



Hennepin Health

300 South Sixth Street, MC 604
Minneapolis, Minnesota 55487-0604

List of Covered Drugs for Hennepin Health SNBC members who have Medicare coverage

Hennepin Health Toll Free 1-800-647-0550 TTY 1-800-627-3529

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလီလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီၤဝဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຮມາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. Hennepin Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a complaint if you believe you were treated in a discriminatory way by Hennepin Health. You can file a complaint and ask for help filing a complaint by mail, phone, fax, or email at:

Hennepin Health
300 South Sixth Street MC 604
Minneapolis MN 55487-0604
Toll-free: 1-800-647-0550 (voice)
TTY: 1-800-627-3529 (MN Relay)
Fax: 612-632-8815
Email: hennepinhealth@hennepin.us

or in person at:

Hennepin Health
525 Portland Avenue South
Minneapolis

Auxiliary Aids and Services: Hennepin Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs.

Contact: Hennepin Health Member Services at hennepinhealth@hennepin.us, or call Hennepin Health Member Services at 612-596-1036 (toll-free 1-800-647-0550) or your preferred relay service.

Language Assistance Services: Hennepin Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact:** Hennepin Health Member Services at hennepinhealth@hennepin.us, or call Hennepin Health Member Services at 612-596-1036 (toll-free 1-800-647-0550) or your preferred relay service.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Hennepin Health. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office of Civil Rights, U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240 Chicago, IL 60601
Customer Response Center: 800-368-1019, TTY 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have a right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administration actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

INTRODUCTION

This directory is a list of drugs that are covered by Hennepin Health. **Hennepin Health SNBC members who have Medicare coverage should use this list.**

Providers should use this list only for SNBC members who have Medicare coverage. For all other Hennepin Health members, providers should refer to the [Medicaid list of covered drugs](#).

What is a list of covered drugs?

It is a list of the prescription drugs covered by Hennepin Health. The listed drugs were selected by Hennepin Health with the help of a team of doctors and pharmacists. Hennepin Health will generally cover the drugs listed if the drug is medically necessary, the prescription is filled at a Hennepin Health network pharmacy, and other requirements related to the drug are followed.

Does the list of covered drugs ever change?

The Hennepin Health list of covered drugs may change in a calendar year. If a change occurs which impacts the coverage of a medication you are taking, Hennepin Health will make a reasonable effort to contact you and your prescriber to inform you and your prescriber about the change and possible alternative medications which will be covered.

Examples of some changes that may occur:

- A drug is removed from the list due to safety reasons.
- Prior authorization requirements are changed.

How do I find a drug on the list?

There are two ways to search for a drug within this directory (formulary):

Alphabetical

The drugs on this list begin on page 6 in alphabetical order.

By therapeutic class

The drugs on this list begin on page 17 and are grouped by therapeutic classification.

Generally, all applicable dosage forms and cited drug strength are included for coverage unless specific forms and strengths are noted.

What are generic or biosimilar drugs?

A generic drug has the same active ingredient as the brand-name drug and produces the same clinical effect as the brand-name drug. A generic drug is approved by the Food and Drug Administration (FDA). Generic drugs may be more affordable.

A biosimilar drug is an FDA-approved biologic drug that is like an already-approved biological drug; it is not different in terms of safety and effectiveness. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may give you a more affordable treatment option.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

Hennepin Health will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs Hennepin Health in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. Hennepin Health prefers a certain brand-name version over the generic, or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the brand-name or non-biosimilar version of the drug be dispensed.

In the drug list below, brand-name drugs are listed in capital letters and generic drugs are in small letters.

What are over-the-counter drugs?

Drugs and products that you can buy without a prescription are referred to as over-the-counter (OTC). Hennepin Health may cover an OTC drug if a doctor writes a prescription for it, even though the drug is available without a prescription.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially trained pharmacist.

If you are prescribed a drug that is considered a specialty drug, your prescriber will need to send the prescription of that specialty drug to one of Hennepin Health's specialty pharmacies listed below.

HCMC CSC Pharmacy

Phone and TTY: 612-873-6600, TTY: 711

Fax: 612-873-1535

Open hours:

8 a.m. - 6 p.m., Monday - Friday

9 a.m. - 1 p.m., Saturday

Closed on Sunday

Lumicera Health Services

Phone and TTY: 1-855-847-3553, TTY: 711

Fax: 1-855-847-3558

Open hours:

8 a.m. - 7 p.m., Monday through Thursday

8 a.m. - 6 p.m., Friday

Closed Saturday and Sunday (a pharmacist may be called only for questions)

You will need to call the specialty pharmacy that receives your prescription to set up an account. You will need to have your Hennepin Health member ID card when you call the specialty pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug is not listed, contact Member Services at 612-596-1036 (Toll free: 1-800-647-0550 or TTY: 711) to ask if the drug is covered. If you need a drug that is not included in the list, your doctor may request an exception. Your doctor files a request by fax at 612-321-3712 or by mail to:

Hennepin Health
300 South Sixth Street, MC 604
Minneapolis, MN 55487-0604

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** Hennepin Health requires you or your health care provider to get prior authorization for certain drugs. This means that you will need to get approval from Hennepin Health before you fill your prescription. If you don't get approval, Hennepin Health may not cover the drug.
- **Quantity limits:** For certain drugs, Hennepin Health limits the amount of the drug that Hennepin Health will cover.
- **Age requirements:** In some cases, there may be age limits for certain drugs. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking at the list of covered drugs. A drug restriction or limit can be removed if your doctor submits a statement or documentation supporting the request. Refer to your Member Handbook for more information, visit the Hennepin Health website at www.hennepinhealth.org or contact Member Services at 612-596-1036 (Toll free: 1-800-647-0550 or TTY: 711).

- **Excluded drugs:** Some drugs are not on the list of covered drugs. Excluded drugs include:
 - Drugs used to treat sexual or erectile dysfunction
 - Drugs used for cosmetic purposes, including drugs to treat hair loss
 - Drugs or products to promote weight loss
 - Promethazine with codeine

Can I request an exception to the coverage restrictions?

Yes. Your healthcare provider can obtain the drug reconsideration request form from www.hennepinhealth.org or by contacting, Member Services at 612-596-1036 (Toll free: 1-800-647-0550 or TTY: 711). Your provider must return the form to the fax number or address listed on the document and completely fill in the form; include which medications have been tried, what dosages were used, and why the drug cannot be continued, or side effects. This will help Hennepin Health make a thorough review and ensure that your healthcare provider receives a response within 24 hours.

What will a prescription cost?

What you will copay for your prescription drug is listed in the Member Handbook. If you have additional questions, contact Member Services at 612-596-1036 (Toll free: 1-800-647-0550 or TTY: 711) or visit our website at www.hennepinhealth.org.

TABLE OF CONTENTS

Formulary alphabetical index 6

Formulary by category/class 17

Search Tip: You can search this document quickly and easily by clicking on the search icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Note: The Tier column shows co-pay tiers: Tier 1 = generic; Tier 2 = brand; \$0 = no co-pay; MB = medical benefit drug.

Hennepin Health OTC Wrap Formulary
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
acetaminophen cap 500 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen chew tab 160mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen chew tab 500mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen chew tab 80mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen dispersible tab 160mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen dispersible tab 80mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen elixir 160mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen liquid 160mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen liquid 167mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen liquid 500mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen soln 100 mg/ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen soln 160mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen soln 325mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen suppos 120 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen suppos 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen suppos 650 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen suppos 80 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen susp 160mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen susp 80mg/0.8ml	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab 160mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab 500 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab cr 650 mg	OTC	1	ANALGESICS - NONNARCOTIC
acetic acid vaginal soln	OTC	1	VAGINAL PRODUCTS
acid gone chew tab	OTC	1	ANTACIDS
acid gone susp	OTC	1	ANTACIDS
alcohol swabs	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
aluminum hydroxide gel susp 600mg/5ml	OTC	1	ANTACIDS
aluminum hydroxide susp 320mg/5ml	OTC	1	ANTACIDS
aluminum hydroxide/magnesium trisilicate chew tab 80-20mg	OTC	1	ANTACIDS
aluminum/mag hydroxide-simethicone chew tab 200-200-20 mg	OTC	1	ANTACIDS
aluminum/mag hydroxide-simethicone chew tab 200-200-25 mg	OTC	1	ANTACIDS
aluminum/mag hydroxide-simethicone susp 200-200-20 mg/5ml	OTC	1	ANTACIDS
aluminum/mag hydroxide-simethicone susp 225-200-25 mg/5ml	OTC	1	ANTACIDS
aluminum/mag hydroxide-simethicone susp 282-87-25 mg/5ml	OTC	1	ANTACIDS
aluminum/mag hydroxide-simethicone susp 400-400-40 mg/5ml	OTC	1	ANTACIDS
aluminum/mag hydroxide-simethicone susp 500-450-40 mg/5ml	OTC	1	ANTACIDS
aluminum/magnesium hydroxides chew tab 300-150 mg	OTC	1	ANTACIDS
aluminum/magnesium hydroxides conc 600-300mg/5ml	OTC	1	ANTACIDS
aluminum/magnesium hydroxides susp 200-200 mg/5ml	OTC	1	ANTACIDS
aluminum/magnesium hydroxides susp 225-200 mg/5ml	OTC	1	ANTACIDS
aluminum/magnesium hydroxides susp 500-500 mg/5ml	OTC	1	ANTACIDS
anti-diarrhea liquid	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
artificial tear and lubricant combinations	OTC	1	OPHTHALMIC AGENTS
artificial tear gels	OTC	1	OPHTHALMIC AGENTS

90DS	NC =Not Covered	OTC	generic =small letters	PA	BRANDS =CAPITAL LETTERS
QL	90 Day Supply Allowed		Over-the-Counter		Prior Authorization
	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
artificial tear solutions	OTC	1	OPHTHALMIC AGENTS
artificial tears and lubricants	OTC	1	OPHTHALMIC AGENTS
artificial tears solutions	OTC	1	OPHTHALMIC AGENTS
aspirin buffered tab 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
aspirin chew tab 81 mg	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab delayed release 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab delayed release 81 mg	OTC	1	ANALGESICS - NONNARCOTIC
bacitracin oint 500 unit/gm	OTC	1	DERMATOLOGICALS
bacitracin zinc oint 500 unit/gm	OTC	1	DERMATOLOGICALS
bacitracin/polymyxin b oint	OTC	1	DERMATOLOGICALS
b-complex vitamin cap	OTC	1	MULTIVITAMINS
B-complex w/ C and folic acid tab	OTC	1	MULTIVITAMINS
B-complex with C/E + Zn tab	OTC	1	MULTIVITAMINS
benzoyl peroxide cleanser 3.5%	OTC	1	DERMATOLOGICALS
benzoyl peroxide gel 2.5%	OTC	1	DERMATOLOGICALS
benzoyl peroxide liquid 10%	OTC	1	DERMATOLOGICALS
benzoyl peroxide liquid wash 5%	OTC	1	DERMATOLOGICALS
benzoyl peroxide lotion 10%	OTC	1	DERMATOLOGICALS
benzoyl peroxide lotion 5%	OTC	1	DERMATOLOGICALS
bisacodyl suppos 10 mg	OTC	1	LAXATIVES
bisacodyl tab delayed release 5 mg	OTC	1	LAXATIVES
bismuth subsalicylate chew tab 262 mg	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate chew tab 300 mg	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate susp 262 mg/15ml	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate susp 525 mg/15ml	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate susp 690mg/30ml	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate tab 262 mg	OTC	1	ANTIDIARRHEALS
brompheniramine/pseudoephedrine elixir 1-15mg/5ml	OTC	1	COUGH/COLD/ALLERGY
calamine lotion	OTC	1	DERMATOLOGICALS
calcium 250mg w/ vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium 500mg w/ vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium 600mg w/ vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg	OTC	1	ANTACIDS
calcium carbonate susp	OTC	1	ANTACIDS
calcium carbonate tab	OTC	1	ANTACIDS
calcium carbonate tab 1250 mg (500 mg elemental ca)	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate tab 1500mg (600mg elemental Ca)	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate tab 600 mg	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/cholecalciferol chew tab 500mg-100unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/cholecalciferol chew tab 500mg-600unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/magnesium hydroxide susp	OTC	1	ANTACIDS
calcium carbonate/simethicone chew tab	OTC	1	ANTACIDS
calcium carbonate/vitamin D tab 250mg-125unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/vitamin D tab 500mg-125unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/vitamin D tab 500mg-200unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/vitamin D tab 500mg-400unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/vitamin D tab 600mg-125unit	OTC	1	MINERALS & ELECTROLYTES
CALCIUM CARBONATE/VITAMIN D TAB 600MG-125UNIT	OTC	2	MINERALS & ELECTROLYTES

