Cleveland Clinic

EHP Coordinated Care Depression Medication Reimbursement List

Below, please find a list of medications that are able to be reimbursed as part of this EHP Care Coordinator 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. 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, Illinois, Indiana, Michigan, Nevada, New Jersy, New York, Ohio, Pennsylvania, Virginia, West Virginia, or Wisconsin who are enrolled in a Care Coordinator 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 Coordinated-Care-Incentive-FAQ or contact your Care Coordinator.

Brand

Auvelity (PA)
Caplyta (PA)*
Emsam (PA)
Exxua (PA)
Rexulti (PA)*
Spravato (PA)
Trintellix (PA)
Vraylar (PA)*

Generic

Amitriptyline
Aripiprazole tablets* (*aripiprazole oral disintegrating tablets are not reimbursable)*
Aripiprazole oral solution* (*only if 12 years of age or younger*)
Bupropion

Generic (cont.)

Bupropion ER (SR or XL)
Buspirone
Citalopram
Clomipramine
Desipramine
Desvenlafaxine succinate (PA)
Doxepin
Duloxetine delayed release/extended release
Escitalopram (*escitalopram capsules are not reimbursable*)
Fluoxetine
Fluvoxamine *(fluvoxamine ER is not reimbursable)*
Imipramine
Lithium carbonate*
Lurasidone*
Milnacipran (PA)

*These medications must be used as adjunctive therapy for depression in order to be reimbursed

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Generic (cont.)

Mirtazapine
Nortriptyline
Olanzapine*
Paroxetine (*paroxetine ER is not reimbursable)*
Quetiapine*
Quetiapine ER*
Risperidone* (*risperidone oral disintegrating tablets are not reimbursable)*
Sertraline tablets *(sertraline capsules are not reimbursable)*
Sertraline oral concentrate *(only reimbursable for members 11 years of age and younger)*
Tranylcypromine
Trazodone tablets
Trimipramine
Venlafaxine
Venlafaxine ER capsules
Venlafaxine ER tablets (PA)
Vilazodone (PA)
Ziprasidone*

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