

Tennessee CoverRx Covered Drug List - Effective 1/1/2024

ANTIBIOTICS	ANTIVIRALS (CONT'D)	BEHAVIORAL HEALTH (CONT'D)	CHOLESTEROL
Amoxicillin	*QUANTITY LIMITS:	Citalopram tablets	Atorvastatin
Amoxicillin / Clavulanate	Molnupiravir: 40 capsules per 5 days	Clozapine (except 200 mg tablets)	Fenofibrate 54 mg and 160 mg tablets
Ampicillin	2 courses per year	Doxepin	Gemfibrozil
Azithromycin	Oseltamivir: 20 capsules per 180 days	Duloxetine capsules*	Lovastatin
Cefaclor capsules	Paxlovid: 30 tablets per 5 days	Escitalopram tablets	Pravastatin
Cefadroxil	2 courses per year	Fluoxetine capsules (except DR)	Rosuvastatin
Cefpodoxime tablets		Fluphenazine	Simvastatin
Cefuroxime tablets	ARTHRITIS AND PAIN	Fluphenazine Decanoate	
Cephalexin capsules (except 750 mg)	Allopurinol	Haloperidol	DIABETES
Ciprofloxacin (except 750 mg & XR)	Dexamethasone	Haloperidol Decanoate	Glimepiride
Clindamycin capsules	Diclofenac Sodium tablets	Haloperidol Lactate 2 mg/ml	Glipizide
Dicloxacillin	Hydroxychloroquine Sulfate	Hydroxyzine Pamoate	Glipizide ER/XL
Doxycycline Monohydrate capsule	Indomethacin	Imipramine HCL	Glyburide
Erythromycin / Sulfisoxazole	Ketoprofen	Lithium Carbonate	Glyburide/Metformin
Levofloxacin tablets	Ketorolac*	Loxapine	Humalog [®] cartridge**
Metronidazole (except lotion, 0.75% vaginal gel, & 1% gel)	Meloxicam tablets	Lurasidone (except 120 mg tablets)*	Humalog [®] / Humalog [®] Mix pen* & KwikPen [®] **
Minocycline capsules	Methotrexate	Mirtazapine	Humalog [®] / Humalog [®] Mix vial**
Neomycin Sulfate	Methylprednisolone	Nortriptyline	Humulin [®] cartridge**
Nitrofurantoin Macrocrystals	Nabumetone	Olanzapine IR tablets*	Humulin [®] pen & KwikPen [®] (except U-500)**
Paromomycin Sulfate	Prednisolone Sod-Phos solution	Paroxetine tablets (not CR tablets)	Humulin [®] vial (except U-500)**
Penicillin V Potassium	Prednisone tablets	Perphenazine	Jardiance [®] *
Sulfamethoxazole / Trimethoprim	Salsalate	Quetiapine tablets (not ER tablets)	Lantus [®] vials & Lantus [®] Solostar pens**
Trimethoprim	Sulindac	Risperidone tablets	Metformin tablets
	*QUANTITY LIMITS:	Sertraline tablets	Metformin ER (excluding osmotic ER & modified release ER)
	Ketorolac: 20 tablets per 60 days	Thiothixene	Pioglitazone
ANTICONVULSANTS	ASTHMA AND RESPIRATORY	Trazodone	Toujeo [®] Solostar / Max Solostar [®]
Divalproex DR tablets	Albuterol HFA	Trifluoperazine	Alcohol Swabs†
Lamotrigine IR tablets	Albuterol HFA	Trihexyphenidyl tablets	FreeStyle [®] Freedom Lite meter †
Levetiracetam IR tablets	Ipratropium-Albuterol Nebulizer Solution	Venlafaxine IR tablets	FreeStyle [®] InsulinX meter / strips**
Oxcarbazepine IR tablets	Montelukast 5mg chew, 10mg tablet	Venlafaxine ER capsules*	FreeStyle [®] Libre 2 Sensor and Reader †
Phenytoin 100 mg capsules	Terbutaline Sulfate tablets	*QUANTITY LIMITS:	FreeStyle [®] Lite meter / strips**
Phenytoin suspension	Theophylline, Anhydrous, ER	Aripiprazole tablets: 1 tablet per day	Insulin Syringes**
Valproic Acid		Duloxetine capsules: 2 capsules per day	Lancet Devices / Lancets †
		Olanzapine IR 2.5mg, 5mg, 7.5mg & 10mg tablets: 2 tablets per day	Precision [®] Xtra meter / strips**
ANTIVIRALS	BEHAVIORAL HEALTH	Olanzapine IR 15mg & 20mg tablets: 1 tablet per day	*QUANTITY LIMITS:
Acyclovir (except topicals)	Amitriptyline	Venlafaxine ER capsules: 1 capsule per day	Insulin: Lesser of 30-Day supply or 40ml per fill per type
Amantadine	Aripiprazole tablets (not ODT)*	Lurasidone tablets: 1 tablet per day	Insulin Test Strips: 100 per 30 days or 300 per 90 days
Molnupiravir *	Benzotropine		Insulin Syringes: 100 per 30 days or 300 per 90 days
Oseltamivir 75 mg capsules*	Bupropion SR		Insulin Pen Needles: 100 per 30 days or 300 per 90 days
Paxlovid *	Bupropion XL 150 & 300 mg	BLOOD MODIFIERS	Alcohol Swabs: 100 per 30 days or 300 per 90 days
Rimantadine	Buspiron	Clopidogrel 75 mg tablets	Lancets: 100 per 30 days or 300 per 90 days
		Dipyridamole	Jardiance [®] tablets: 1 tablet per day
		Warfarin Sodium	

† Insulin, diabetic supplies, vaccines, nicotine replacement products, COVID-19 Antivirals, COVID-19 At-Home Tests, and Buprenorphine/Naloxone 8/2 mg SL tablets do not count against the monthly 5 script limit. Vaccines, Narcan, Kloxxado and Naloxone Nasal Sprays, COVID-19 Antivirals and At-Home Tests have \$0 Copay.