90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
------------	--	-----	--	----	--

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
calcium carbonate/vitamin D tab 600mg-200unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/vitamin D tab 600mg-400unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate-cholecalciferol tab 250 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate-cholecalciferol tab 500 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate-cholecalciferol tab 500 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate-cholecalciferol tab 500 mg-400 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate-cholecalciferol tab 600 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate-cholecalciferol tab 600 mg-400 unit	OTC	1	MINERALS & ELECTROLYTES
CALCIUM CHEW TAB 500MG-400UNIT	OTC	2	MINERALS & ELECTROLYTES
calcium citrate plus vitamin d tab	OTC	1	MINERALS & ELECTROLYTES
calcium citrate/vitamin D tab 200mg-250unit	OTC	1	MINERALS & ELECTROLYTES
calcium citrate/vitamin D tab 250mg-200unit	OTC	1	MINERALS & ELECTROLYTES
CALCIUM CITRATE/VITAMIN D TAB 250MG-200UNIT	OTC	2	MINERALS & ELECTROLYTES
calcium citrate/vitamin D tab 315mg-200unit	OTC	1	MINERALS & ELECTROLYTES
calcium polycarbophil tab 625 mg	OTC	1	LAXATIVES
calcium w/ vitamin D tab 600mg-125unit	OTC	1	MINERALS & ELECTROLYTES
calcium/D3 wafer	OTC	1	MINERALS & ELECTROLYTES
calcium/ergocalciferol tab 250mg-100unit	OTC	1	MINERALS & ELECTROLYTES
calcium/ergocalciferol tab 250mg-125unit	OTC	1	MINERALS & ELECTROLYTES
calcium/ergocalciferol tab 500mg-200unit	OTC	1	MINERALS & ELECTROLYTES
CALCIUM+D TAB 600MG	OTC	2	MINERALS & ELECTROLYTES
CALIBRATION LIQUID (QL= 1 bottle/365 days)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
capsaicin cream 0.025%	OTC	1	DERMATOLOGICALS
capsaicin cream 0.035%	OTC	1	DERMATOLOGICALS
capsaicin cream 0.075%	OTC	1	DERMATOLOGICALS
capsaicin cream 0.1%	OTC	1	DERMATOLOGICALS
capsicum oleoresin cream 0.025%	OTC	1	DERMATOLOGICALS
capsicum oleoresin cream 0.075%	OTC	1	DERMATOLOGICALS
carbamide peroxide 6.5% otic soln	OTC	1	OTIC AGENTS
carboxymethylcellulose sodium ophth soln	OTC	1	OPHTHALMIC AGENTS
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	OTC	1	ANTIHISTAMINES
cetirizine hcl tab 10 mg	OTC	1	ANTIHISTAMINES
cetirizine hcl tab 5 mg	OTC	1	ANTIHISTAMINES
charcoal activated cap 260 mg	OTC	1	ANTIDOTES
charcoal activated tab 250 mg	OTC	1	ANTIDOTES
CHEMSTRIP URINE TEST STRIPS	OTC	\$0	DIAGNOSTIC PRODUCTS
child-multi chew vitamins	OTC	1	MULTIVITAMINS
chlorpheniramine maleate syrup 2 mg/5ml	OTC	1	ANTIHISTAMINES
chlorpheniramine maleate tab 4 mg	OTC	1	ANTIHISTAMINES
chlorpheniramine maleate tab cr 12 mg	OTC	1	ANTIHISTAMINES
cholecalciferol cap 25000unit	OTC	1	VITAMINS
cholecalciferol cap 400unit	OTC	1	VITAMINS
cholecalciferol tab 3000unit	OTC	1	VITAMINS
cholecalciferol tab 4000unit	OTC	1	VITAMINS
clemastine fumarate tab 1.34 mg (1 mg base equiv)	OTC	1	ANTIHISTAMINES
CLEMASTINE TAB 1.34MG	OTC	2	ANTIHISTAMINES
clotrimazole cream 1%	OTC	1	DERMATOLOGICALS
COMPOUND W LIQUID (QL=1 bottle/30 days)	OTC-QL	2	DERMATOLOGICALS

90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
------------	--	-----	--	----	--

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
CONDOMS - MALE	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
CONDOMS LATEX LUBRICATED	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
CONDOMS LATEX NON-LUBRICATED	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
dextromethorphan ER liquid 30mg/5ml	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin liquid 5-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
dimethicone cream 1%	OTC	1	DERMATOLOGICALS
diphenhydramine (sleep) tab 50mg	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine hcl (sleep) tab 25 mg	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine hcl (sleep) tab disp 25 mg	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine hcl cap 25 mg	OTC	1	ANTIHISTAMINES
diphenhydramine hcl elixir 12.5 mg/5ml	OTC	1	ANTIHISTAMINES
diphenhydramine hcl liquid 12.5 mg/5ml	OTC	1	ANTIHISTAMINES
diphenhydramine hcl tab 25 mg	OTC	1	ANTIHISTAMINES
docosanol cream 10%	OTC	1	DERMATOLOGICALS
docusate calcium cap	OTC	1	LAXATIVES
docusate sodium cap 100 mg	OTC	1	LAXATIVES
docusate sodium cap 50 mg	OTC	1	LAXATIVES
docusate sodium enema 100mg	OTC	1	LAXATIVES
docusate sodium enema 283 mg	OTC	1	LAXATIVES
docusate sodium liquid 150 mg/15ml	OTC	1	LAXATIVES
docusate sodium liquid 50 mg/15ml	OTC	1	LAXATIVES
docusate sodium syrup 60 mg/15ml	OTC	1	LAXATIVES
DOCUSATE SODIUM SYRUP 60 MG/15ML	OTC	2	LAXATIVES
docusate sodium tab 100 mg	OTC	1	LAXATIVES
doxylamine succinate (sleep) tab 25 mg	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DUOFILM SOLN 17% (QL=1 bottle/30 days)	OTC-QL	2	DERMATOLOGICALS
famotidine tab 10 mg	90DS-OTC	1	ULCER DRUGS
famotidine tab 20 mg	90DS-OTC	1	ULCER DRUGS
famotidine tab 40 mg	90DS-OTC	1	ULCER DRUGS
fe gluconate tab 239mg (27mg elemental fe)	OTC	1	HEMATOPOIETIC AGENTS
ferrous fumarate tab	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 324 mg (38 mg elemental iron)	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 324mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 325 mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 325 mg (37.5 mg elemental fe)	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe) (\$0 for members age 6-12 months; Prior Authorization required for members age 8 or older)	OTC-PA	1	HEMATOPOIETIC AGENTS
ferrous sulfate CR tab 142mg (45mg FE equivalent)	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate drops	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate tab 325 mg (65 mg elemental fe)	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	OTC	1	HEMATOPOIETIC AGENTS
fexofenadine hcl tab 180 mg	OTC	1	ANTIHISTAMINES

90DS	NC =Not Covered	OTC	generic =small letters	PA	BRANDS =CAPITAL LETTERS
QL	90 Day Supply Allowed		Over-the-Counter		Prior Authorization
	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
fexofenadine hcl tab 60 mg	OTC	1	ANTI-HISTAMINES
foam antacid chew	OTC	1	ANTACIDS
folic acid tab 1mg (folate) (\$0 for females)	90DS-OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (folate) (\$0 for females)	90DS-OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (folate) (\$0 for females)	90DS-OTC	1	HEMATOPOIETIC AGENTS
GENTEAL MILD OPHTH SOLN 3%	OTC	2	OPHTHALMIC AGENTS
GENTEAL OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
glycerin enema adult 5.6gm/average delivered dose	OTC	1	LAXATIVES
glycerin suppos 1 gm	OTC	1	LAXATIVES
glycerin suppos 1.2 gm	OTC	1	LAXATIVES
glycerin suppos 2 gm	OTC	1	LAXATIVES
glycerin suppos 2.1 gm	OTC	1	LAXATIVES
glycerin suppos 80.7%	OTC	1	LAXATIVES
glycerin suppository 1gm	OTC	1	LAXATIVES
guaifenesin liquid 100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin liquid 100 mg/6.25ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin liquid 200 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin syrup 100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin tab 200 mg	OTC	1	COUGH/COLD/ALLERGY
guaifenesin tab 400 mg	OTC	1	COUGH/COLD/ALLERGY
guaifenesin tab sr 12hr 600 mg	OTC	1	COUGH/COLD/ALLERGY
guaifenesin/codeine soln 100-10mg/5ml	OTC	1	COUGH/COLD/ALLERGY
hydrocortisone acetate oint 1%	OTC	1	DERMATOLOGICALS
hydrocortisone acetate-aloe vera cream 0.5%	OTC	1	DERMATOLOGICALS
hydrocortisone cream 0.5%	OTC	1	DERMATOLOGICALS
hydrocortisone cream 1%	OTC	1	ANORECTAL AND RELATED PRODUCTS
hydrocortisone foam 1%	OTC	1	DERMATOLOGICALS
hydrocortisone gel 1%	OTC	1	DERMATOLOGICALS
hydrocortisone lotion 0.25%	OTC	1	DERMATOLOGICALS
hydrocortisone lotion 1%	OTC	1	DERMATOLOGICALS
hydrocortisone oint 0.5%	OTC	1	DERMATOLOGICALS
hydrocortisone oint 1%	OTC	1	DERMATOLOGICALS
hydrocortisone oint 2.5%	OTC	1	DERMATOLOGICALS
hydrocortisone soln 1%	OTC	1	DERMATOLOGICALS
hydrogen peroxide soln 3%	OTC	1	ANTISEPTICS & DISINFECTANTS
hypromellose ophth gel 0.3%	OTC	1	OPHTHALMIC AGENTS
hypromellose ophth soln 0.3%	OTC	1	OPHTHALMIC AGENTS
ibuprofen chew tab 100mg	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp 100mg/5ml	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp 40 mg/ml	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 200 mg	90DS-OTC	1	ANALGESICS - ANTI-INFLAMMATORY
INSULIN SYRINGE	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
isopropyl alcohol wipes 70%	OTC	\$0	DERMATOLOGICALS
ketotifen fumarate ophth soln 0.025% (base equiv)	OTC	1	OPHTHALMIC AGENTS
ketotifen fumarate ophth soln 0.035%	OTC	1	OPHTHALMIC AGENTS
LACTASE CAP 250 MG	OTC	2	DIGESTIVE AIDS
LACTASE CHEW TAB 4500 UNIT	OTC	2	DIGESTIVE AIDS
lactase chew tab 9000 unit	OTC	1	DIGESTIVE AIDS
LACTASE TAB	OTC	2	DIGESTIVE AIDS

