

<b>Drugs</b>	<b>Retail</b> 30 days supply	<b>TeamstersCare Pharmacies or Express Scripts Mail Order</b> 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
Advicor	Not covered	Not covered
Almovidg Injector 70 mg/ml	Prior Auth required	Prior Auth required
Ajovy	Prior Auth required	Prior Auth required
Aklief (trifarotene)	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
Amzeeq (monocycline)	Prior Auth required	Prior Auth required
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
Arnault 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
Belsomra 5 mg, 10 mg, 15 mg, 20 mg	Not covered	Not covered
Bensal HP ointment	Not covered	Not covered
Botox (not covered if cosmetic use)	Prior Auth required	Prior Auth required
Breo Ellipta inhaler	1 inhaler per 30 days	3 inhalers
Brovana 0.015 mcg nebulizer	Prior Auth required	Prior Auth required
Budesonide 32 mcg Nasal	1 unit	3 units

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Bupropion SR, Zyban	Not covered	Covered up to two 3-month attempts per year with no copay
Caduet	Not covered	Not covered
Calcipotriene 0.005% cream	one 60 gram tube per fill	one 60 gram tube per fill
Caverject, Edex, Muse	1 box per 30 days	Covered
Chantix	Not covered	Covered for up to two 12-week attempts
Cialis, Levitra, Viagra (generic)	6 tabs per 30 days	18 tabs per 90 days
Cimzia	Prior Auth required	Prior Auth required
Clarinet & Clarinet-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
Consensi 2.5 mg/200 mg, 5 mg/200 mg, 10 mg/200 mg	Not covered	Not covered
Dartisla ODT 1.7mg	Prior Auth required	Prior Auth required
Daytrana (Methylphenidate patch)	Prior Auth required	Prior Auth required
Dayvigo 5 mg, 10 mg	Not covered	Not covered
Denavir cream 1%	one 5 gm tube per fill	one 5 gm tube per fill
Deplin	Not covered	Not covered
Dexcom G6 Transmitter	Prior Auth required	Prior Auth Required
Dexcom G6 Sensor (3 pack)	Prior Auth required	Prior Auth Required
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
Doxepin 5% cream	Prior Auth required	Prior Auth required
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
Duobrii 0.01%-0.045% lotion 100 gram	Not covered	Not covered
Edluar (sublingual Ambien)	Prior Auth required	Prior Auth required
Emgality	Prior Auth required	Prior Auth required
Enbrel	Prior Auth required	Prior Auth required
Encora (vitamin supplement)	Not covered	Not covered
Enoxaparin sodium	6 boxes (60 syringes) per 30-day fill	6 boxes (60 syringes) per 30-day fill
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

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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
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 (generics covered)	Not covered	Not covered
Frovatriptan (Frova) 2.5 mg tablets	9 tablets per 25 days	27 tablets
Gabapentin - Subject to Express Scripts Opioid Management Program	90 units per 30 days	270 units per 90 days
Glatopa (Copaxone)	Prior Auth required	Prior Auth required
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, Epclusa, Daklinza, Zepatier, Technivie	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
Lidocaine 5% ointment	one 50 gram tube per fill	one 50 gram tube per fill
Lidocaine-Tetracaine 7%-7% cream	Not covered	Not covered

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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
Lybalvi 5mg/10mg, 10mg/10mg, 15mg/10mg, 20mg/10mg	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
Myfembree 40mg/1mg/0.5mg	Prior Auth required, limit to 24 months (total duration of treatment)	Prior Auth required, limit to 24 months (total duration of treatment)
Naltrexone	Prior Auth required	Prior Auth required
Naratriptan	9 tablets per 25 days	27 tablets
Nexlum 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
Nurtec ODT (rimegepant)	Prior Auth required, limit 8/30 days	Prior Auth required, limit 8/30 days
Nuvaring (generic)	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
Opzelura 1.5% cream, 60 grams	Prior Auth required	Prior Auth required
Orencia	Prior Auth required	Prior Auth required
Oriahnn 300mg/1mg/0.5mg	Prior Auth required, limit to 24 months (total duration of treatment)	Prior Auth required, limit to 24 months (total duration of treatment)
Ortho Evra patch	Not covered	Not covered
Otezla (all strengths)	Prior Auth required	Prior Auth required
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
Phentermine	Prior Auth required	Prior Auth required
Phexxi 1.8-1-0.4% vaginal gel 12 units/box	Not covered	Not covered

