



Wichita Public Schools USD259

MAXORPLUS PREFERRED FORMULARY

Effective: 01/01/23

Covered Items:

- Accutane
- ADD, ADHD Drugs
- Anticoagulants (injectable) - Prior authorization required
- Antifungals
- Antimigraine Agents - Quantity limitations
- Bee Sting Kits
- Byetta
- Contraceptives – oral, devices (diaphragms, IUDs), Injectable, Implants, Intravaginal, Transdermal, Emergency, Female OTC products
- Compounds – one ingredient must be a prescription drug. PA required if cost over \$100
- DESI Drugs
- Gender Identity Disorder medications
- Glucagon
- Glucometers
- Growth Hormones – Prior authorization required
- Immunizations
- Injectables - self-administered and not listed under exclusions
- Insulin
- Insulin Syringes/Pens/Needles
- Insulin pump supplies (omnipod) – effective 08/01/2022
- Lancets
- Minerals – Iron (Rx and OTC) and Fluoride (Rx Only)
- Nasal Steroids
- Narcolepsy Drugs - Prior authorization required
- Non-sedating antihistamines (Rx and OTC)
- Proton Pump Inhibitors (Rx and OTC)
- Retin-A, Avita (Generics only) Prior authorization required for ages 40 & up
- **RxResults Reference Pricing** – refer to member handout for more details or call 1-844-853-9400 – effective 01/01/2022
- Sexual Dysfunction Drugs – Quantity limitations
- Smoking Deterrents (Rx & OTC) – limited to 2-12 week cycles/year
- State Restricted Drugs (i.e. DEA Schedule V)
- Symlin
- Test Strips/Chem Strips/Tape/Tabs
- Vaccines/Toxoids
- Vitamins - Folic acid-Rx and OTC, Rx Prenatal, Rx Pediatric

Excluded Items:

- Acne, topical brands
- Acne Antibiotics – High Cost Orals
- Alcohol Swabs
- Allergy serum or extracts
- Anabolic Steroids



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Excluded Items Cont'd:

- Antifungals, topical brands
- Anti-viral, topical brands
- Anti-wrinkle agents (ex. Renova)
- Appetite Suppressants (Anti-Obesity)
- Blood, blood factors, blood plasma, or biological sera
- Botox
- Cosmetic Hair Removal Products
- Depigmenting agents
- Dental Aids & Preps – Rx
- Devices, appliances, supplies
- Fertility Agents – oral, vaginal and injectable
- Glucose Tabs
- Hair Growth Stimulants
- Homeopathic/natural legend products
- Immune globulins
- Insulin Pumps/Supplies (except omnipod eff 08/2022)
- Medical Supplies (except Aerochambers)
- Me Too Drugs
- Myobloc
- Nasal Steroids (Brands)
- Nutritional Supplements - those for inherited and non-inherited diseases (HIC3 = C5X)
- Ophthalmic Antihistamines (Brands)
- Over The Counter Products – unless specified
- Syringes (TB, Allergy, other)
- Vitamins – Rx and OTC (except vitamin D)

Day Supply Allowed

Retail - 30 days

Mail - 31-90 days

Specialty - 30 days

Copays

Base, Premium, Retiree & PPO Plans

	Retail	Mail Order
Generic:	\$10	\$20
Preferred Brand:	\$30	\$60
Non-Preferred Brand:	\$55	\$110
Specialty Medications:	10% up to max \$100	N/A



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Base, Premium, Retiree & PPO Plans Only:

- Diabetic Preferred Insulin - \$0 copay
- Diabetic Preferred supplies - \$0 copay
- Generic blood pressure medications - \$0 copay
- Generic cholesterol medications - \$0 copay

Dillon’s Pharmacy Diabetic Program (Base, Premium & PPO Plan Members Only)

Once member is enrolled in the program, they will qualify for the following copays and meds can be filled at any pharmacy in their network:

- Diabetic Preferred medications - \$0 copay
- Generic oral diabetic medications - \$0 copay

MVP Plan:

	Retail	Mail Order
Generic:	100%	100%
Preferred Brand:	100%	100%
Non-Preferred Brand:	100%	100%
Specialty Medications:	100%	N/A

Prescriptions are covered at 100% once the \$1,000 individual / \$2,000 family annual Rx deductible is met. If DAW2, patient selected brand where generic is available is chosen, the member pays the differential amount even if the \$1,000 individual / \$2,000 family annual deductible is met.

Dispensed As Written 1 & 2 –

Brand/Generic copay differential applies.

If the member or physician requests a brand name drug when a generic equivalent exists, the brand copay plus the cost difference between the brand and generic will apply.

RxResults Reference Pricing – refer to member handout for more details or call 1-844-853-9400 – effective 01/01/2022. Medications on this list may also be on the MaxorPlus formulary.

PPACA Covered Medications and Copays for Both Plans:

Preventive Medications - \$0 copay

- Aspirin for patients age 50 and older
- Aspirin for pre-eclampsia
- Breast Cancer Prevention: generic tamoxifen, raloxifen, anastrozole, exemestane
- Bowel prep medications for patients ages 45-75
- Folic acid for women up to the age of 55
- Immunizations/Vaccines/Toxoids
- Fluoride supplements up to the age of 6
- Tobacco deterrents annual limit of 2 cycles of treatment (12 weeks/cycle)
- Lovastatin for patients 40 to 75 years old

HIV-pre-exposure prophylaxis (PrEP) - \$0 copay

Generic Truvada for adolescents and adults who are at high risk of HIV acquisition

Contraceptives - \$0 copay



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Generic oral, injectable and patches at \$0 copay

Single source brands in classes that do not have a generic alternative (i.e. implants, IUD, devices, intravaginal rings) at \$0 copay (see below).