90DS	NC =Not Covered	OTC	generic =small letters	PA	BRANDS =CAPITAL LETTERS
QL	90 Day Supply Allowed		Over-the-Counter		Prior Authorization
	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
lactase tab 3000 unit	OTC	1	DIGESTIVE AIDS
lactase tab 4500 unit	OTC	1	DIGESTIVE AIDS
lactase tab 9000 unit	OTC	1	DIGESTIVE AIDS
lactic acid (ammonium lactate) cream 12%	OTC	1	DERMATOLOGICALS
lactic acid (ammonium lactate) lotion 12%	OTC	1	DERMATOLOGICALS
LANCET DEVICE (QL= 1 device/365 days)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
L-CARNITINE CAP	OTC	2	NUTRIENTS
l-carnitine tab	OTC	1	NUTRIENTS
levocarnitine cap 250 mg	OTC	1	NUTRIENTS
levocarnitine fumarate cap 200 mg	OTC	1	NUTRIENTS
levocarnitine fumarate cap 250 mg	OTC	1	NUTRIENTS
levocarnitine fumarate tab 500mg	OTC	1	NUTRIENTS
levocarnitine tab 250 mg	OTC	1	NUTRIENTS
levocarnitine tab 500 mg	OTC	1	NUTRIENTS
loperamide cap 2mg	OTC	1	ANTIDIARRHEALS
loperamide hcl chew tab 2mg	OTC	1	ANTIDIARRHEALS
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	OTC	1	ANTIDIARRHEALS
LOPERAMIDE HCL SOLN 1MG/7.5ML	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
loperamide hcl soln 1mg/7.ml	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
loperamide hcl susp 1mg/7.5ml	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
LOPERAMIDE HCL SUSP 1MG/7.ML	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
loperamide hcl tab 2 mg	OTC	1	ANTIDIARRHEALS
loratadine rapidly-disintegrating tab 10 mg	OTC	1	ANTIHISTAMINES
loratadine syrup 5 mg/5ml	OTC	1	ANTIHISTAMINES
loratadine tab 10 mg	OTC	1	ANTIHISTAMINES
loratadine/pseudoephedrine tab sr 12hr 5-120 mg	OTC	1	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine tab sr 24hr 10-240 mg	OTC	1	COUGH/COLD/ALLERGY
LOTRIMIN NITRATE SPRAY	OTC	2	DERMATOLOGICALS
magnesium citrate soln	OTC	1	LAXATIVES
magnesium gl tab 500mg	OTC	1	MINERALS & ELECTROLYTES
magnesium gluconate tab 200 mg	OTC	1	MINERALS & ELECTROLYTES
magnesium gluconate tab 250 mg	OTC	1	MINERALS & ELECTROLYTES
magnesium gluconate tab 30 mg	OTC	1	MINERALS & ELECTROLYTES
magnesium gluconate tab 500 mg	OTC	1	MINERALS & ELECTROLYTES
magnesium gluconate tab 550 mg (30mg elemental mg)	OTC	1	MINERALS & ELECTROLYTES
magnesium hydroxide chew tab 311 mg	OTC	1	LAXATIVES
magnesium hydroxide chew tab 400 mg	OTC	1	LAXATIVES
magnesium hydroxide susp 400 mg/5ml	OTC	1	LAXATIVES
magnesium hydroxide susp 800 mg/5ml	OTC	1	LAXATIVES
MAGNESIUM HYDROXIDE SUSP CONCENTRATE 2400 MG/10ML	OTC	2	LAXATIVES
magnesium oxide (laxative) tab 500 mg	OTC	1	LAXATIVES
magnesium oxide cap 400mg	OTC	1	ANTACIDS
MAGNESIUM OXIDE CHEW TAB 200MG	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab 200mg (elemental mg)	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab 250 mg (mg supplement)	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab 400 mg	OTC	1	ANTACIDS
magnesium oxide tab 400 mg (241.3 mg elemental mg)	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab 400mg (240mg elemental Mg)	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab 500 mg (mg supplement)	OTC	1	MINERALS & ELECTROLYTES

90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
------------	--	-----	--	----	--

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
MALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
maximum D3 cap 325mcg	OTC	1	VITAMINS
meclizine hcl chew tab 25 mg	OTC	1	ANTIEMETICS
meclizine tab 25mg	OTC	1	ANTIEMETICS
melatonin tab	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 10mg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 1mg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 2.5mg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 200mcg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 300mcg	OTC	1	ALTERNATIVE MEDICINES
MELATONIN TAB 300MCG	OTC	2	ALTERNATIVE MEDICINES
melatonin tab 3mg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 5mg	OTC	1	ALTERNATIVE MEDICINES
methylcellulose powder laxative	OTC	1	LAXATIVES
miconazole nit va app 100mg (2%) and 2% cream and wipes kit	OTC	1	VAGINAL PRODUCTS
miconazole nitrate aerosol 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate aerosol pow 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate cream 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate gel 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate lotion 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate ointment 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate powder 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate soln 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate va supp 200mg and 2% cream and wipes kit	OTC	1	VAGINAL PRODUCTS
miconazole nitrate vaginal app 200mg and 2% cream 9gm kit	OTC	1	VAGINAL PRODUCTS
miconazole nitrate vaginal cream 2%	OTC	1	VAGINAL PRODUCTS
miconazole nitrate vaginal supp 1200mg and 2% cream kit	OTC	1	VAGINAL PRODUCTS
miconazole nitrate vaginal supp 200mg and 2% cream 9gm kit	OTC	1	VAGINAL PRODUCTS
mineral oil	OTC	1	LAXATIVES
mineral oil (bulk)	OTC	1	LAXATIVES
mineral oil light (bulk)	OTC	1	LAXATIVES
mineral oil light (topical)	OTC	1	DERMATOLOGICALS
multiple vitamin tab	OTC	1	MULTIVITAMINS
multiple vitamins w/ iron tab	OTC	1	MULTIVITAMINS
multiple vitamins w/ minerals cap	OTC	1	MULTIVITAMINS
multiple vitamins w/ minerals liquid	OTC	1	MULTIVITAMINS
multiple vitamins w/ minerals tab	OTC	1	MULTIVITAMINS
multi-vitamin 50+ cap for her	OTC	1	MULTIVITAMINS
multivitamin with iron drops	OTC	1	MULTIVITAMINS
NEBULIZER	OTC	2	MEDICAL DEVICES AND SUPPLIES
neomycin-bacitracin-polymyxin oint	OTC	1	DERMATOLOGICALS
nephrocaps, reno caps	OTC	1	MULTIVITAMINS
niacin tr tab (riboflavin) 1000mg	OTC	1	VITAMINS
nicotine polacrilex gum 2 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine polacrilex gum 4 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine polacrilex lozenge 2 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine polacrilex lozenge 4 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

90DS	NC =Not Covered	OTC	generic =small letters	PA	BRANDS =CAPITAL LETTERS
QL	90 Day Supply Allowed Quantity Limit		Over-the-Counter		Prior Authorization

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine td patch 24hr 14 mg/24hr	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine td patch 24hr 21 mg/24hr	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine td patch 24hr 7 mg/24hr	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NONOXYNOL-9 FOAM 12.5%	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 gel 2%	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 gel 3%	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 vaginal sponge 1000mg	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 vaginal suppos 100mg	OTC	\$0	VAGINAL PRODUCTS
NOVOFINE PEN NEEDLES	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
omega-3 fatty acids cap 1000 mg	OTC	1	NUTRIENTS
omega-3 fatty acids cap 1200mg	OTC	1	NUTRIENTS
OPTASE DROPS	OTC	1	OPHTHALMIC AGENTS
OPTASE DRY SPRAY	OTC	1	OPHTHALMIC AGENTS
oral electrolyte solution	OTC	1	MINERALS & ELECTROLYTES
oyster shell calcium tab 500 mg	OTC	1	MINERALS & ELECTROLYTES
oyster shell calcium/vitamin D (ergocalciferol) tab	OTC	1	MINERALS & ELECTROLYTES
pediatric multiple vitamin w/ minerals chew tab	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/ iron chew tab	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/ iron chew tab 12mg	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/ iron chew tab 15mg	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/ iron chew tab 18mg	OTC	1	MULTIVITAMINS
pediatric multivitamin w/ C and FA chew tab	OTC	1	MULTIVITAMINS
pediatric multivitamin w/ c soln	OTC	1	MULTIVITAMINS
pediatric multivitamin w/ minerals and C chew tab 60mg	OTC	1	MULTIVITAMINS
pediatric multivitamin/iron drops	OTC	1	MULTIVITAMINS
pediatric vitamin chew tab	OTC	1	MULTIVITAMINS
permethrin creme rinse 1%	OTC	1	DERMATOLOGICALS
polyethylene glycol 3350 oral powder	OTC	1	LAXATIVES
polyethylene glycol-propylene glycol ophth gel	OTC	1	OPHTHALMIC AGENTS
povidone/iodine soln 7.5%	OTC	1	ANTISEPTICS & DISINFECTANTS
povidone-iodine soln 10%	OTC	1	ANTISEPTICS & DISINFECTANTS
prenatal vitamins	OTC	1	MULTIVITAMINS
pseudoephedrine hcl syrup 30 mg/5ml	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine hcl tab 30 mg	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine hcl tab 60 mg	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine hcl tab sr 12hr 120 mg	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine hcl tab sr 24hr 240mg	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/guaifenesin syrup 30-100mg/5ml	OTC	1	COUGH/COLD/ALLERGY
psyllium powder 100%	OTC	1	LAXATIVES
psyllium powder 25%	OTC	1	LAXATIVES

90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
------------	--	-----	--	----	--

