

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 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

Adlyxin (PA)
Admelog (PA)
Afrezza (PA)
Apidra (PA)
Baqsimi
Basaglar (PA)
Byetta (PA)
Bydureon (PA)
Farxiga (PA)
Fiasp (PA)
GlucaGen
Glucagon Emergency Kit
Glyxambi (PA)
Humalog
Humalog Mix 50/50
Humalog Mix 75/25
Humulin 70/30
Humulin N
Humulin R U-100
Humulin R U-500 (PA)
Invokamet XR (PA)
Invokana (PA)

Brand (cont.)

Janumet (PA)
Janumet XR (PA)
Januvia (PA)
Jardiance (PA)
Jentadueto (PA)
Jentadueto XR (PA)
Kombiglyze XR (PA)
Lantus
Levemir (PA)
Novolin 70/30
Novolin N
Novolin R
NovoLog (PA)
NovoLog Mix 70/30 (PA)
Onglyza (PA)
Ozempic (PA)
Qtern (PA)
Rybelsus (PA)
Segluromet (PA)
Soliqua (PA)
Steglatro (PA)
Steglujan (PA)

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)

Generic

Acarbose
Alogliptin
Alogliptin/metformin
Alogliptin/pioglitazone
Chlorpropamide
Glimepiride
Glipizide
Glipizide ER
Glyburide
Glyburide/metformin
Metformin
Metformin ER*
Nateglinide

****Generic formulations of Fortamet (metformin ER osmotic) and Glumetza (metformin ER gastric) are not reimbursable***

Generic (cont.)

Pioglitazone
Pioglitazone/glimepiride
Pioglitazone/metformin
Repaglinide
Tolbutamide
Tolzamide