

## 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. 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 tablets\* (*aripiprazole oral disintegrating tablets are not reimbursable*)  
 Aripiprazole oral solution\* (*only if 12 years of age or younger*)  
 Bupropion  
 Bupropion ER (SR or XL)  
 Buspirone  
 Citalopram  
 Clomipramine  
 Desipramine  
 Desvenlafaxine succinate (PA)  
 Doxepin  
 Duloxetine delayed release/extended release  
 Escitalopram  
 Fluoxetine

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

Fluvoxamine (*fluvoxamine ER is not reimbursable*)  
 Imipramine  
 Lithium carbonate\*  
 Maprotiline  
 Mirtazapine  
 Nortriptyline  
 Olanzapine\*  
 Paroxetine (*paroxetine ER is not reimbursable*)  
 Quetiapine\*  
 Quetiapine ER\*  
 Risperidone\* (*risperidone oral disintegrating tablets are not reimbursable*)  
 Sertraline  
 Tranylcypromine  
 Trazodone  
 Trimipramine  
 Venlafaxine  
 Venlafaxine ER capsules  
 Venlafaxine ER tablets (PA)  
 Ziprasidone\*

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