

## EHP Coordinated Care Migraine 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**

Aimovig (PA)  
Ajovy (PA)  
Emgality (PA)  
Nurtec ODT (PA)  
Reyvow (PA)  
Ubrelvy (PA)  
Zomig nasal spray

### **Generic**

Amitriptyline  
Atenolol  
Belladonna/phenobarbital/ergotamine  
Bisoprolol  
Butalbital/apap/caffeine  
Butalbital/apap/caffeine/codeine  
Butalbital/aspirin/caffeine  
Butalbital/aspirin/caffeine/codeine  
Butorphanol  
Candesartan  
Dihydroergotamine injection (PA)  
Dihydroergotamine nasal spray (PA)  
Divalproex extended release and delayed release

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

Duloxetine delayed release  
Eletriptan  
Ergotamine/caffeine  
Gabapentin immediate-release  
Isometheptene/dichloralphenazone/apap  
Lamotrigine  
Levetiracetam  
Lisinopril  
Metoprolol extended release  
Metoprolol immediate release  
Nadolol  
Naratriptan  
Nimodipine  
Nortriptyline  
Propranolol extended release (*Only if a formulary exception has been approved*)  
Propranolol immediate release  
Rizatriptan  
Sumatriptan injection, tablet, nasal spray  
Tiagabine  
Timolol  
Topiramate extended release (PA)  
Topiramate immediate release

**Generic (cont.)**

Valproic acid

Venlafaxine extended release capsules

Venlafaxine extended release tablets (PA)

Venlafaxine immediate release

Verapamil extended release

Verapamil immediate release

Zolmitriptan tablets