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
psyllium powder 27%	OTC	1	LAXATIVES
psyllium powder 28%	OTC	1	LAXATIVES
psyllium powder 28.3%	OTC	1	LAXATIVES
psyllium powder 30%	OTC	1	LAXATIVES
psyllium powder 30.9%	OTC	1	LAXATIVES
psyllium powder 33%	OTC	1	LAXATIVES
psyllium powder 43%	OTC	1	LAXATIVES
psyllium powder 49%	OTC	1	LAXATIVES
psyllium powder 50%	OTC	1	LAXATIVES
psyllium powder 51.7%	OTC	1	LAXATIVES
psyllium powder 52.3%	OTC	1	LAXATIVES
psyllium powder 53.8%	OTC	1	LAXATIVES
psyllium powder 55.46%	OTC	1	LAXATIVES
psyllium powder 58.6%	OTC	1	LAXATIVES
psyllium powder 60.3%	OTC	1	LAXATIVES
psyllium powder 68%	OTC	1	LAXATIVES
psyllium powder 71.67%	OTC	1	LAXATIVES
psyllium powder 92%	OTC	1	LAXATIVES
psyllium powder 95%	OTC	1	LAXATIVES
pyrantel pamoate susp	OTC	1	ANTHELMINTICS
salicylic acid liquid 17% (QL=1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
salicylic acid soln 17% (QL=1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
saline nasal soln 0.65%	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
saline nasal spray 0.65%	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
selenium sulf 1% shampoo	OTC	1	DERMATOLOGICALS
senna tab	OTC	1	LAXATIVES
sennosides cap 8.6 mg	OTC	1	LAXATIVES
sennosides chew tab 10 mg	OTC	1	LAXATIVES
sennosides chew tab 15 mg	OTC	1	LAXATIVES
sennosides liquid 25mg/15ml	OTC	1	LAXATIVES
sennosides liquid 8.8mg/ml	OTC	1	LAXATIVES
sennosides syrup 8.8 mg/5ml	OTC	1	LAXATIVES
sennosides tab 8.6 mg	OTC	1	LAXATIVES
sennosides-docusate sodium tab 8.6-50 mg	OTC	1	LAXATIVES
simethicone cap 125mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab 125 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab 80 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid 40 mg/0.6ml	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone susp 40 mg/0.6ml	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone tab 125mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone tab 80mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
skin protectants misc - cream	OTC	1	DERMATOLOGICALS
sodium bicarbonate tab 325 mg	OTC	1	ANTACIDS
sodium bicarbonate tab 650 mg	OTC	1	ANTACIDS
sodium chloride aero soln 0.9%	OTC	1	COUGH/COLD/ALLERGY
sodium chloride hypertonic ophth soln 5%	OTC	1	OPHTHALMIC AGENTS
sodium phosphates - enema	OTC	1	LAXATIVES

90DS	NC =Not Covered	OTC	generic =small letters	PA	BRANDS =CAPITAL LETTERS
QL	90 Day Supply Allowed		Over-the-Counter		Prior Authorization
	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
sodium phosphates - soln	OTC	1	LAXATIVES
sorbitol oral solution 70%	OTC	1	LAXATIVES
sorbitol soln 70%	OTC	1	PHARMACEUTICAL ADJUVANTS
SYRINGE/NEEDLE (DISP) 3ML	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 18 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 20 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 20 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 20 X 3/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 21 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 3/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 23 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 23 X 3/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 24 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 25 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 25 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 25 X 5/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 26 X 3/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 26 X 5/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
thiamine mononitrate tab	OTC	1	VITAMINS
TOCO-SORB CAP	OTC	2	VITAMINS
tolnaftate aerosol 1%	OTC	1	DERMATOLOGICALS
tolnaftate aerosol pow 1%	OTC	1	DERMATOLOGICALS
tolnaftate cream 1%	OTC	1	DERMATOLOGICALS
tolnaftate powder 1%	OTC	1	DERMATOLOGICALS
tolnaftate soln 1%	OTC	1	DERMATOLOGICALS
UNILET LANCETS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
urea cream 20%	OTC	1	DERMATOLOGICALS
VCF VAGINAL GEL 4%	OTC	\$0	VAGINAL AND RELATED PRODUCTS
vitamin A cap 1000unit (retinol/retinoic acid)	OTC	1	VITAMINS
vitamin B1 tab (thiamine) 100mg	OTC	1	VITAMINS
vitamin B1 tab (thiamine) 250mg	OTC	1	VITAMINS
vitamin B1 tab (thiamine) 50mg	OTC	1	VITAMINS
vitamin B12 cap (cyanocobalamin) 1000mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 cap (cyanocobalamin) 3000mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 inj (cyanocobalamin)	-	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 1000mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 100mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 2000mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 2500mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 250mcg	OTC	1	HEMATOPOIETIC AGENTS

90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
------------	--	-----	--	----	--

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 6/1/2024

Drug Name	Special Code	Tier	Category
vitamin B12 tab (cyanocobalamin) 500mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 50mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B2 CR tab (niacin/riboflavin) 250mg	OTC	1	VITAMINS
vitamin B2 CR tab (niacin/riboflavin) 500mg	OTC	1	VITAMINS
vitamin B2 CR tab (niacin/riboflavin) 750mg	OTC	1	VITAMINS
vitamin B2 tab (niacin/riboflavin) 100mg	OTC	1	VITAMINS
vitamin B2 tab (niacin/riboflavin) 250mg	OTC	1	VITAMINS
vitamin B2 tab (niacin/riboflavin) 500mg	OTC	1	VITAMINS
vitamin B2 tab (niacin/riboflavin) 50mg	OTC	1	VITAMINS
vitamin B6 tab 100mg (pyridoxine)	OTC	1	VITAMINS
vitamin B6 tab 25mg (pyridoxine)	OTC	1	VITAMINS
vitamin B6 tab 50mg (pyridoxine)	OTC	1	VITAMINS
vitamin C chew tab 500mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 1000mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 250mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 500mg (ascorbic acid)	OTC	1	VITAMINS
vitamin D cap (calciferol) (RX strength)	-	1	VITAMINS
vitamin D cap (calciferol) 10000unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 1000unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 2000unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 400unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 5000unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 5000unit	OTC	1	VITAMINS
vitamin D drops (calciferol)	OTC	1	VITAMINS
vitamin D2 tab (calciferol) 2000unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 1000unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 2000unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 400unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 5000unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 5000unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 1000unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 100unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 200unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 400unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 600unit	OTC	1	VITAMINS
VITAMIN E CAP 200 UNIT	OTC	2	VITAMINS
vitamin E tab (tocopherol) 400unit	OTC	1	VITAMINS
vitamin E tab 265mg (400unit)	OTC	1	VITAMINS
vitamin E tab 268mg (400unit)	OTC	1	VITAMINS
zinc sulfate cap	OTC	1	MINERALS & ELECTROLYTES

90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
------------	--	-----	--	----	--

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - M'S		
melatonin tab	OTC	1
melatonin tab 10mg	OTC	1
melatonin tab 1mg	OTC	1
melatonin tab 2.5mg	OTC	1
melatonin tab 200mcg	OTC	1
melatonin tab 300mcg	OTC	1
melatonin tab 3mg	OTC	1
melatonin tab 5mg	OTC	1
MELATONIN TAB 300MCG	OTC	2
ANALGESICS - ANTI-INFLAMMATORY		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ibuprofen chew tab 100mg	OTC	1
ibuprofen susp 100mg/5ml	OTC	1
ibuprofen susp 40 mg/ml	OTC	1
ibuprofen tab 200 mg	90DS-OTC	1
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER		
acetaminophen cap 500 mg	OTC	1
acetaminophen chew tab 160mg	OTC	1
acetaminophen chew tab 500mg	OTC	1
acetaminophen chew tab 80mg	OTC	1
acetaminophen dispersible tab 160mg	OTC	1
acetaminophen dispersible tab 80mg	OTC	1
acetaminophen elixir 160mg/5ml	OTC	1
acetaminophen liquid 160mg/5ml	OTC	1
acetaminophen liquid 167mg/5ml	OTC	1
acetaminophen liquid 500mg/5ml	OTC	1
acetaminophen soln 100 mg/ml	OTC	1
acetaminophen soln 160mg/5ml	OTC	1
acetaminophen soln 325mg/5ml	OTC	1
acetaminophen suppos 120 mg	OTC	1
acetaminophen suppos 325 mg	OTC	1
acetaminophen suppos 650 mg	OTC	1
acetaminophen suppos 80 mg	OTC	1
acetaminophen susp 160mg/5ml	OTC	1
acetaminophen susp 80mg/0.8ml	OTC	1
acetaminophen tab 160mg	OTC	1
acetaminophen tab 325 mg	OTC	1
acetaminophen tab 500 mg	OTC	1
acetaminophen tab cr 650 mg	OTC	1
SALICYLATES		
aspirin buffered tab 325 mg	OTC	1
aspirin chew tab 81 mg	OTC	1
aspirin tab 325 mg	OTC	1
aspirin tab delayed release 325 mg	OTC	1
aspirin tab delayed release 81 mg	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
----------	--------------	------

ANORECTAL AND RELATED PRODUCTS

RECTAL STEROIDS

hydrocortisone cream 1%	OTC	1
-------------------------	-----	---

ANTACIDS

ANTACID COMBINATIONS

acid gone chew tab	OTC	1
acid gone susp	OTC	1
aluminum hydroxide/magnesium trisilicate chew tab 80-20mg	OTC	1
aluminum/mag hydroxide-simethicone chew tab 200-200-20 mg	OTC	1
aluminum/mag hydroxide-simethicone chew tab 200-200-25 mg	OTC	1
aluminum/mag hydroxide-simethicone susp 200-200-20 mg/5ml	OTC	1
aluminum/mag hydroxide-simethicone susp 225-200-25 mg/5ml	OTC	1
aluminum/mag hydroxide-simethicone susp 282-87-25 mg/5ml	OTC	1
aluminum/mag hydroxide-simethicone susp 400-400-40 mg/5ml	OTC	1
aluminum/mag hydroxide-simethicone susp 500-450-40 mg/5ml	OTC	1
aluminum/magnesium hydroxides chew tab 300-150 mg	OTC	1
aluminum/magnesium hydroxides conc 600-300mg/5ml	OTC	1
aluminum/magnesium hydroxides susp 200-200 mg/5ml	OTC	1
aluminum/magnesium hydroxides susp 225-200 mg/5ml	OTC	1
aluminum/magnesium hydroxides susp 500-500 mg/5ml	OTC	1
calcium carbonate/magnesium hydroxide susp	OTC	1
calcium carbonate/simethicone chew tab	OTC	1
foam antacid chew	OTC	1

ANTACIDS - ALUMINUM SALTS

aluminum hydroxide gel susp 600mg/5ml	OTC	1
aluminum hydroxide susp 320mg/5ml	OTC	1

ANTACIDS - BICARBONATE

sodium bicarbonate tab 325 mg	OTC	1
sodium bicarbonate tab 650 mg	OTC	1

ANTACIDS - CALCIUM SALTS

calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg	OTC	1
calcium carbonate susp	OTC	1
calcium carbonate tab	OTC	1

ANTACIDS - MAGNESIUM SALTS

magnesium oxide cap 400mg	OTC	1
magnesium oxide tab 400 mg	OTC	1

ANTHELMINTICS

ANTHELMINTICS

pyrantel pamoate susp	OTC	1
-----------------------	-----	---

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

anti-diarrhea liquid	OTC	1
LOPERAMIDE HCL SOLN 1MG/7.5ML	OTC	1
loperamide hcl soln 1mg/7.ml	OTC	1
loperamide hcl susp 1mg/7.5ml	OTC	1
LOPERAMIDE HCL SUSP 1MG/7.ML	OTC	1

