

## EHP Healthy Choice Coordinated Care Hypertension 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 coinsurance 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.

## Generic

Acebutolol Amiloride Amiloride/HCTZ Amlodipine

Amlodipine/Benazepril

Atenolol

Atenolol/Chlorthalidone

Benazepril

Benazepril/Hydrochlorothiazide

Bisoprolol

Bisoprolol/Hydrochlorothiazide

Bumetanide

Candesartan (step therapy)

Candesartan/Hydrochlorothiazide (step therapy)

Captopril

## Generic (cont.)

Captopril/Hydrochlorothiazide

Carvedilol (carvedilol ER is not reimbursable)

Chlorothiazide Chlorthalidone Clonidine patch Clonidine tablet

Digoxin Dilt-XR Diltiazem

Diltiazem ER or CD

Doxazosin Enalapril

Enalapril/Hydrochlorothiazide

Eplerenone

Eprosartan (step therapy)

**Generic (cont.)** 

Felodipine extended release

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 extended release

Nislodipine extended release

Olmesartan (step therapy)

Olmesartan/Hydrochlorothiazide (step therapy)

Pindolol

Prazosin

Propranolol

Propranolol extended release

Quinapril

Quinapril/Hydrochlorothiazide

Ramipril

Reserpine

Spironolactone

Spironolactone/Hydrochlorothiazide

Taztia XT

Telmisartan (step therapy)

Telmisartan/Amlodipine (step therapy)

Telmisartan/Hydrochlorothiazide (step therapy)

Terazosin

Timolol

Torsemide

## **Generic (cont.)**

Trandolapril

Triamterene/Hydrochlorothiazide

Valsartan (step therapy)

Valsartan/Hydrochlorothiazide (step therapy)

Verapamil

Verapamil extended release