

## Tennessee CoverRx Covered Drug List - Effective 7/1/2024

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

† 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.

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

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