

## 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 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. If EHP members are enrolled in a Healthy Choice Coordinated Care program and are eligible for medication reimbursement, the members 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. 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  
Diltiazem  
Diltiazem ER or CD  
Doxazosin  
Enalapril  
Enalapril/Hydrochlorothiazide  
Eplerenone  
Eprosartan (step therapy)  
Felodipine

**Generic (cont.)**

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  
Nisoldipine extended release  
Olmesartan (step therapy)  
Olmesartan/Hydrochlorothiazide (step therapy)  
Pindolol  
Prazosin  
Propranolol  
Propranolol extended release (*Only if a formulary exception has been approved*)  
Quinapril  
Quinapril/Hydrochlorothiazide  
Ramipril  
Reserpine  
Spironolactone  
Spironolactone/Hydrochlorothiazide  
Taztia XT  
Telmisartan (step therapy)  
Telmisartan/Amlodipine (step therapy)  
Telmisartan/Hydrochlorothiazide (step therapy)  
Terazosin  
Timolol  
Torseamide

**Generic (cont.)**

Trandolapril  
Triamterene/Hydrochlorothiazide  
Valsartan (step therapy)  
Valsartan/Hydrochlorothiazide (step therapy)  
Verapamil  
Verapamil extended release