

## 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. **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. If EHP members are enrolled in a Healthy Choice 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**

Advair HFA  
Arnuity Ellipta  
Asmanex HFA  
Asmanex Twisthaler  
Breo Ellipta  
Cinqair (PA)  
Dulera (PA)  
Dupixent (PA)  
Fasenra (PA)  
Flovent Diskus  
Flovent HFA  
Nucala (PA)  
ProAir RespiClick  
Pulmicort Flexhaler  
Qvar Redihaler  
Serevent Diskus  
Spiriva Respimat 2.5 mcg/actuation  
Ventolin HFA  
Xolair (PA)

### **Generic**

Albuterol sulfate HFA  
Albuterol sulfate nebulization solution  
Albuterol sulfate ER tablet  
Albuterol sulfate tablet or syrup  
Aminophylline  
Budesonide/Formoterol  
Budesonide inhalation suspension  
Cromolyn sodium inhalation solution  
Epinephrine Pen  
Fluticasone propionate/Salmeterol diskus  
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