Brands with generics available in route class (orals, injectables, patches) will be at regular copays

Deductible:

PPO Plan: Not applicable

MVP Plan Only: \$1,000 individual / \$2,000 family Rx ONLY per calendar year

Maximum Out of Pocket (MOOP):

Separate, Rx ONLY MOOP per calendar year.

- Base & PPO Plan: \$1,000 individual / \$2,000 family Rx ONLY per calendar year
- Premium Plan 1 & PPO: \$2,650 individual / \$5,300 family **Rx ONLY** per calendar year
- Premium Plan 2 & PPO: \$1,150 individual / \$2,300 family **Rx ONLY** per calendar year
- Retiree Plan: \$2,650 individual / \$5,300 family **Rx ONLY** per calendar year
- MVP Plan: \$1,000 individual / \$2,000 family **Rx ONLY** per calendar year

*DAW 1 & 2 dollars will be excluded from the MOOP

Drugs with Special Quantity Limits

- MaxorPlus standard Quantity Limits (QL) list applies for specific medications.
- Tobacco deterrents - Limited to 2-12 week cycles/year
- Depo Provera Contraceptive - 90 day supply allowed at retail for 3 retail copays
- Estring - 90 day supply allowed at retail for 3 retail copays
- Seasonique/Seasonale - 91 day supply allowed at retail for 3 retail copays

Drugs Requiring Prior Authorization

RxResults: RxResults team at 1-844-853-9400 will review and manage Prior Authorizations for the medications on this list (effective 01/01/2022) - specialty medications, except HIV, transplant, and anticoagulants.

- MaxorPlus standard Prior Authorization (PA) list applies for specific medications.
- Breast Cancer Preventative generic medications- if approved then \$0 copay
- Abilify - brand
- Brand narcotic medications
- Brand topical antifungals
- Combination inhalers- discontinued PA 1/01/2022
- Cuvposa
- Epaned
- Evzio
- Fulyzag
- Fycompa
- Giazio
- Gralise
- Horizant
- Jentadueto



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- Kapvay
- Kazano
- Nymalize
- Performist
- Rescula
- Rilutek
- Savella
- Seroquel XR
- Striverdi Respimat
- Suboxone, Bunavil, Zubsolv
- Tekamlo
- Tektuna/Tekturna HCT
- Testosterone products
- Topical immunomodulator (i.e. Elidel, Protopic)
- Zioptan
- Zontivity

Specialty Medications:

RxResults: RxResults team at 1-844-853-9400 will review and manage Prior Authorizations for the medications on this list (effective 01/01/2022) - specialty medications, except HIV, transplant, and anticoagulants.

Restricted to Maxor Specialty Pharmacy – **limited to 30 day supply.**

* Any portion known to have been paid by a secondary payer (i.e. patient assistance, copay cards, or other insurance) will not be considered as true member out-of-pocket and will not apply to deductible and out-of-pocket maximums for prescriptions filled at Maxor Specialty Pharmacy. Effective 01/2021 – Copay maximization of 20% to apply if assistance is available.

Step Therapy Requirements:

ARB and combinations:

- Step one: generics (i.e. losartan, valsartan, irbesartan, valsartan/HCTZ, candesartan/HCTZ)
- Step two: brands (i.e. Benicar, Exforge, Azor)

Bisphosphonates:

- Step one: generics (i.e. alendronate, ibandronate)
- Step two: brands (i.e. Actonel, Atelvia, Boniva)

Benign Prostatic Hyperplasia (BPH) medications:

- Step One: generics (i.e. dutasteride, finasteride, tamsulosin, doxazosin)
- Step Two: brands (i.e. Jalyn, Avodart, Rapaflo)

Lamictal ODT or XR:

- Step one: lamotrigine
- Step two: Lamictal ODT or Lamictal XR

OAB (Over active bladder):

- Step one: generics (i.e. tolterodine, trospium, oxybutynin)
- Step two: brands (i.e. Myrbetriq, Enablex, Santura XR)



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PPIs:

- Step one: generics (i.e. omeprazole, lansoprazole, rabeprazole, esomeprazole) or OTC (i.e. Nexium 24HR)
- Step two: brands (i.e. Dexilant, Nexium, Prevacid)

Sleep medications:

- Step one: generics (i.e. zolpidem, zaleplon, temazepam)
- Step two: brands (i.e. Belsoma, Edular, Intermezzo, Ambien CR)

Statins:

- Step one: generics (i.e. simvastatin, atorvastatin, lovastatin) and Crestor
- Step two: brands (i.e. Livalo, Altoprev, Lipitor)

Topical Steroids:

- Step one: generics (i.e. clobetasol, triamcinolone, desonide, fluocinolone)
- Step two: brands (i.e. Taclonex, Vectical, Vanos)

Triptans:

- Step one: generics (i.e. sumatriptan, zolmitriptan, rizatriptan) and Relpax
- Step two: brands (i.e. Frova, Maxalt, Zomig, Imitrex)

Uloric/Colcrys:

- Step one: generics (i.e. allopurinol, colchicine)
- Step two: Uloric or Colcrys

Ulcerative Colitis/Crohn's:

- Step one: Asacol, Asacol HD, Canasa, Delzicol, Lialda, Pentasa
- Step two: Apriso, Colazal, Dipentum Azulfidine

Formulary: MXP Preferred Formulary

Pharmacy Network: MXP Select Pharmacy Network

Client Signature _____

Date _____