

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 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/Akron General 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 and Ohio who are enrolled in a Coordinated Care program and are eligible for medication reimbursement must utilize a Cleveland Clinic/Akron General Pharmacy to qualify for medication reimbursement. Medications obtained from the CVS/caremark Mail Service Program are not reimbursable unless the member resides in a state outside of Ohio and Florida. If you have any remaining questions regarding qualifying for reimbursement as it pertains to medications in this list, please refer to the Cleveland Clinic/Akron General Employee Health Plan(s) Coordinated Care Incentive FAQ found on the EHP website at <https://employeehealthplan.clevelandclinic.org/EmployeeHealthPlan/media/CCF-EHP/Coordinated%20Care/Coordinated-Care-Incentive-FAQ-for-2022-V3.pdf> or contact your Care Coordinator.

Brand

Corlanor (PA)
Entresto (PA)
Farxiga (PA)
Jardiance (PA)
Verquvo (PA)

Generic

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

Generic (cont.)

Benazepril
Benazepril/Hydrochlorothiazide
Bisoprolol
Bisoprolol/Hydrochlorothiazide
Bumetanide
Candesartan (step therapy)
Candesartan/Hydrochlorothiazide (step therapy)
Captopril
Captopril/Hydrochlorothiazide
Carvedilol (*carvedilol ER is not reimbursable*)
Chlorothiazide
Chlorthalidone
Clonidine patch

Generic (cont.)

Clonidine tablet
Digoxin
Dilt-XR
Diltiazem
Diltiazem ER or CD
Doxazosin
Enalapril
Enalapril/Hydrochlorothiazide
Eplerenone
Eprosartan (step therapy)
Felodipine
Fosinopril
Fosinopril/Hydrochlorothiazide
Furosemide
Guanfacine
Hydralazine
Hydrochlorothiazide
Indapamide
Irbesartan (step therapy)
Irbesartan/Hydrochlorothiazide (step therapy)
Isosorbide dinitrate (*isosorbide dinitrate 40 mg tablets are not reimbursable*)
Isosorbide mononitrate
Labetalol
Lisinopril
Lisinopril/Hydrochlorothiazide
Losartan
Losartan/Hydrochlorothiazide (step therapy)
Methyldopa
Methyldopa/Hydrochlorothiazide
Metolazone
Metoprolol succinate
Metoprolol tartrate
Minoxidil
Moexipril
Nadolol
Nadolol/Bendroflumethazide
Nebivolol
Nifedical XL
Nifedipine
Nifedipine ER
Nisoldipine ER
Olmesartan (step therapy)
Olmesartan/Hydrochlorothiazide (step therapy)
Pindolol
Prazosin
Propranolol
Propranolol ER (*Only if a formulary exception has been approved*)
Quinapril
Quinapril/Hydrochlorothiazide

Generic (cont.)

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