

**MAXCARE - PLAN 630**  
**OKLAHOMA CONFERENCE OF THE UNITED METHODIST CHURCH ACTIVE ENROLLEES**  
**KEMPTON GROUP ADMINISTRATORS**  
**Plan effective 01/01/07**  
**Updated 05-01-08**

**DEDUCTIBLE**

**MEDICAL ONLY - NOT TRACKED BY MAXCARE**

**CO-PAYMENTS**

**Up to a 34-Day Supply**

Generic:	\$ 5.00
Brand Name:	\$ 30.00
Biotech Medications:	\$150.00

Therapeutic Substitution Opportunities (TSO) Enhanced & OTCs

Select GI Medications: \$0.00

OTC Prilosec, Generic Omeprazole

Select Allergy Medications:

OTC Claritin and Claritin-D \$15.00

OTC Loratadine and Loratadine-D \$10.00

OTC Zyrtec and Zyrtec-D \$15.00

OTC Cetirizine and Cetirizine-D \$10.00

**35 to 102-Day Supply**

Generic:	\$ 10.00
Brand Name:	\$ 80.00

**COVERED DRUGS**

- Anaphylaxis Agents (Epipen, Ana-Kit, epinephrine, etc.).
- Biotech Medications are available through a limited network of providers. The current biotech medication list is available at [www.maxcarerx.com](http://www.maxcarerx.com). Please contact MaxCare customer service for assistance in locating a participating biotech pharmacy provider.
- Cialis is covered up to five (5) tablets per month, exclusive of Levitra and Viagra coverage.
- Compounded medications in which at least one ingredient is a prescription legend drug.
- Contraceptive patches.
- Glucagon Injection.
- Glucose Meters – Covered one per year. (Except for Medicare Beneficiaries - Medicare is primary).
- Glucose Strips – Limited to two (2) packages per month.
- Injectable drugs – ***Prior Authorization Required through MaxCare.***
- Insulin syringes by prescription only - Limited to one (1) box of 100 per month.
- Insulin.
- Legend drugs, which under applicable federal and state laws require a prescription by a physician or certain other, licensed practitioners.
- Levitra is covered up to five (5) tablets per month, exclusive of Viagra and Cialis coverage.
- Migraine medications.
- Oral Contraceptives.
- OTC Claritin/Claritin-D tablets.
- OTC Loratadine/Loratadine-D tablets.
- OTC Prilosec 20mg tablets. Covered up to 84 tablets as a 42-day supply.
- OTC Zyrtec/Zyrtec-D tablets
- OTC Cetirizine/Cetirizine-D tablets
- Viagra is covered up to five (5) tablets per month, exclusive of Levitra and Cialis coverage.
- Zostavax injection (shingles vaccination) – Lifetime limitation of one (1) injection.

**EXCLUSIONS AND LIMITATIONS (cont.)**

- \*Any quantity of drugs or medicine dispensed which exceed a 34-day supply, when taken in accordance with the directions of the prescriber. **Exceptions** - drugs included on the Maintenance Drug List, which may be dispensed in quantities sufficient for a 102-day supply. **Initial therapy** of no more than a 34-day supply within 120 days period is required before quantities are allowed beyond 34-day supply and up to 102-day supply.
- Anabolic Steroids.
- Anti-Obesity drugs.
- Any medication consumed or administered (in whole or in part) where it is dispensed.
- Any prescription refills in excess of the number of refills specified by the physician or more than one year after the date of the physician's prescription.
- Contraceptive materials, contraceptive devices.
- Cosmetic drugs (Rogaine, bleaching agents, Melanin stimulating agents, etc.).
- Drugs or medications lawfully obtainable without a written prescription from a physician or other practitioner except those OTC Drugs listed under "Covered Drugs".
- Impotence Medications. **Exceptions:** Cialis, Levitra or Viagra is covered up to five (5) tablets per month.
- Infertility medications.
- Investigational drugs.
- Prescriptions for Non-FDA Approved Indications.
- Retin-A/Tretinoin and like products are covered for persons through the age of **25** for the treatment of acne.
- Smoking Cessation Products.
- Therapeutic devices or appliances, including support garments and other non-medical substances regardless of their intended uses.
- Unit-Dose Packaged Medications. **Exceptions:** Medications otherwise covered by the Plan that are only available in unit-dose packaging.

**MIGRAINE/PAIN LIMITATIONS**

- |                                   |  |
|-----------------------------------|--|
| ■ Amerge 1mg tablets              | No more than 18 tablets within 30 days.                        |
| ■ Amerge 2.5mg tablets            | No more than 18 tablets within 30 days.                        |
| ■ Axert 12.5mg Tablets            | No more than 12 tablets within 30 days.                        |
| ■ Axert 6.25mg Tablets            | No more than 12 tablets within 30 days.                        |
| ■ Duragesic 100mcg/hr patches     | No more than 3 boxes within 30 days.                           |
| ■ Duragesic 25mcg/hr patches      | No more than 3 boxes within 30 days.                           |
| ■ Duragesic 50mcg/hr patches      | No more than 3 boxes within 30 days.                           |
| ■ Duragesic 75mcg/hr patches      | No more than 3 boxes within 30 days.                           |
| ■ Frova 2.5mg tablets             | No more than 18 tablets within 30 days.                        |
| ■ Imitrex 100mg tablets           | No more than 18 tablets within 30 days.                        |
| ■ Imitrex 20mg Nasal Spray        | No more than 6mls within 30 days.                              |
| ■ Imitrex 25mg tablets            | No more than 27 tablets within 30 days.                        |
| ■ Imitrex 50mg tablets            | No more than 27 tablets within 30 days.                        |
| ■ Imitrex 5mg Nasal Spray         | No more than 6mls within 30 days.                              |
| ■ Imitrex 6mg/0.5ml Kit/Refill    | No more than 3 kits within 30 days.                            |
| ■ Imitrex 6mg/0.5ml Vial          | No more than six single dose vials within 30 days.             |
| ■ Maxalt 10mg tablets             | No more than 12 tablets within 30 days.                        |
| ■ Maxalt 5mg tablets              | No more than 24 tablets within 30 days.                        |
| ■ Maxalt MLT 10mg tablets         | No more than 12 tablets within 30 days.                        |
| ■ Maxalt MLT 5mg tablets          | No more than 24 tablets within 30 days.                        |
| ■ Relpax 20mg tablets.            | No more than 12 tablets within 30 days.                        |
| ■ Relpax 40mg tablets.            | No more than 12 tablets within 30 days.                        |
| ■ Stadol NS Nasal Spray           | No more than two 2.5ml vials within 30 days.                   |
| ■ Toradol/Ketorolac 10mg tablets* | No more than 40mg per 24 hours for 5 days only within 30 days. |
| ■ Zomig 2.5mg tablets             | No more than 18 tablets within 30 days.                        |
| ■ Zomig 5mg Nasal Spray           | No more than 6mls within 30 days.                              |
| ■ Zomig 5mg tablets               | No more than 12 tablets within 30 days.                        |
| ■ Zomig ZMT 2.5mg tablets         | No more than 18 tablets within 30 days.                        |
| ■ Zomig ZMT 5mg tablets           | No more than 12 tablets within 30 days.                        |

\*Due to side effect profile, this drug is not eligible for greater quantities.