ANTIDIARRHEALS

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
ANTIDIARRHEAL AGENTS - MISC.		
bismuth subsalicylate chew tab 262 mg	OTC	1
bismuth subsalicylate chew tab 300 mg	OTC	1
bismuth subsalicylate susp 262 mg/15ml	OTC	1
bismuth subsalicylate susp 525 mg/15ml	OTC	1
bismuth subsalicylate susp 690mg/30ml	OTC	1
bismuth subsalicylate tab 262 mg	OTC	1
ANTIPERISTALTIC AGENTS		
loperamide cap 2mg	OTC	1
loperamide hcl chew tab 2mg	OTC	1
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	OTC	1
loperamide hcl tab 2 mg	OTC	1
ANTIDOTES		
ANTIDOTES		
charcoal activated cap 260 mg	OTC	1
charcoal activated tab 250 mg	OTC	1
ANTIEMETICS		
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl chew tab 25 mg	OTC	1
meclizine tab 25mg	OTC	1
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine maleate syrup 2 mg/5ml	OTC	1
chlorpheniramine maleate tab 4 mg	OTC	1
chlorpheniramine maleate tab cr 12 mg	OTC	1
ANTIHISTAMINES - ETHANOLAMINES		
clemastine fumarate tab 1.34 mg (1 mg base equiv)	OTC	1
diphenhydramine hcl cap 25 mg	OTC	1
diphenhydramine hcl elixir 12.5 mg/5ml	OTC	1
diphenhydramine hcl liquid 12.5 mg/5ml	OTC	1
diphenhydramine hcl tab 25 mg	OTC	1
CLEMASTINE TAB 1.34MG	OTC	2
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	OTC	1
cetirizine hcl tab 10 mg	OTC	1
cetirizine hcl tab 5 mg	OTC	1
fexofenadine hcl tab 180 mg	OTC	1
fexofenadine hcl tab 60 mg	OTC	1
loratadine rapidly-disintegrating tab 10 mg	OTC	1
loratadine syrup 5 mg/5ml	OTC	1
loratadine tab 10 mg	OTC	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
hydrogen peroxide soln 3%	OTC	1
IODINE ANTISEPTICS		
povidone/iodine soln 7.5%	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS Cont.		
povidone-iodine soln 10%	OTC	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
dextromethorphan ER liquid 30mg/5ml	OTC	1
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniramine/pseudoephedrine elixir 1-15mg/5ml	OTC	1
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	OTC	1
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	OTC	1
dextromethorphan-guaifenesin liquid 5-100 mg/5ml	OTC	1
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	OTC	1
guaifenesin/codeine soln 100-10mg/5ml	OTC	1
loratadine/pseudoephedrine tab sr 12hr 5-120 mg	OTC	1
loratadine/pseudoephedrine tab sr 24hr 10-240 mg	OTC	1
pseudoephedrine/guaifenesin syrup 30-100mg/5ml	OTC	1
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	OTC	1
guaifenesin liquid 100 mg/6.25ml	OTC	1
guaifenesin liquid 200 mg/5ml	OTC	1
guaifenesin syrup 100 mg/5ml	OTC	1
guaifenesin tab 200 mg	OTC	1
guaifenesin tab 400 mg	OTC	1
guaifenesin tab sr 12hr 600 mg	OTC	1
MISC. RESPIRATORY INHALANTS		
sodium chloride aero soln 0.9%	OTC	1
DERMATOLOGICALS		
ACNE PRODUCTS		
benzoyl peroxide cleanser 3.5%	OTC	1
benzoyl peroxide gel 2.5%	OTC	1
benzoyl peroxide liquid 10%	OTC	1
benzoyl peroxide liquid wash 5%	OTC	1
benzoyl peroxide lotion 10%	OTC	1
benzoyl peroxide lotion 5%	OTC	1
ANTIBIOTICS - TOPICAL		
bacitracin oint 500 unit/gm	OTC	1
bacitracin zinc oint 500 unit/gm	OTC	1
bacitracin/polymyxin b oint	OTC	1
neomycin-bacitracin-polymyxin oint	OTC	1
ANTIFUNGALS - TOPICAL		
clotrimazole cream 1%	OTC	1
miconazole nitrate aerosol 2%	OTC	1
miconazole nitrate aerosol pow 2%	OTC	1
miconazole nitrate cream 2%	OTC	1
miconazole nitrate gel 2%	OTC	1
miconazole nitrate lotion 2%	OTC	1
miconazole nitrate ointment 2%	OTC	1
miconazole nitrate powder 2%	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
miconazole nitrate soln 2%	OTC	1
tolnaftate aerosol 1%	OTC	1
tolnaftate aerosol pow 1%	OTC	1
tolnaftate cream 1%	OTC	1
tolnaftate powder 1%	OTC	1
tolnaftate soln 1%	OTC	1
LOTRIMIN NITRATE SPRAY	OTC	2
ANTISEBORRHEIC PRODUCTS		
selenium sulf 1% shampoo	OTC	1
ANTIVIRALS - TOPICAL		
docosanol cream 10%	OTC	1
CORTICOSTEROIDS - TOPICAL		
hydrocortisone acetate oint 1%	OTC	1
hydrocortisone acetate-aloe vera cream 0.5%	OTC	1
hydrocortisone cream 0.5%	OTC	1
hydrocortisone cream 1%	OTC	1
hydrocortisone foam 1%	OTC	1
hydrocortisone gel 1%	OTC	1
hydrocortisone lotion 0.25%	OTC	1
hydrocortisone lotion 1%	OTC	1
hydrocortisone oint 0.5%	OTC	1
hydrocortisone oint 1%	OTC	1
hydrocortisone oint 2.5%	OTC	1
hydrocortisone soln 1%	OTC	1
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 20%	OTC	1
EMOLLIENTS		
lactic acid (ammonium lactate) cream 12%	OTC	1
lactic acid (ammonium lactate) lotion 12%	OTC	1
KERATOLYTIC/ANTIMITOTIC AGENTS		
salicylic acid liquid 17% (QL=1 bottle/30 days)	OTC-QL	1
salicylic acid soln 17% (QL=1 bottle/30 days)	OTC-QL	1
COMPOUND W LIQUID (QL=1 bottle/30 days)	OTC-QL	2
DUOFILM SOLN 17% (QL=1 bottle/30 days)	OTC-QL	2
LINIMENTS		
capsicum oleoresin cream 0.025%	OTC	1
capsicum oleoresin cream 0.075%	OTC	1
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream 0.025%	OTC	1
capsaicin cream 0.035%	OTC	1
capsaicin cream 0.075%	OTC	1
capsaicin cream 0.1%	OTC	1
MISC. TOPICAL		
isopropyl alcohol wipes 70%	OTC	\$0
calamine lotion	OTC	1
dimethicone cream 1%	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
mineral oil light (topical)	OTC	1
skin protectants misc - cream	OTC	1
SCABICIDES & PEDICULICIDES		
permethrin creme rinse 1%	OTC	1
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
CHEMSTRIP URINE TEST STRIPS	OTC	\$0
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
lactase chew tab 9000 unit	OTC	1
lactase tab 3000 unit	OTC	1
lactase tab 4500 unit	OTC	1
lactase tab 9000 unit	OTC	1
LACTASE CAP 250 MG	OTC	2
LACTASE CHEW TAB 4500 UNIT	OTC	2
LACTASE TAB	OTC	2
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
simethicone cap 125mg	OTC	1
simethicone chew tab 125 mg	OTC	1
simethicone chew tab 80 mg	OTC	1
simethicone liquid	OTC	1
simethicone liquid 40 mg/0.6ml	OTC	1
simethicone susp 40 mg/0.6ml	OTC	1
simethicone tab 125mg	OTC	1
simethicone tab 80mg	OTC	1
HEMATOPOIETIC AGENTS		
COBALAMINS		
vitamin B12 cap (cyanocobalamin) 1000mcg	OTC	1
vitamin B12 cap (cyanocobalamin) 3000mcg	OTC	1
vitamin B12 inj (cyanocobalamin)	-	1
vitamin B12 tab (cyanocobalamin) 1000mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 100mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 2000mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 2500mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 250mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 500mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 50mcg	OTC	1
FOLIC ACID/FOLATES		
folic acid tab 1mg (folate) (\$0 for females)	90DS-OTC	1
folic acid tab 400mcg (folate) (\$0 for females)	90DS-OTC	1
folic acid tab 800mcg (folate) (\$0 for females)	90DS-OTC	1
IRON		
fe gluconate tab 239mg (27mg elemental fe)	OTC	1
ferrous fumarate tab	OTC	1
ferrous gluconate tab 324 mg (38 mg elemental iron)	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ferrous gluconate tab 324mg	OTC	1
ferrous gluconate tab 325 mg	OTC	1
ferrous gluconate tab 325 mg (37.5 mg elemental fe)	OTC	1
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe) (\$0 for members age 6-12 months; Prior Authorization required for members age 8 or older)	OTC-PA	1
ferrous sulfate CR tab 142mg (45mg FE equivalent)	OTC	1
ferrous sulfate drops	OTC	1
ferrous sulfate tab 325 mg (65 mg elemental fe)	OTC	1
ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	OTC	1
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	OTC	1
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine (sleep) tab 50mg	OTC	1
diphenhydramine hcl (sleep) tab 25 mg	OTC	1
diphenhydramine hcl (sleep) tab disp 25 mg	OTC	1
diphenhydramine hcl cap 25 mg	OTC	1
doxylamine succinate (sleep) tab 25 mg	OTC	1
LAXATIVES		
BULK LAXATIVES		
calcium polycarbophil tab 625 mg	OTC	1
methylcellulose powder laxative	OTC	1
psyllium powder 100%	OTC	1
psyllium powder 25%	OTC	1
psyllium powder 27%	OTC	1
psyllium powder 28%	OTC	1
psyllium powder 28.3%	OTC	1
psyllium powder 30%	OTC	1
psyllium powder 30.9%	OTC	1
psyllium powder 33%	OTC	1
psyllium powder 43%	OTC	1
psyllium powder 49%	OTC	1
psyllium powder 50%	OTC	1
psyllium powder 51.7%	OTC	1
psyllium powder 52.3%	OTC	1
psyllium powder 53.8%	OTC	1
psyllium powder 55.46%	OTC	1
psyllium powder 58.6%	OTC	1
psyllium powder 60.3%	OTC	1
psyllium powder 68%	OTC	1
psyllium powder 71.67%	OTC	1
psyllium powder 92%	OTC	1
psyllium powder 95%	OTC	1
LAXATIVE COMBINATIONS		
sennosides-docusate sodium tab 8.6-50 mg	OTC	1
LAXATIVES - MISCELLANEOUS		
glycerin enema adult 5.6gm/average delivered dose	OTC	1
glycerin suppos 1 gm	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
LAXATIVES Cont.		
glycerin suppos 1.2 gm	OTC	1
glycerin suppos 2 gm	OTC	1
glycerin suppos 2.1 gm	OTC	1
glycerin suppos 80.7%	OTC	1
glycerin suppository 1gm	OTC	1
polyethylene glycol 3350 oral powder	OTC	1
sorbitol oral solution 70%	OTC	1
LUBRICANT LAXATIVES		
mineral oil	OTC	1
mineral oil (bulk)	OTC	1
mineral oil light (bulk)	OTC	1
SALINE LAXATIVES		
magnesium citrate soln	OTC	1
magnesium hydroxide chew tab 311 mg	OTC	1
magnesium hydroxide chew tab 400 mg	OTC	1
magnesium hydroxide susp 400 mg/5ml	OTC	1
magnesium hydroxide susp 800 mg/5ml	OTC	1
magnesium oxide (laxative) tab 500 mg	OTC	1
sodium phosphates - enema	OTC	1
sodium phosphates - soln	OTC	1
MAGNESIUM HYDROXIDE SUSP CONCENTRATE 2400 MG/10ML	OTC	2
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg	OTC	1
bisacodyl tab delayed release 5 mg	OTC	1
senna tab	OTC	1
sennosides cap 8.6 mg	OTC	1
sennosides chew tab 10 mg	OTC	1
sennosides chew tab 15 mg	OTC	1
sennosides liquid 25mg/15ml	OTC	1
sennosides liquid 8.8mg/ml	OTC	1
sennosides syrup 8.8 mg/5ml	OTC	1
sennosides tab 8.6 mg	OTC	1
SURFACTANT LAXATIVES		
docusate calcium cap	OTC	1
docusate sodium cap 100 mg	OTC	1
docusate sodium cap 50 mg	OTC	1
docusate sodium enema 100mg	OTC	1
docusate sodium enema 283 mg	OTC	1
docusate sodium liquid 150 mg/15ml	OTC	1
docusate sodium liquid 50 mg/15ml	OTC	1
docusate sodium syrup 60 mg/15ml	OTC	1
docusate sodium tab 100 mg	OTC	1
DOCUSATE SODIUM SYRUP 60 MG/15ML	OTC	2