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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 - generics	1 inhaler per 25 days	4 inhalers
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)
Qmilz ODT	Not covered	Not covered
Quasense (only avail as 3 month pkg)	Not covered	Covered
Qsymia capsule (all strengths)	Not covered	Not covered
Qvar	2 inhalers	Same as retail
Ramelteon	20 doses	60 doses
Reclast	Not Covered	Prior Auth required
Relenza	\$25 copay	Not covered mailorder. \$5 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
Repatha 140 mg/ml	Not covered	Prior Auth required
Repliva (Iron vitamin supplement)	Not covered	Not covered
Rexulti tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg)	Prior Auth required	Prior Auth required
Reyvow (lasmiditan)	Prior Auth required, limit 8/30 days	Prior Auth required, limit 8/30 days
Rizatriptan MLT 5 mg & 10 mg tablet	6 tablets per 25 days	18 tablets
Sarafem (fluoxetine)	Not covered	Not covered
Saxenda	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)
Shingrix	\$15 copay (Covered age 50+)	Not covered
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
Spriva	1 unit (30 doses)	3 units (90 doses)

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Stadol NS	1 bottle	Same as retail
Suboxone, Subutex, or generic equivalent	PA required through EAP	PA required through EAP
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, Oseltamivir)	Covered	Not covered mailorder. \$5 copay at TeamstersCare Pharmacy
Tanzeum	1 box (4 pens)	3 boxes (12 pens)
Temazepam	20 doses	60 doses
Testosterone	Prior Auth required	Prior Auth required
Tilade	2 Inhalers	4 Inhalers
Tivorbex	Not covered	Not covered
Tramadol	Subject to Express Scripts Opioid Program	Subject to Express Scripts Opioid Program
Trelegy Ellipta Inhaler	1 inhaler	3 inhalers
Tretinoin cream, gel, microspheres (all strengths) age 36+	Prior Auth required, limit 45 g per 30 days	Prior Auth required, limit 45 g per 30 days
Treximet	9 tablets per 30 days	27 tablets
Triamcinolone acetonide nasal spray	Not covered	Not covered
Trijardy XR 5 mg/2.5 mg/1000 mg; 10 mg/5 mg/1000 mg; 12.5 mg/2.5 mg/1000 mg; 25 mg/5 mg/1000 mg	Not covered	Not covered
Tri-Nasal	1 unit	3 units
Trintellix 5 mg, 10 mg, 20 mg.	Prior Auth required	Prior Auth required
Twirla 120/30 mcg patch	Not covered	Not covered
Twynéo 0.1% / 3% cream	Not covered	Not covered
Ubrovelvy (ubrogepant)	Prior Auth required, limit 16/30 days	Prior Auth required, limit 16/30 days
Ultracet tablets	5 days supply	Same as retail
Vascepa capsules	Prior Auth required	Prior Auth required
Vilbryd starter pack 10 mg-20 mg kit	Prior Auth required	Prior Auth required
Vilbryd 10 mg, 20 mg, 40 mg tabs	Prior Auth required	Prior Auth required
Vilbryd 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
Vivitrol	Prior Auth required; additional limitations	Prior Auth required; additional limitations
Vivlodex	Not covered	Not covered
Vyleesi	Prior Auth required	Prior Auth required

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Vytorin	Not covered	Not covered
Xeljanz & Xeljanz XR (all strengths)	Prior Auth required	Prior Auth required
Xulane 150/35 mcg patch	Not covered	Not covered
Xyosted	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
Zipsor	Not covered	Not covered
Zolgensma	Covered through medical	Covered through medical
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)
Zorvolex	Not covered	Not covered
Zyflo & Zyflo CR 600 mg	Prior Auth required	Prior Auth required
Zyrtec & Zyrtec-D, OTC	Not covered	Not covered
Note: Medications subject to FDA/Manufacturer's limitations & guidelines for dosing.		
<b>If medication dosage is higher than recommended, prescription will be subject to medical review.</b>		
<b>Updated 6/30/2022</b>		