







Please note that effective January 1, 2025, information about medications requiring prior authorization is available on the **Prior Authorization, Step Therapy, & Quantity Limit List** which can be found at the following link:
<https://info.caremark.com/oe/stateoftn>.







Drug lists

- [State of Tennessee Preferred Drug List with Advanced Control Specialty Formulary \(PDF\)](#) 
- [Specialty Drug List \(PDF\)](#) 
- [Prior Authorization, Step Therapy, & Quantity Limit List \(PDF\)](#) 
- [Prior Authorization Criteria](#) 
- [Advanced Control Specialty Formulary \(PDF\)](#) 
- [CDHP/HSA and Local CDHP/HSA maintenance medication list – 90 day supplies \(PDF\)](#) 
 - *(Not all drugs qualify or are covered on your plan; check your preferred drug list/formulary above to verify that your drug is covered)*

Please refer to the **State of Tennessee Performance Drug List with Advanced Control Specialty Formulary** and the **Advanced Control Specialty Formulary Drug List** for all covered drugs on the State of Tennessee pharmacy benefit.

Please note that the **State of Tennessee Performance Drug List with Advanced Control Specialty Formulary** contains non-specialty drugs and the **Advanced Control Specialty Formulary** contains specialty drugs.

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