

## 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 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.** 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 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 unless the policy holder resides in a state that is not serviced by the Cleveland Clinic Home Delivery Pharmacy or the Cleveland Clinic Specialty Pharmacy. 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/USECoordinated-Care-Incentive-FAQ-11-05-20.pdf> or contact your Care Coordinator.

### **Brand**

Emsam (PA)  
Latuda (PA)\*  
Spravato (PA)  
Trintellix (PA)  
Viibryd (PA)

### **Generic**

Amitriptyline  
Aripiprazole\* (PA)  
Bupropion  
Bupropion ER (SR or XL)  
Buspirone  
Citalopram  
Clomipramine  
Desipramine  
Desvenlafaxine succinate (PA)  
Doxepin  
Duloxetine delayed release  
Escitalopram  
Fluoxetine  
Fluvoxamine (*fluvoxamine ER is not reimbursable*)

### **Generic (cont.)**

Imipramine  
Lithium carbonate\*  
Maprotiline  
Mirtazapine  
Nortriptyline  
Olanzapine\*  
Paroxetine (*paroxetine ER is not reimbursable*)  
Quetiapine\*  
Quetiapine ER tablets\*  
Risperidone  
Sertraline  
Tranlycypromine  
Trazodone  
Trimipramine  
Venlafaxine  
Venlafaxine ER capsules  
Venlafaxine ER tablets (PA)  
Ziprasidone\*