

Tennessee CoverRx Covered Drug List - Effective 7/1/2025

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	Ondansetron IR and ODT - 4mg and 8 mg*	Sumatriptan tablets*
Homatropine HBr 5%	Furosemide tablets	*QUANTITY LIMITS:	Skin Cream
Latanoprost	Hydralazine	Ondansetron IR and ODT: 30 per 90 days	Triamcinolone Acetonide Cream
Levobunolol HCl	Hydrochlorothiazide	THYROID CONDITIONS	Miscellaneous
Ofloxacin Eye Drops	Indapamide	Armour Thyroid®	Buprenorphine/Naloxone 8mg/2mg SL tablets*†
Pilocarpine Eye Drops	Isosorbide Mononitrate	Levothyroxine, Levo-T, Euthyrox	Kloxxado® Nasal Spray*
Polymyxin B / Trimethoprim	Lisinopril	Methimazole	Lactulose
Prednisolone Acetate	Lisinopril / HCTZ	Synthroid®	Megestrol Acetate
Sulfacetamide Sodium	Losartan	UROLOGY	Naloxone Nasal Spray*
Timolol Maleate	Losartan/HCTZ	Bethanechol Chloride	Narcan® Nasal Spray*
Tobramycin Sulfate	Metolazone	Flavoxate	NRT-Nicotine Transdermal Patches*†: 7mg, 14mg, 21mg
	Metoprolol, ER	Oxybutynin HCl	NRT-Nicotine Gum*†: 2mg, 4mg
	Mexiletine	Phenazopyridine HCl	NRT-Nicotine Lozenges*†: 2mg, 4mg
FUNGAL INFECTIONS	Nifedipine ER	VITAMINS AND MINERALS	Promethazine tablets
Clotrimazole	Nitroglycerin (except patch)	Calcitriol (except ointment)	*QUANTITY LIMITS:
Clotrimazole Troche	NitroStat	Ergocalciferol (Vitamin D2) capsules*	Buprenorphine/Naloxone 8mg/2mg SL tablets: 2 tablets per day
Fluconazole	Prazosin 1 mg & 2 mg capsules*	Folic acid 1 mg tablets	Kloxxado® Nasal Spray: 1 kit per month (not available by mail order)
Ketoconazole (except foam)	Propafenone tablets	Potassium Chloride	Naloxone Nasal Spray: 2 nasal spray bottles per month (not available by mail order)
Nystatin (except powder)	Propranolol IR	Prenatal Vitamins – All generics	Narcan® Nasal Spray: 1 kit per month (not available by mail order)
	Quinidine Gluconate	*QUANTITY LIMITS:	Sumatriptan tablets: 9 tablets per month
HEART HEALTH & BLOOD PRESSURE	Sotalol	Ergocalciferol: 13 capsules per 90 days	NRT Patches: 8 weeks per each strength annually
Amiodarone (except 100 mg)	Spironolactone	WOMEN'S HEALTH	NRT Gum and Lozenges: 12 weeks per strength annually
Amlodipine	Terazosin	Estradiol oral tablets, cream	VACCINES †
Amlodipine / Benazepril	Triamterene / HCTZ	Estropipate	Afluria®
Atenolol	Verapamil tablets, ER / PM / SR	Medroxyprogesterone (not injection)	Fluarix®
Atenolol / Chlorthalidone	*QUANTITY LIMITS:	Oral Contraceptives – All generics &	Flublok®
Bisoprolol / HCTZ	Prazosin: 1 capsule per day	Emergency Contraceptives	Flucelvax®
Bisoprolol Fumarate		Tamoxifen	Flulaval®
Benazepril			Flumist®
			Fluzone®
			Influenza A (H1N1)
			Pneumovax®
			Prevnar 20®
			COVID-19
			Abrysvo®
			Arexvy®
			Vaxneuvance®

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