

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. 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 disgualify the member for future reimbursements in the program. If EHP members are enrolled in a 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

<u>https://employeehealthplan.clevelandclinic.org/EmployeeHealthPlan/media/CCF-</u> <u>EHP/Coordinated%20Care/USECoordinated-Care-Incentive-FAQ-11-05-20.pdf</u> or contact your Care Coordinator.

Brand

Bystolic (PA) Corlanor (PA) Entresto (PA) Farxiga (PA) Verquvo (PA)

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.)

Captropril/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 Fosinopril Fosinopril/Hydrochlorothiazide Furosemide Guanfacine Hydralazine Hydrochlorothiazide Indapamide

Generic (cont.) 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 Nifedical XL Nifedipine Nifedipine ER **Nislodipine ER** Olmesartan (step therapy) Olmesartan/Hydrochlorothiazide (step therapy) Pindolol Prazosin Propranolol Propranolol ER (Only if a formulary exception has been approved) Quinapril Quinapril/Hydrochlorothiazide 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