Drugs	Retail 30 days supply	TeamstersCare Pharmacies or Express Scripts Mail Order 90 days supply (some state limits apply)
Acamprosate (Campral)	Prior Auth required	Prior Auth required
Accutane-Isotretinoin	Covered (I-pledge program)	Not covered
Acthar gel	Prior Auth required	Prior Auth required
Addyi	Prior Auth required	Prior Auth required
Advair Diskus/HFA	1 unit	3 units; Advair Diskus/HFA exclusive inhaler dispensed at TeamstersCare Pharmacies
Advicor	Not covered	Not covered
Albuterol Solution 0.083%	120 units (2x60 boxes)	360 units
Albuterol Solution 0.5%	1 x 20ml bottle	3 x 20ml bottle
Alcortin A gel 2gm	Not covered	Not covered
Aloquin gel 60 gm	Not covered	Not covered
Almotriptan malate 6.25 mg & 12.5 mg tablet	6 tablets per 25 days	18 tablets
Aloxi 0.25mg/5ml injection	5 ml per rx	Same as retail
Amphetamine salts (Adderall), Methylphenidate (Ritalin), Methylphenidate ER (Concerta)	Covered	Legal limit of 60 days supply; Dr. must write diagnosis on face of Rx
Amrix (muscle relaxant)	3 weeks therapy	3 weeks therapy
Anoro Ellipta inhaler	1 inhaler	3 inhalers
Anzemet 100 mg tab	Prior Auth req, then 5 tablets per 25 days	Same as retail
Anzemet 50 mg tab	Prior Auth req, then 10 tablets per 25 days	Same as retail
Anzemet injection 20 mg/ml	Prior Auth req, then 5ml/Rx	Same as retail
Arestin	Not covered	Not covered
Arnuity Ellipta	1 inhaler	3 inhalers
Atrovent HFA	1 inhaler	3 inhalers
Auvi Q inj .15 mg/.15 ml, .3 mg/.3 ml	Not covered	Not covered
Avodart	30 doses	90 doses
Avonex	Prior Auth required	Prior Auth required
Axert 6.25 mg & 12.5 mg tablet (generic only)	6 tablets per 25 days	18 tablets
Azelastine	1 unit	3 units
Beconase AQ	1 unit	3 units
Belsoma 5 mg, 10 mg, 15 mg, 20 mg	Not covered	Not covered
Belviq, Phentermine	Prior Auth required	Prior Auth required
Botox (not covered if cosmetic use)	Prior Auth required	Prior Auth required
Breo Ellipta inhaler	1 inhaler per 30 days	3 inhalers; Breo Ellipta exclusive inhaler dispensed at TeamstersCare Pharmacies
Brintellix 5 mg, 10 mg, 20 mg tabs	Not covered	Not covered

Drugs	Retail 30 days supply	TeamstersCare Pharmacies or Express Scripts Mail Order 90 days supply (some state limits apply)
Brovana 0.015 mcg nebulizer	Prior Auth required	Prior Auth required
Budesonide 32 mcg Nasal	1 unit	3 units
Bupropion SR, Zyban	Not covered	Covered up to two 3-month attempts per year with no copay
Caduet	Not covered	Not covered
Caverject, Edex, Muse	1 box per 30 days	Covered
Chantix	Not covered	Covered for up to two 12-week attempts
Cialis, Levitra, Viagra	6 tabs per 30 days	18 tabs per 90 days
Cimzia	Prior Auth required	Prior Auth required
Clarinex & Clarinex-D	Not covered	Not covered
Coenzyme10 - OTC (food supplement)	Not covered	Not covered
Combivent, Respimat	1 inhaler	3 inhalers
Compounded medications	Subject to Express Scripts compound management program	Subject to Express Scripts compound management program
Contrave ER 8 mg/90 mg tabs	Not covered	Not covered
Copaxone	Prior Auth required	Prior Auth required
Daytrana (Methylphenidate patch)	Prior Auth required	Prior Auth required
Deplin	Not covered	Not covered
Dexilant	Prior Auth required	Prior Auth required
Diabetic testing strips & lancets	Not covered	Covered
Diclegis tab 10 mg-10 mg	Not covered	Not covered
Dilantin 25 mg, 50 mg, 100 mg tabs	Prior Auth required	Prior Auth required
Diflucan 150 mg tablets (fluconazole)	2 tablets per 25 days	Same as retail
Dronabinol (2.5 mg, 5 mg, 10 mg)	60 per 25 days	Same as retail
Duexis 800 mg/26.6 mg tabs	Not covered	Not covered
Edluar (sublingual Ambien)	Prior Auth required	Prior Auth required
Enbrel	Prior Auth required	Prior Auth required
Encora (vitamin supplement)	Not covered	Not covered
Enoxaparin sodium	1 box (10 syringes)	3 boxes (30 syringes)
Epi-Pen (generic only)	1 kit per copay	2 kits (or 4 Pens) per copay
Eszopiclone	20 doses	60 doses
Evzio 0.4 mg/0.4 ml pen	Not covered	Not covered
Fentanyl	10 patches	Same as retail
Flector (Diclofenac patch)	Prior Auth required	Prior Auth required
Flovent HFA	2 inhalers	4 inhalers
Flovent diskus	1 unit	3 units
Flunisolide	1 unit	3 units
Fluoride supplements	No copay	No copay
Flurazepam	20 doses	60 doses