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

CONDOMS	OTC	\$0
CONDOMS - MALE	OTC	\$0

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
CONDOMS LATEX LUBRICATED	OTC	\$0
CONDOMS LATEX NON-LUBRICATED	OTC	\$0
MALE CONDOMS	OTC	\$0
DIABETIC SUPPLIES		
CALIBRATION LIQUID (QL= 1 bottle/365 days)	OTC-QL	\$0
LANCET DEVICE (QL= 1 device/365 days)	OTC-QL	\$0
UNILET LANCETS	OTC	\$0
MISC. DEVICES		
alcohol swabs	OTC	\$0
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRINGE	OTC	\$0
NOVOFINE PEN NEEDLES	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 18 X 1-1/2"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 20 X 1"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 20 X 1-1/2"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 20 X 3/4"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 21 X 1"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/2"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/4"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 22 X 1"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/2"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/4"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 22 X 3/4"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 23 X 1"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/2"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/4"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 23 X 3/4"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 24 X 1"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 25 X 1"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 25 X 1-1/2"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 25 X 5/8"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 26 X 3/8"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 26 X 5/8"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/2"	OTC	\$0
SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/4"	OTC	\$0
UNILET LANCETS	OTC	\$0
RESPIRATORY THERAPY SUPPLIES		
NEBULIZER	OTC	2
MINERALS & ELECTROLYTES		
CALCIUM		
calcium 250mg w/ vitamin D tab	OTC	1
calcium 500mg w/ vitamin D tab	OTC	1
calcium 600mg w/ vitamin D tab	OTC	1
calcium carbonate tab 1250 mg (500 mg elemental ca)	OTC	1
calcium carbonate tab 1500mg (600mg elemental Ca)	OTC	1
calcium carbonate tab 600 mg	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
------------	---	-----	---	----	---

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
calcium carbonate/cholecalciferol chew tab 500mg-100unit	OTC	1
calcium carbonate/cholecalciferol chew tab 500mg-600unit	OTC	1
calcium carbonate/vitamin D tab 250mg-125unit	OTC	1
calcium carbonate/vitamin D tab 500mg-125unit	OTC	1
calcium carbonate/vitamin D tab 500mg-200unit	OTC	1
calcium carbonate/vitamin D tab 500mg-400unit	OTC	1
calcium carbonate/vitamin D tab 600mg-125unit	OTC	1
calcium carbonate/vitamin D tab 600mg-200unit	OTC	1
calcium carbonate/vitamin D tab 600mg-400unit	OTC	1
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit	OTC	1
calcium carbonate-cholecalciferol tab 250 mg-125 unit	OTC	1
calcium carbonate-cholecalciferol tab 500 mg-125 unit	OTC	1
calcium carbonate-cholecalciferol tab 500 mg-200 unit	OTC	1
calcium carbonate-cholecalciferol tab 500 mg-400 unit	OTC	1
calcium carbonate-cholecalciferol tab 600 mg-200 unit	OTC	1
calcium carbonate-cholecalciferol tab 600 mg-400 unit	OTC	1
calcium citrate plus vitamin d tab	OTC	1
calcium citrate/vitamin D tab 200mg-250unit	OTC	1
calcium citrate/vitamin D tab 250mg-200unit	OTC	1
calcium citrate/vitamin D tab 315mg-200unit	OTC	1
calcium w/ vitamin D tab 600mg-125unit	OTC	1
calcium/D3 wafer	OTC	1
calcium/ergocalciferol tab 250mg-100unit	OTC	1
calcium/ergocalciferol tab 250mg-125unit	OTC	1
calcium/ergocalciferol tab 500mg-200unit	OTC	1
oyster shell calcium tab 500 mg	OTC	1
oyster shell calcium/vitamin D (ergocalciferol) tab	OTC	1
CALCIUM CARBONATE/VITAMIN D TAB 600MG-125UNIT	OTC	2
CALCIUM CHEW TAB 500MG-400UNIT	OTC	2
CALCIUM CITRATE/VITAMIN D TAB 250MG-200UNIT	OTC	2
CALCIUM+D TAB 600MG	OTC	2
ELECTROLYTE MIXTURES		
oral electrolyte solution	OTC	1
MAGNESIUM		
magnesium gl tab 500mg	OTC	1
magnesium gluconate tab 200 mg	OTC	1
magnesium gluconate tab 250 mg	OTC	1
magnesium gluconate tab 30 mg	OTC	1
magnesium gluconate tab 500 mg	OTC	1
magnesium gluconate tab 550 mg (30mg elemental mg)	OTC	1
MAGNESIUM OXIDE CHEW TAB 200MG	OTC	1
magnesium oxide tab 200mg (elemental mg)	OTC	1
magnesium oxide tab 250 mg (mg supplement)	OTC	1
magnesium oxide tab 400 mg (241.3 mg elemental mg)	OTC	1
magnesium oxide tab 400mg (240mg elemental Mg)	OTC	1
magnesium oxide tab 500 mg (mg supplement)	OTC	1
ZINC		
zinc sulfate cap	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
MULTIVITAMINS		
B-COMPLEX VITAMINS		
b-complex vitamin cap	OTC	1
B-COMPLEX W/ C		
B-complex with C/E + Zn tab	OTC	1
B-COMPLEX W/ FOLIC ACID		
B-complex w/ C and folic acid tab	OTC	1
nephrocaps, reno caps	OTC	1
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/ iron tab	OTC	1
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap	OTC	1
multiple vitamins w/ minerals liquid	OTC	1
multiple vitamins w/ minerals tab	OTC	1
multi-vitamin 50+ cap for her	OTC	1
MULTIVITAMINS		
multiple vitamin tab	OTC	1
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multiple vitamin w/ minerals chew tab	OTC	1
pediatric multivitamin w/ minerals and C chew tab 60mg	OTC	1
PED MV W/ IRON		
multivitamin with iron drops	OTC	1
pediatric multiple vitamins w/ iron chew tab	OTC	1
pediatric multiple vitamins w/ iron chew tab 12mg	OTC	1
pediatric multiple vitamins w/ iron chew tab 15mg	OTC	1
pediatric multiple vitamins w/ iron chew tab 18mg	OTC	1
pediatric multivitamin/iron drops	OTC	1
PEDIATRIC MULTIPLE VITAMINS		
child-multi chew vitamins	OTC	1
pediatric multivitamin w/ C and FA chew tab	OTC	1
pediatric multivitamin w/ c soln	OTC	1
PEDIATRIC VITAMINS		
pediatric vitamin chew tab	OTC	1
PRENATAL VITAMINS		
prenatal vitamins	OTC	1

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENTS - MISC.		
saline nasal soln 0.65%	OTC	1
saline nasal spray 0.65%	OTC	1
SYMPATHOMIMETIC DECONGESTANTS		
pseudoephedrine hcl syrup 30 mg/5ml	OTC	1
pseudoephedrine hcl tab 30 mg	OTC	1
pseudoephedrine hcl tab 60 mg	OTC	1
pseudoephedrine hcl tab sr 12hr 120 mg	OTC	1
pseudoephedrine hcl tab sr 24hr 240mg	OTC	1
pseudoephedrine liquid	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
------------	---	-----	---	----	---

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
pseudoephedrine liquid 15mg/5ml	OTC	1
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
omega-3 fatty acids cap 1000 mg	OTC	1
omega-3 fatty acids cap 1200mg	OTC	1
PROTEINS		
l-carnitine tab	OTC	1
levocarnitine cap 250 mg	OTC	1
levocarnitine fumarate cap 200 mg	OTC	1
levocarnitine fumarate cap 250 mg	OTC	1
levocarnitine fumarate tab 500mg	OTC	1
levocarnitine tab 250 mg	OTC	1
levocarnitine tab 500 mg	OTC	1
L-CARNITINE CAP	OTC	2
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear and lubricant combinations	OTC	1
artificial tear gels	OTC	1
artificial tear solutions	OTC	1
artificial tears and lubricants	OTC	1
artificial tears solutions	OTC	1
carboxymethylcellulose sodium ophth soln	OTC	1
hypromellose ophth gel 0.3%	OTC	1
hypromellose ophth soln 0.3%	OTC	1
OPTASE DROPS	OTC	1
OPTASE DRY SPRAY	OTC	1
polyethylene glycol-propylene glycol ophth gel	OTC	1
GENTEAL MILD OPHTH SOLN 3%	OTC	2
GENTEAL OPHTH SOLN	OTC	2
OPHTHALMICS - MISC.		
ketotifen fumarate ophth soln 0.025% (base equiv)	OTC	1
ketotifen fumarate ophth soln 0.035%	OTC	1
sodium chloride hypertonic ophth soln 5%	OTC	1
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
carbamide peroxide 6.5% otic soln	OTC	1
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
sorbitol soln 70%	OTC	1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
SMOKING DETERRENENTS		
nicotine polacrilex gum 2 mg	OTC	\$0
nicotine polacrilex gum 4 mg	OTC	\$0
nicotine polacrilex lozenge 2 mg	OTC	\$0
nicotine polacrilex lozenge 4 mg	OTC	\$0
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	OTC	\$0

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine td patch 24hr 14 mg/24hr	OTC	\$0
nicotine td patch 24hr 21 mg/24hr	OTC	\$0
nicotine td patch 24hr 7 mg/24hr	OTC	\$0
ULCER DRUGS		
H-2 ANTAGONISTS		
famotidine tab 10 mg	90DS-OTC	1
famotidine tab 20 mg	90DS-OTC	1
famotidine tab 40 mg	90DS-OTC	1
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
VCF VAGINAL GEL 4%	OTC	\$0
VAGINAL ANTI-INFLAMMATORY AGENTS		
hydrocortisone cream 1%	OTC	1
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
acetic acid vaginal soln	OTC	1
SPERMICIDES		
NONOXYNOL-9 FOAM 12.5%	OTC	\$0
nonoxynol-9 gel 2%	OTC	\$0
nonoxynol-9 gel 3%	OTC	\$0
nonoxynol-9 vaginal sponge 1000mg	OTC	\$0
nonoxynol-9 vaginal suppos 100mg	OTC	\$0
VAGINAL ANTI-INFECTIVES		
miconazole nit va app 100mg (2%) and 2% cream and wipes kit	OTC	1
miconazole nitrate va supp 200mg and 2% cream and wipes kit	OTC	1
miconazole nitrate vaginal app 200mg and 2% cream 9gm kit	OTC	1
miconazole nitrate vaginal cream 2%	OTC	1
miconazole nitrate vaginal supp 1200mg and 2% cream kit	OTC	1
miconazole nitrate vaginal supp 200mg and 2% cream 9gm kit	OTC	1
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap 25000unit	OTC	1
cholecalciferol cap 400unit	OTC	1
cholecalciferol tab 3000unit	OTC	1
cholecalciferol tab 4000unit	OTC	1
maximum D3 cap 325mcg	OTC	1
vitamin A cap 1000unit (retinol/retinoic acid)	OTC	1
vitamin D cap (calciferol) (RX strength)	-	1
vitamin D cap (calciferol) 10000unit	OTC	1
vitamin D cap (calciferol) 1000unit	OTC	1
vitamin D cap (calciferol) 2000unit	OTC	1
vitamin D cap (calciferol) 400unit	OTC	1
vitamin D cap (calciferol) 50000unit	OTC	1
vitamin D cap (calciferol) 5000unit	OTC	1
vitamin D drops (calciferol)	OTC	1
vitamin D2 tab (calciferol) 2000unit	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Category/Class**