EYE CARE AND GLAUCOMA	HEART HEALTH & BLOOD PRESSURE (CONT'D)	STOMACH HEALTH	OTHER MEDICAL CONDITIONS
Acetazolamide	Carvedilol	Dicyclomine capsules & tablets	Allergies
Atropine Sulfate	Chlorthalidone	Hyoscyamine drops	Hydroxyzine HCL
Brimonidine Tartrate 0.2%	Clonidine tablet (not ER tablet)	Hyoscyamine IR tablets	Bone Density
Cyclopentolate HCl 1%	Digoxin	Mesalamine Suppositories	Alendronate
Dexamethasone Sod-Phos	Diltiazem, ER / XR	Metoclopramide	Ear Health
Dorzolamide / Timolol Eye Drops	Disopyramide Phosphate	Sulfasalazine	Neomycin/Polymyxin/HC Ear Drops
Erythromycin Eye Ointment	Enalapril / HCTZ	Ursodiol tablets	Migraines
Gentamicin Sulfate 0.3%	Felodipine ER		Sumatriptan tablets*
Homatropine HBr 5%	Furosemide tablets	THYROID CONDITIONS	Skin Cream
Latanoprost	Hydralazine	Armour Thyroid®	Triamcinolone Acetonide Cream
Levobunolol HCl	Hydrochlorothiazide	Levothyroxine, Levo-T, Euthyrox	Miscellaneous
Ofloxacin Eye Drops	Indapamide	Methimazole	Buprenorphine/Naloxone 8mg/2mg SL tablets*†
Pilocarpine Eye Drops	Isosorbide Mononitrate	Synthroid®	COVID-19 At-Home tests*†
Polymyxin B / Trimethoprim	Lisinopril		Kloxxado® Nasal Spray*
Prednisolone Acetate	Lisinopril / HCTZ	UROLOGY	Lactulose
Sulfacetamide Sodium	Losartan	Bethanechol Chloride	Megestrol Acetate
Timolol Maleate	Losartan/HCTZ	Flavoxate	Naloxone Nasal Spray*
Tobramycin Sulfate	Metolazone	Oxybutynin HCl	Narcan® Nasal Spray*
	Metoprolol, ER	Phenazopyridine HCl	NRT-Nicotine Transdermal Patches*†: 7mg, 14mg, 21mg
	Mexiletine		NRT-Nicotine Gum*†: 2mg, 4mg
FUNGAL INFECTIONS	Nifedipine ER	VITAMINS AND MINERALS	NRT-Nicotine Lozenges*†: 2mg, 4 mg
Clotrimazole	Nitroglycerin (except patch)	Calcitriol (except ointment)	Promethazine tablets
Clotrimazole Troche	NitroStat	Ergocalciferol (Vitamin D2) capsules*	*QUANTITY LIMITS:
Fluconazole	Prazosin 1 mg & 2 mg capsules*	Folic acid 1 mg tablets	Buprenorphine/Naloxone 8mg/2mg SL tablets: 2 tablets per day for 6 months then 1 tablet per day
Ketoconazole (except foam)	Propafenone tablets	Potassium Chloride	COVID-19 At-Home tests: 8 tests per month
Nystatin (except powder)	Propranolol IR	Prenatal Vitamins – All generics	Kloxxado® Nasal Spray: 1 kit per month (not available by mail order)
	Quinidine Gluconate	*QUANTITY LIMITS:	Naloxone Nasal Spray: 2 nasal spray bottles per month (not available by mail order)
HEART HEALTH & BLOOD PRESSURE	Sotalol	Ergocalciferol: 13 capsules per 90 days	Narcan® Nasal Spray: 1 kit per month (not available by mail order)
Amiodarone (except 100 mg)	Spironolactone		Sumatriptan tablets: 9 tablets per month
Amlodipine	Terazosin	WOMEN'S HEALTH	NRT Patches: 8 weeks per each strength annually
Amlodipine / Benazepril	Triamterene / HCTZ	Estradiol oral tablets, cream	NRT Gum and Lozenges: 12 weeks per strength annually
Atenolol	Verapamil tablets, ER / PM / SR	Etoposide	
Atenolol / Chlorthalidone	*QUANTITY LIMITS:	Medroxyprogesterone (not injection)	VACCINES +
Bisoprolol / HCTZ	Prazosin: 1 capsule per day	Oral Contraceptives – All generics & Emergency Contraceptives	Afluria®
Bisoprolol Fumarate		Tamoxifen	Pneumovax®
Benazepril			Fluarix®
			Prevnar 13®
			Flublok®
			COVID-19
			Flucelvax® Quad
			Abrysvo®
			Flulaval®
			Arexvy®
			Fluvirin®
			Fluzone®
			Influenza A (H1N1)

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