Drugs	Retail 30 days supply	TeamstersCare Pharmacies or Express Scripts Mail Order 90 days supply (some state limits apply)
Fluticasone Propionate nasal spray	1 unit	3 units
Foradil	60 units (1 box)	180 units (3 boxes)
Forteo	Prior Auth required	Prior Auth required
Fosamax Plus D, Actonel, Boniva	Not covered	Not covered
Frova 2.5 mg tablets	9 tablets per 25 days	27 tablets
Gabapentin	3600 mg per day	3600 mg per day
Glucagon Kit	1 kit per copay	3 kits per copay
Glumetza	Not covered	Not covered
Growth Hormone	Prior Auth required annually	Prior Auth required annually
Halcion (triazolam)	20 doses	60 doses
Harvoni, Sovaldi, Viekira PAK	Subject to oral Hepatitis C specialty management	Subject to oral Hepatitis C specialty management
Humira	Prior Auth required	Prior Auth required
Hysingla ER 20 mg	Not covered for chronic conditions	Not covered for chronic conditions
Incruse Ellipta	1 inhaler	3 inhalers
Jalyn 0.5mg/0.4mg	30 doses	90 doses
Jublia 10% solution	Not covered	Not covered
Keppra 500 mg, 750 mg, 1000 mg tabs	Prior Auth required	Prior Auth required
Kerydin 5% solution	Not covered	Not covered
Kytril 1 mg tablets	Prior Auth req, then 6 tablets per 25 days	Same as retail
Kytril 1 mg/ml injection	Prior Auth req, then 1 ml per rx	Same as retail
Kytril Oral soln	Prior Auth req, then 30 ml per 25 days	Same as retail
Lamictal	Prior Auth required	Prior Auth required
Lansoprazole (15 mg)	OTC - Not covered	Covered; Prior Auth required if dosage exceeds 30 mg daily
Latisse soln 0.03	Not covered	Not covered
Latuda tablets (20mg, 40mg, 60mg, 80mg, 120mg)	Prior Auth required	Prior Auth required
Limbrel (medical food)	Not covered	Not covered
Lipitor	Prior Auth required	Prior Auth required
Livalo	Prior Auth required	Prior Auth required
Lustra, Propecia, Renova, Vaniqua	Not covered	Not covered
Marinol capsules 2.5 mg, 5 mg, 10 mg (generic only)	60 per 25 days	Same as retail
Metanx (medical food)	Not covered	Not covered
Metformin ER 500 mg, 1000 mg (Glumetza)	Prior Auth required	Prior Auth required
Migranal NS	1 unit (4ml) per 25 days	3 units
Naltrexone	Prior Auth required	Prior Auth required
Naratriptan	9 tablets per 25 days	27 tablets

Drugs	Retail 30 days supply	TeamstersCare Pharmacies or Express Scripts Mail Order 90 days supply (some state limits apply)
Nexium generic (20 mg)	Not covered (available OTC)	Covered; Prior Auth required if dosage exceeds 40 mg daily
Niaspan (niacin is available OTC)	Prior Auth required	Prior Auth required
Novacort gel 29 gm	Not covered	Not covered
Nuvaring	Not covered	Covered
Omeprazole 20mg (generic Prilosec)	Not covered (available OTC)	Covered; Prior Auth required if dosage exceeds 40 mg daily
Ondansetron 2 mg/ml injection	20 ml per rx	Same as retail
Ondansetron 32 mg/50 ml IV premix	50 ml per rx (1 dose)	Same as retail
Ondansetron 4 mg & 8 mg tab/ODT	4mg - 42 tabs, 8mg - 21 tabs	4mg - 126 tabs, 8mg - 63 tabs
Ondansetron oral solution	90 ml per rx	Same as retail
Onsolis (buccal fentanyl)	Prior Auth required	Prior Auth required
Orencia	Prior Auth required	Prior Auth required
Ortho Evra patch	Not covered	Not covered
Oseltamivir	Covered	Not covered mailorder. $25 copay at TeamstersCare Pharmacy
Ostiva (vitamin supplement)	Not covered	Not covered
Oxaydo tab 5 mg, 7.5 mg	Prior Auth required	Prior Auth required
Pennsaid (generic)	Prior Auth required	Prior Auth required
Pennsaid pump	Not covered	Not covered
Pexeva	Not covered	Not covered
Plan B (emergency)	Covered for <18 yrs old Not covered for >18 yrs old, OTC	Not covered mailorder. Covered for <18 yrs old at TeamstersCare Pharmacy
Prilosec (brand name)	Not covered	Not covered
ProAir HFA, Xopenex HFA, Ventolin HFA	1 inhaler per 25 days	4 inhalers; Ventolin HFA exclusive inhaler dispensed at TeamstersCare Pharmacies
Prolia	Prior Auth required	Prior Auth required
ProSom (estazolam)	20 doses	60 doses
Proventil HFA, Ventolin HFA	1 inhaler per 25 days	4 inhalers
Prozac Weekly	Not covered	Not covered
Pulmicort flexhaler	1 inhaler	3 inhalers
Pulmicort respules	30 units (2 boxes)	180 units (6 boxes)
Quasense (only avail as 3 month pkg)	Not covered	Covered
Qsymia capsule (all strengths)	Not covered	Not covered
Qvar	2 inhalers	Same as retail
Reclast	Not Covered	Prior Auth required

