

EHP Healthy Choice Coordinated Care Asthma 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. 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 disqualify the member for future reimbursements in the program. EHP members residing in the states of Florida and Ohio who are enrolled in a Coordinated Care program and are eligible for medication reimbursement 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 member resides in a state outside of Ohio and Florida. 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/Coordinated-Care-Incentive-FAQ-for-2022-V3.pdf> or contact your Care Coordinator.

Brand

Advair HFA
Arnuity Ellipta
Asmanex HFA
Asmanex Twisthaler
Breo Ellipta
Cinqair (PA)(PrudentRx)*
Dulera
Dupixent (PA) (PrudentRx)*
Fasenra (PA) (PrudentRx)*
Flovent Diskus
Flovent HFA
Nucala (PA) (PrudentRx)*

Brand (cont.)

Pulmicort Flexhaler
Qvar Redihaler
Serevent Diskus
Spiriva Respimat 2.5 mcg/actuation
Trelegy Ellipta (PA)
Xolair (PA) (PrudentRx)*

Generic

Albuterol sulfate HFA
Albuterol sulfate nebulization solution
Albuterol sulfate ER tablet
Albuterol sulfate tablet or syrup

* These medications require enrollment in the PrudentRx Program. If not enrolled, copays for these medications are not reimbursable.

Generic (cont.)

Aminophylline

Budesonide/Formoterol

Budesonide nebulizer solution

Cromolyn sodium inhalation solution

Epinephrine Pen

Fluticasone furoate/Vilanterol Ellipta

Fluticasone propionate HFA

Fluticasone propionate/Salmeterol diskus

Fluticasone propionate/Salmeterol HFA

Levalbuterol HFA

Levalbuterol nebulization solution

Metaproterenol tablet or syrup

Montelukast tablet or chewable tablet (*packets are not reimbursable*)

Terbutaline

Theophylline ER tablet or oral solution

Wixela Inhub

Zafirlukast

Zileuton ER

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