER  
Nisoldipine ER  
Olmesartan  
Olmesartan/Hydrochlorothiazide  
Pindolol  
Prazosin  
Propranolol  
Propranolol ER  
Quinapril  
Quinapril/Hydrochlorothiazide  
Ramipril  
Reserpine  
Spironolactone

**Generic (cont.)**

Spironolactone/Hydrochlorothiazide  
Taztia XT  
Telmisartan  
Telmisartan/Hydrochlorothiazide (step therapy)  
Terazosin capsule  
Timolol  
Torsemide  
Trandolapril  
Triamterene/Hydrochlorothiazide  
Valsartan  
Valsartan/Hydrochlorothiazide  
Verapamil  
Verapamil ER