

EHP Healthy Choice Coordinated Care Diabetes 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.** 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, Indiana, Michigan, Nevada, New Jersey, Ohio, Pennsylvania, Virginia, West Virginia, or Wisconsin who are enrolled in a Coordinated Care 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 [2025-Coordinated-Care-Incentive-FAQ.pdf](#) or contact your Care Coordinator.

Brand

Admelog (PA)
 Afrezza (PA)
 Apidra (PA)
 Baqsimi
 Basaglar (PA) *(Basaglar Tempo Pens are not reimbursable)*
 Byetta (PA)
 Bydureon (PA)
 Farxiga (PA)
 Fiasp (PA)
 GlucaGen
 Glucagon Emergency Kit
 Glyxambi (PA)
 Gvoke

Brand (cont.)

Humalog U-100 *(Humalog U-100 Tempo Pens are not reimbursable)*
 Humalog U-200 (PA)
 Humalog Mix 50/50
 Humalog Mix 75/25
 Humulin 70/30
 Humulin N
 Humulin R U-100
 Humulin R U-500 (PA)
 Insulin degludec (PA)
 Insulin glargine U-100
 Insulin glargine-yfgn
 Insulin lispro U-100
 Invokamet XR (PA)

Brand (cont.)

Invokana (PA)
Janumet (PA)
Janumet XR (PA)
Januvia (PA)
Jardiance (PA)
Jentadueto (PA)
Jentadueto XR (PA)
Kombiglyze XR (PA)
Lantus
Levemir (PA)
Mounjaro (PA)
Novolin R FlexPen (PA) (*Novolin R vials are not reimbursable*)
NovoLog (PA)
NovoLog Mix 70/30 (PA)
Ozempic (PA)
Qtern (PA)
Rybelsus (PA)
Segluromet (PA)
Soliqua (PA)
Steglatro (PA)
Steglujan (PA)
Symlin
Synjardy (PA)
Synjardy XR (PA)
Toujeo (PA)
Tradjenta (PA)
Tresiba (PA)
Trijardy XR (PA)
Trulicity (PA)
Xigduo XR (PA)
Zegalogue

Generic

Acarbose
Alogliptin (PA)
Alogliptin/metformin (PA)
Alogliptin/pioglitazone (PA)
Chlorpropamide
Dapagliflozin (PA)
Dapagliflozin/metformin ER (PA)
Exenatide (PA)
Glimepiride
Glipizide
Glipizide/metformin
Glipizide ER
Glucagon Emergency Kit
Glyburide
Glyburide/metformin
Liraglutide (PA) (*\$0 copay for generic liraglutide made by the manufacturer Meitheal; Brand Victoza and generic liraglutide made by the manufacturer Teva are not reimbursable*)
Metformin*
Metformin ER*
Nateglinide
Pioglitazone
Pioglitazone/glimepiride
Pioglitazone/metformin
Repaglinide
Saxagliptin
Saxagliptin/metformin ER (PA)
Tolbutamide
Tolzamide

****Metformin oral solution, metformin 625 mg tablets, and generic formulations of Fortamet (metformin ER osmotic) and Glumetza (metformin ER gastric) are not reimbursable***