



## 2022 Wichita Public Schools Diabetic RX Co-payments

Table 1 - Current generic oral diabetic medication, \$10 Retail; \$20 Mail Order

ACARBOSE	GLIPIZIDE XL	METFORMIN HCL	PIOGLITAZONE-GLIMEPIRIDE
CHLORPROPAMIDE	GLIPIZIDE-METFORMIN	METFORMIN HCL ER	PIOGLITAZONE-METFORMIN
GLIMEPIRIDE	GLYBURIDE	MIGLITOL	REPAGLINIDE
GLIPIZIDE	GLYBURIDE MICRONIZED	NATEGLINIDE	REPAGLINIDE-METFORMIN HCL
GLIPIZIDE ER	GLYBURIDE-METFORMIN HCL	PIOGLITAZONE HCL	

Table 2 - Current formulary preferred brand diabetic medication, \$30 Retail; \$60 Mail Order (Base Plan, Retiree Plan, and PPO Plan)

BYDUREON BC	OZEMPIC	SYNJARDY	XULTOPHY
BYETTA	RYBELSUS	SYNJARDY XR	
FARXIGA	SOLIQUA	TRULICITY	
JARDIANCE	STEGLATRO	VICTOZA	

Table 3 - Current formulary preferred brand insulin, \$0 Retail; \$0 Mail Order (Base Plan, Retiree Plan, and PPO Plan)

HUMALOG	HUMULIN N	LANTUS SOLOSTAR	TOUJEO MAX SOLOSTAR
HUMALOG JUNIOR KWIKPEN	HUMULIN N KWIKPEN	LEVEMIR	TOUJEO SOLOSTAR
HUMALOG MIX	HUMULIN R	LEVEMIR FLEXTOUCH	
HUMULIN 70/30 KWIKPEN	HUMULIN R U-500 KWIKPEN	LYUMJEV	
HUMULIN 70-30	LANTUS	LYUMJEV KWIKPEN	

Table 4 - Current non-preferred brand diabetic medication, \$55 Retail; \$110 Mail Order

ACTOPLUS MET <sup>Ⓞ</sup>	AVANDIA	GLUCOTROL <sup>Ⓞ</sup>	PRECOSE <sup>Ⓞ</sup>
ACTOPLUS MET XR	DUETACT <sup>Ⓞ</sup>	GLUCOTROL XL <sup>Ⓞ</sup>	RIOMET <sup>Ⓞ</sup>
ACTOS <sup>Ⓞ</sup>	FORTAMET <sup>Ⓞ</sup>	GLYNASE <sup>Ⓞ</sup>	STARLIX <sup>Ⓞ</sup>
ADLYXIN	GLUCOPHAGE <sup>Ⓞ</sup>	GLYSET <sup>Ⓞ</sup>	
AMARYL <sup>Ⓞ</sup>	GLUCOPHAGE XR <sup>Ⓞ</sup>	KORLYM	

<sup>Ⓞ</sup>-Symbol indicates that a generic is available, if a generic alternative is prescribed the Tier 1, \$0 Copayment, would apply.

Table 5 - Current non-preferred insulin, \$55 Retail; \$110 Mail Order

ADMELOG	FIASP FLEXTOUCH	MYXREDLIN	NOVOLOG FLEXPEN
ADMELOG SOLOSTAR	INSULIN ASPART	NOVOLIN 70-30	NOVOLOG MIX 70-30
AFREZZA	INSULIN ASPART FLEXPEN	NOVOLIN N	SEMGLEE
APIDRA	INSULIN GLARGINE	NOVOLIN N FLEXPEN	SEMGLEE PEN
APIDRA SOLOSTAR	INSULIN LISPRO	NOVOLIN R	
BASAGLAR	INSULIN LISPRO JUNIOR KWIKPEN	NOVOLIN R FLEXPEN	
FIASP	INSULIN LISPRO KWIKPEN	NOVOLOG	

Table 6 – Current preferred formulary diabetic supplies; \$0 (Base Plan, Retiree Plan, and PPO Plan)

DEXCOM G4/G5/G6	FREETSTYLE FREEDOM	FREETSTYLE FREEDOM LITE	FREETSTYLE INSULINX
FREETSTYLE LIBRE	FREETSTYLE LITE	ONETOUCH ULTRA 2	ONETOUCH ULTRA MINI
ONETOUCH VERIO	ONETOUCH VERIO FLEX		

List is subject to change without notice.

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