Last Updated 6/1/2024

DrugName	Special Code	Tier
VITAMINS Cont.		
vitamin D3 tab (calciferol) 1000unit	OTC	1
vitamin D3 tab (calciferol) 2000unit	OTC	1
vitamin D3 tab (calciferol) 400unit	OTC	1
vitamin D3 tab (calciferol) 5000unit	OTC	1
vitamin D3 tab (calciferol) 5000unit	OTC	1
vitamin E cap (tocopherol) 1000unit	OTC	1
vitamin E cap (tocopherol) 100unit	OTC	1
vitamin E cap (tocopherol) 200unit	OTC	1
vitamin E cap (tocopherol) 400unit	OTC	1
vitamin E cap (tocopherol) 600unit	OTC	1
vitamin E tab (tocopherol) 400unit	OTC	1
vitamin E tab 265mg (400unit)	OTC	1
vitamin E tab 268mg (400unit)	OTC	1
TOCO-SORB CAP	OTC	2
VITAMIN E CAP 200 UNIT	OTC	2
WATER SOLUBLE VITAMINS		
niacin tr tab (riboflavin) 1000mg	OTC	1
thiamine mononitrate tab	OTC	1
vitamin B1 tab (thiamine) 100mg	OTC	1
vitamin B1 tab (thiamine) 250mg	OTC	1
vitamin B1 tab (thiamine) 50mg	OTC	1
vitamin B2 CR tab (niacin/riboflavin) 250mg	OTC	1
vitamin B2 CR tab (niacin/riboflavin) 500mg	OTC	1
vitamin B2 CR tab (niacin/riboflavin) 750mg	OTC	1
vitamin B2 tab (niacin/riboflavin) 100mg	OTC	1
vitamin B2 tab (niacin/riboflavin) 250mg	OTC	1
vitamin B2 tab (niacin/riboflavin) 500mg	OTC	1
vitamin B2 tab (niacin/riboflavin) 50mg	OTC	1
vitamin B6 tab 100mg (pyridoxine)	OTC	1
vitamin B6 tab 25mg (pyridoxine)	OTC	1
vitamin B6 tab 50mg (pyridoxine)	OTC	1
vitamin C chew tab 500mg (ascorbic acid)	OTC	1
vitamin C tab 1000mg (ascorbic acid)	OTC	1
vitamin C tab 250mg (ascorbic acid)	OTC	1
vitamin C tab 500mg (ascorbic acid)	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

90DS	NC =Not Covered 90 Day Supply Allowed	OTC	generic =small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
QL	Quantity Limit				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

**Hennepin Health OTC Wrap Formulary
Prior Authorization Drug List
Last Updated 6/1/2024**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe)	1

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary
Last Updated 6/1/2024
Over-the-Counter (OTC)

• The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

acetaminophen cap 500 mg	acetaminophen chew tab 160mg	acetaminophen chew tab 500mg	acetaminophen chew tab 80mg
acetaminophen dispersible tab 160mg	acetaminophen dispersible tab 80mg	acetaminophen elixir 160mg/5ml	acetaminophen liquid 160mg/5ml
acetaminophen liquid 167mg/5ml	acetaminophen liquid 500mg/5ml	acetaminophen soln 100 mg/ml	acetaminophen soln 160mg/5ml
acetaminophen soln 325mg/5ml	acetaminophen suppos 120 mg	acetaminophen suppos 325 mg	acetaminophen suppos 650 mg
acetaminophen suppos 80 mg	acetaminophen susp 160mg/5ml	acetaminophen susp 80mg/0.8ml	acetaminophen tab 160mg
acetaminophen tab 325 mg	acetaminophen tab 500 mg	acetaminophen tab cr 650 mg	acetic acid vaginal soln
acid gone chew tab	acid gone susp	alcohol swabs	aluminum hydroxide gel susp 600mg/5ml
aluminum hydroxide susp 320mg/5ml	aluminum hydroxide/magnesium trisilicate chew tab 80-20mg	aluminum/mag hydroxide-simethicone chew tab 200-200-20 mg	aluminum/mag hydroxide-simethicone chew tab 200-200-25 mg
aluminum/mag hydroxide-simethicone susp 200-200-20 mg/5ml	aluminum/mag hydroxide-simethicone susp 225-200-25 mg/5ml	aluminum/mag hydroxide-simethicone susp 282-87-25 mg/5ml	aluminum/mag hydroxide-simethicone susp 400-400-40 mg/5ml
aluminum/mag hydroxide-simethicone susp 500-450-40 mg/5ml	aluminum/magnesium hydroxides chew tab 300-150 mg	aluminum/magnesium hydroxides conc 600-300mg/5ml	aluminum/magnesium hydroxides susp 200-200 mg/5ml
aluminum/magnesium hydroxides susp 225-200 mg/5ml	aluminum/magnesium hydroxides susp 500-500 mg/5ml	anti-diarrhea liquid	artificial tear and lubricant combinations
artificial tear gels	artificial tear solutions	artificial tears and lubricants	artificial tears solutions
aspirin buffered tab 325 mg	aspirin chew tab 81 mg	aspirin tab 325 mg	aspirin tab delayed release 325 mg
aspirin tab delayed release 81 mg	bacitracin oint 500 unit/gm	bacitracin zinc oint 500 unit/gm	bacitracin/polymyxin b oint
b-complex vitamin cap	B-complex w/ C and folic acid tab	B-complex with C/E + Zn tab	benzoyl peroxide cleanser 3.5%
benzoyl peroxide gel 2.5%	benzoyl peroxide liquid 10%	benzoyl peroxide liquid wash 5%	benzoyl peroxide lotion 10%
benzoyl peroxide lotion 5%	bisacodyl suppos 10 mg	bisacodyl tab delayed release 5 mg	bismuth subsalicylate chew tab 262 mg
bismuth subsalicylate chew tab 300 mg	bismuth subsalicylate susp 262 mg/15ml	bismuth subsalicylate susp 525 mg/15ml	bismuth subsalicylate susp 690mg/30ml
bismuth subsalicylate tab 262 mg	brompheniramine/pseudoephedrine elixir 1-15mg/5ml	calamine lotion	calcium 250mg w/ vitamin D tab
calcium 500mg w/ vitamin D tab	calcium 600mg w/ vitamin D tab	calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg	calcium carbonate susp
calcium carbonate tab	calcium carbonate tab 1250 mg (500 mg elemental ca)		

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

calcium carbonate tab 1500mg (600mg elemental Ca)	calcium carbonate tab 600 mg	calcium carbonate/cholecalciferol chew tab 500mg-100unit	calcium carbonate/cholecalciferol chew tab 500mg-600unit
calcium carbonate/magnesium hydroxide susp	calcium carbonate/simethicone chew tab	calcium carbonate/vitamin D tab 250mg-125unit	calcium carbonate/vitamin D tab 500mg-125unit
calcium carbonate/vitamin D tab 500mg-200unit	calcium carbonate/vitamin D tab 500mg-400unit	calcium carbonate/vitamin D tab 600mg-125unit	calcium carbonate/vitamin D tab 600mg-200unit
calcium carbonate/vitamin D tab 600mg-400unit	calcium carbonate-cholecalciferol chew tab 500 mg-400 unit	calcium carbonate-cholecalciferol tab 250 mg-125 unit	calcium carbonate-cholecalciferol tab 500 mg-125 unit
calcium carbonate-cholecalciferol tab 500 mg-200 unit	calcium carbonate-cholecalciferol tab 500 mg-400 unit	calcium carbonate-cholecalciferol tab 600 mg-200 unit	calcium carbonate-cholecalciferol tab 600 mg-400 unit
CALCIUM CHEW TAB 500MG-400UNIT	calcium citrate plus vitamin d tab	calcium citrate/vitamin D tab 200mg-250unit	CALCIUM CITRATE/VITAMIN D TAB 250MG-200UNIT
calcium citrate/vitamin D tab 315mg-200unit	calcium polycarbophil tab 625 mg	calcium w/ vitamin D tab 600mg-125unit	calcium/D3 wafer
calcium/ergocalciferol tab 250mg-100unit	calcium/ergocalciferol tab 250mg-125unit	calcium/ergocalciferol tab 500mg-200unit	CALCIUM+D TAB 600MG
CALIBRATION LIQUID	capsaicin cream 0.025%	capsaicin cream 0.035%	capsaicin cream 0.075%
capsaicin cream 0.1%	capsicum oleoresin cream 0.025%	capsicum oleoresin cream 0.075%	carbamide peroxide 6.5% otic soln
carboxymethylcellulose sodium ophth soln	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	cetirizine hcl tab 10 mg	cetirizine hcl tab 5 mg
charcoal activated cap 260 mg	charcoal activated tab 250 mg	CHEMSTRIP URINE TEST STRIPS	child-multi chew vitamins
chlorpheniramine maleate syrup 2 mg/5ml	chlorpheniramine maleate tab 4 mg	chlorpheniramine maleate tab cr 12 mg	cholecalciferol cap 25000unit
cholecalciferol cap 400unit	cholecalciferol tab 3000unit	cholecalciferol tab 4000unit	clemastine fumarate tab 1.34 mg (1 mg base equiv)
CLEMASTINE TAB 1.34MG	clotrimazole cream 1%	COMPOUND W LIQUID	CONDOMS
CONDOMS - MALE	CONDOMS LATEX LUBRICATED	CONDOMS LATEX NON-LUBRICATED	dextromethorphan ER liquid 30mg/5ml
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	dextromethorphan-guaifenesin liquid 10-200 mg/5ml	dextromethorphan-guaifenesin liquid 5-100 mg/5ml	dextromethorphan-guaifenesin syrup 10-100 mg/5ml
dimethicone cream 1%	diphenhydramine (sleep) tab 50mg	diphenhydramine hcl (sleep) tab 25 mg	diphenhydramine hcl (sleep) tab disp 25 mg
diphenhydramine hcl cap 25 mg	diphenhydramine hcl elixir 12.5 mg/5ml	diphenhydramine hcl liquid 12.5 mg/5ml	diphenhydramine hcl tab 25 mg
docosanol cream 10%	docusate calcium cap	docusate sodium cap 100 mg	docusate sodium cap 50 mg
docusate sodium enema 100mg	docusate sodium enema 283 mg	docusate sodium liquid 150 mg/15ml	docusate sodium liquid 50 mg/15ml
docusate sodium syrup 60 mg/15ml	docusate sodium tab 100 mg	doxylamine succinate (sleep) tab 25 mg	DUOFILM SOLN 17%
famotidine tab 10 mg	famotidine tab 20 mg	famotidine tab 40 mg	fe gluconate tab 239mg (27mg elemental fe)
ferrous fumarate tab	ferrous gluconate tab 324 mg (38 mg elemental iron)	ferrous gluconate tab 324mg	ferrous gluconate tab 325 mg
ferrous gluconate tab 325 mg (37.5 mg elemental fe)	ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe)	ferrous sulfate CR tab 142mg (45mg FE equivalent)	ferrous sulfate drops
ferrous sulfate tab 325 mg (65 mg elemental fe)	ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	fexofenadine hcl tab 180 mg
fexofenadine hcl tab 60 mg	foam antacid chew	folic acid tab 1mg (folate)	folic acid tab 400mcg (folate)
folic acid tab 800mcg (folate)			