Drugs	Retail 30 days supply	TeamstersCare Pharmacies or Express Scripts Mail Order 90 days supply (some state limits apply)
Relenza	$25 copay	Not covered mailorder. $25 copay at TeamstersCare Pharmacy
Relpax 20 mg & 40 mg tablets	6 tablets per 25 days	18 tablets
Remicade inj 100 mg vial solution	Prior Auth required	Prior Auth required
Repliva (iron vitamin supplement)	Not covered	Not covered
Restoril (Temazepam)	20 doses	60 doses
Rexulti tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg)	Prior Auth required	Prior Auth required
Rizatriptan MLT 5 mg & 10 mg tablet	6 tablets per 25 days	18 tablets
Rozerem	20 doses	60 doses
Sarafem (fluoxetine)	Not covered	Not covered
Seasonale -*(only avail as 3 month pkg)-generic	Not covered	Covered
Seasonique -*(only avail as 3 month pkg)-generic	Not covered	Covered
Serevent diskus	60 doses (1 unit)	180 doses (3 units)
Silenor 3mg, 6 mg tabs	Prior Auth required	Prior Auth required
Simcor	Not covered	Not covered
Simponi	Prior Auth required	Prior Auth required
Singulair 5, 10 mg tabs	Prior Auth required	Prior Auth required
Solareze (Diclofenac gel)	Prior Auth required	Prior Auth required
Sonata	20 doses	60 doses
Spiriva	1 unit (30 doses)	3 units (90 doses)
Stadol NS	1 bottle	Same as retail
Suboxone, Subutex, or generic equivalent	Not covered	Not covered
Sumatriptan injection kits	2 kits (4 inj) per 25 days	6 kits (12 injections)
Sumatriptan injection vials	4 vials (4 inj) per 25 days	12 vials
Sumatriptan NS 20 mg	6 units (1 pkg) per 25 days	18 units
Sumatriptan NS 5 mg	12 units (2 pkgs) per 25 days	36 units
Sumatriptan tablets (25 mg, 50 mg, 100 mg)	9 tablets per 25 days	27 tablets
Synthroid	Prior Auth required	Prior Auth required
Tamiflu (generic only)	Covered	Not covered mailorder. $25 copay at TeamstersCare Pharmacy
Tanzeum	1 box (4 pens)	3 boxes (12 pens)
Testosterone	Prior Auth required	Prior Auth required
Tilade	2 inhalers	4 inhalers
Treximet	9 tablets per 30 days	27 tablets
Triamcinolone acetonide nasal spray	1 unit	3 units
Tri-Nasal	1 unit	3 units
Ultracet tablets	5 days supply	Same as retail
Ventolin HFA, Pro Air HFA, Xopenex HFA	1 inhaler	4 inhalers; Ventolin HFA exclusive inhaler

Drugs	Retail 30 days supply	TeamstersCare Pharmacies or Express Scripts Mail Order 90 days supply (some state limits apply)
Viibryd starter pack 10 mg-20 mg kit	Prior Auth required	Prior Auth required
Viibryd 10 mg, 20 mg, 40 mg tabs	Prior Auth required	Prior Auth required
Viibryd titration pack 10 mg pack	Prior Auth required	Prior Auth required
Vimovo 500 mg/20 mg tabs	Not covered	Not covered
Vimovo 375 mg/20 mg tabs	Not covered	Not covered
Vytorin	Not covered	Not covered
XYZal	Prior Auth required	Prior Auth required
Yosprala tab 81 mg/40 mg, 325 mg/40 mg	Not covered	Not covered
Zegerid (omeprazole+sod.bicarb) capsule	Not covered	Not covered
Zegerid (omeprazole+sod.bicarb) powder packets	Prior Auth required	Prior Auth required
Zetia (generic only)	Prior Auth required	Prior Auth required
Zolmitriptan & Zolmitriptan ZMT 2.5mg & 5mg tablet	6 tablets per 25 days	18 tablets
Zoloft (sertraline)	max dose 200 mg per day	max dose 200 mg per day
Zolpidem and Zolpidem CR	20 tablets	60 tablets
Zomig nasal spray	1 unit (6 doses)	3 units (18 doses)
Zyflo & Zyflo CR 600 mg	Prior Auth required	Prior Auth required
Zyrtec & Zyrtec-D, OTC	Not covered	Not covered
Note: All medications subject to FDA/Manufacturer's limitations & guidelines for dosing.		
If medication is higher than recommended, prescription will be subject to medical review.		
OTC - over the counter medications (available without prescription) are not covered.		
		Updated 3/8/17