

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. 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 outof-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 gualify 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.

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Jardiance Jentadue
Jentadue
Jentadue
Kombigly
Lantus
Levemir (
Novolin 7
Novolin N
Novolin R
NovoLog
NovoLog
Onglyza (
Ozempic
Qtern (PA
Rybelsus
Seglurom
Semglee
Soliqua (F
Steglatro
Steglujan

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Brand (cont.)

Symlin Synjardy (PA) Synjardy XR (PA) Tanzeum (PA) Toujeo (PA) Tradjenta (PA) Tresiba (PA) Trijardy XR (PA) Trulicity (PA) Victoza (PA) Xigduo XR (PA) Zegalogue

Generic

Acarbose Alogliptin Alogliptin/metformin Alogliptin/pioglitazone Chlorpropamide Glimepiride Glipizide Glipizide ER Glucagon Emergency Kit Glyburide Glyburide/metformin Metformin* Metformin ER*

Generic (cont.)

Nateglinide Pioglitazone Pioglitazone/glimepiride Pioglitazone/metformin Repaglinide Tolbutamide Tolzamide

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