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

GENTEAL MILD OPHTH SOLN 3%	GENTEAL OPHTH SOLN	glycerin enema adult 5.6gm/average delivered dose	glycerin suppos 1 gm
glycerin suppos 1.2 gm glycerin suppository 1gm	glycerin suppos 2 gm guaifenesin liquid 100 mg/5ml	glycerin suppos 2.1 gm guaifenesin liquid 100 mg/6.25ml guaifenesin tab 400 mg	glycerin suppos 80.7% guaifenesin liquid 200 mg/5ml
guaifenesin syrup 100 mg/5ml	guaifenesin tab 200 mg	hydrocortisone acetate-aloe vera cream 0.5% hydrocortisone gel 1% hydrocortisone oint 1% hypromellose ophth gel 0.3% ibuprofen susp 40 mg/ml ketotifen fumarate ophth soln 0.025% (base equiv) lactase chew tab 9000 unit	guaifenesin tab sr 12hr 600 mg hydrocortisone cream 0.5% hydrocortisone lotion 0.25% hydrocortisone oint 2.5% hypromellose ophth soln 0.3% ibuprofen tab 200 mg ketotifen fumarate ophth soln 0.035% LACTASE TAB
guaifenesin/codeine soln 100-10mg/5ml hydrocortisone cream 1% hydrocortisone lotion 1% hydrocortisone soln 1% ibuprofen chew tab 100mg INSULIN SYRINGE	hydrocortisone acetate oint 1% hydrocortisone foam 1% hydrocortisone oint 0.5% hydrogen peroxide soln 3% ibuprofen susp 100mg/5ml isopropyl alcohol wipes 70%	hydrocortisone acetate-aloe vera cream 0.5% hydrocortisone gel 1% hydrocortisone oint 1% hypromellose ophth gel 0.3% ibuprofen susp 40 mg/ml ketotifen fumarate ophth soln 0.025% (base equiv) lactase chew tab 9000 unit	hydrocortisone cream 0.5% hydrocortisone lotion 0.25% hydrocortisone oint 2.5% hypromellose ophth soln 0.3% ibuprofen tab 200 mg ketotifen fumarate ophth soln 0.035% LACTASE TAB
LACTASE CAP 250 MG	LACTASE CHEW TAB 4500 UNIT	lactase tab 9000 unit	LACTASE TAB
lactase tab 3000 unit	lactase tab 4500 unit	lactase tab 9000 unit	lactic acid (ammonium lactate) cream 12% l-carnitine tab
lactic acid (ammonium lactate) lotion 12% levocarnitine cap 250 mg	LANCET DEVICE	L-CARNITINE CAP	levocarnitine fumarate tab 500mg loperamide hcl chew tab 2mg loperamide hcl susp 1mg/7.5ml loratadine syrup 5 mg/5ml
levocarnitine tab 250 mg loperamide hcl liq 1 mg/5ml (0.2 mg/ml) LOPERAMIDE HCL SUSP 1MG/7.ML	levocarnitine fumarate cap 200 mg levocarnitine tab 500 mg LOPERAMIDE HCL SOLN 1MG/7.5ML loperamide hcl tab 2 mg	levocarnitine fumarate cap 250 mg loperamide cap 2mg loperamide hcl soln 1mg/7.ml loratadine rapidly-disintegrating tab 10 mg loratadine/pseudoephedrine tab sr 24hr 10-240 mg magnesium gluconate tab 200 mg magnesium gluconate tab 550 mg (30mg elemental mg) magnesium hydroxide susp 800 mg/5ml	levocarnitine fumarate tab 500mg loperamide hcl chew tab 2mg loperamide hcl susp 1mg/7.5ml loratadine syrup 5 mg/5ml
loratadine tab 10 mg	loratadine/pseudoephedrine tab sr 12hr 5-120 mg magnesium gl tab 500mg	loratadine/pseudoephedrine tab sr 24hr 10-240 mg magnesium gluconate tab 200 mg magnesium gluconate tab 550 mg (30mg elemental mg) magnesium hydroxide susp 800 mg/5ml	LOTTRIMIN NITRATE SPRAY
magnesium citrate soln	magnesium gluconate tab 500 mg magnesium hydroxide susp 400 mg/5ml	MAGNESIUM OXIDE CHEW TAB 200MG magnesium oxide tab 400 mg (241.3 mg elemental mg) maximum D3 cap 325mcg	magnesium gluconate tab 250 mg magnesium hydroxide chew tab 311 mg MAGNESIUM HYDROXIDE SUSP CONCENTRATE 2400 MG/10ML magnesium oxide tab 200mg (elemental mg) magnesium oxide tab 400mg (240mg elemental Mg) meclizine hcl chew tab 25 mg
magnesium gluconate tab 30 mg magnesium hydroxide chew tab 400 mg	magnesium oxide cap 400mg magnesium oxide tab 400 mg	MAGNESIUM OXIDE CHEW TAB 200MG magnesium oxide tab 400 mg (241.3 mg elemental mg) maximum D3 cap 325mcg	magnesium gluconate tab 250 mg magnesium hydroxide chew tab 311 mg MAGNESIUM HYDROXIDE SUSP CONCENTRATE 2400 MG/10ML magnesium oxide tab 200mg (elemental mg) magnesium oxide tab 400mg (240mg elemental Mg) meclizine hcl chew tab 25 mg
magnesium oxide (laxative) tab 500 mg magnesium oxide tab 250 mg (mg supplement) magnesium oxide tab 500 mg (mg supplement) meclizine tab 25mg melatonin tab 2.5mg melatonin tab 5mg	MALE CONDOMS	melatonin tab 10mg MELATONIN TAB 300MCG miconazole nit va app 100mg (2%) and 2% cream and wipes kit	melatonin tab 1mg melatonin tab 3mg miconazole nitrate aerosol 2%
miconazole nitrate aerosol pow 2% miconazole nitrate ointment 2%	melatonin tab melatonin tab 200mcg methylcellulose powder laxative	miconazole nitrate gel 2% miconazole nitrate soln 2%	miconazole nitrate lotion 2% miconazole nitrate va supp 200mg and 2% cream and wipes kit

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

miconazole nitrate vaginal app 200mg and 2% cream 9gm kit	miconazole nitrate vaginal cream 2%	miconazole nitrate vaginal supp 1200mg and 2% cream kit	miconazole nitrate vaginal supp 200mg and 2% cream 9gm kit
mineral oil	mineral oil (bulk)	mineral oil light (bulk)	mineral oil light (topical)
multiple vitamin tab	multiple vitamins w/ iron tab	multiple vitamins w/ minerals cap	multiple vitamins w/ minerals liquid
multiple vitamins w/ minerals tab	multi-vitamin 50+ cap for her	multivitamin with iron drops	NEBULIZER
neomycin-bacitracin-polymyxin oint	nephrocaps, reno caps	niacin tr tab (riboflavin) 1000mg	nicotine polacrilex gum 2 mg
nicotine polacrilex gum 4 mg	nicotine polacrilex lozenge 2 mg	nicotine polacrilex lozenge 4 mg	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR
nicotine td patch 24hr 14 mg/24hr	nicotine td patch 24hr 21 mg/24hr	nicotine td patch 24hr 7 mg/24hr	NONOXYNOL-9 FOAM 12.5%
nonoxynol-9 gel 2%	nonoxynol-9 gel 3%	nonoxynol-9 vaginal sponge 1000mg	nonoxynol-9 vaginal suppos 100mg
NOVOFINE PEN NEEDLES	omega-3 fatty acids cap 1000 mg	omega-3 fatty acids cap 1200mg	OPTASE DROPS
OPTASE DRY SPRAY	oral electrolyte solution	oyster shell calcium tab 500 mg	oyster shell calcium/vitamin D (ergocalciferol) tab
pediatric multiple vitamin w/ minerals chew tab	pediatric multiple vitamins w/ iron chew tab	pediatric multiple vitamins w/ iron chew tab 12mg	pediatric multiple vitamins w/ iron chew tab 15mg
pediatric multiple vitamins w/ iron chew tab 18mg	pediatric multivitamin w/ C and FA chew tab	pediatric multivitamin w/ c soln	pediatric multivitamin w/ minerals and C chew tab 60mg
pediatric multivitamin/iron drops	pediatric vitamin chew tab	permethrin creme rinse 1%	polyethylene glycol 3350 oral powder
polyethylene glycol-propylene glycol ophth gel	povidone/iodine soln 7.5%	povidone-iodine soln 10%	prenatal vitamins
pseudoephedrine hcl syrup 30 mg/5ml	pseudoephedrine hcl tab 30 mg	pseudoephedrine hcl tab 60 mg	pseudoephedrine hcl tab sr 12hr 120 mg
pseudoephedrine hcl tab sr 24hr 240mg	pseudoephedrine liquid	pseudoephedrine liquid 15mg/5ml	pseudoephedrine/guaifenesin syrup 30-100mg/5ml
psyllium powder 100%	psyllium powder 25%	psyllium powder 27%	psyllium powder 28%
psyllium powder 28.3%	psyllium powder 30%	psyllium powder 30.9%	psyllium powder 33%
psyllium powder 43%	psyllium powder 49%	psyllium powder 50%	psyllium powder 51.7%
psyllium powder 52.3%	psyllium powder 53.8%	psyllium powder 55.46%	psyllium powder 58.6%
psyllium powder 60.3%	psyllium powder 68%	psyllium powder 71.67%	psyllium powder 92%
psyllium powder 95%	pyrantel pamoate susp	salicylic acid liquid 17%	salicylic acid soln 17%
saline nasal soln 0.65%	saline nasal spray 0.65%	selenium sulf 1% shampoo	senna tab
sennosides cap 8.6 mg	sennosides chew tab 10 mg	sennosides chew tab 15 mg	sennosides liquid 25mg/15ml
sennosides liquid 8.8mg/ml	sennosides syrup 8.8 mg/5ml	sennosides tab 8.6 mg	sennosides-docusate sodium tab 8.6-50 mg
simethicone cap 125mg	simethicone chew tab 125 mg	simethicone chew tab 80 mg	simethicone liquid
simethicone liquid 40 mg/0.6ml	simethicone susp 40 mg/0.6ml	simethicone tab 125mg	simethicone tab 80mg
skin protectants misc - cream	sodium bicarbonate tab 325 mg	sodium bicarbonate tab 650 mg	sodium chloride aero soln 0.9%
sodium chloride hypertonic ophth soln 5%	sodium phosphates - enema	sodium phosphates - soln	sorbitol oral solution 70%
sorbitol soln 70%	SYRINGE/NEEDLE (DISP) 3ML	SYRINGE/NEEDLE (DISP) 3ML 18 X 1-1/2"	SYRINGE/NEEDLE (DISP) 3ML 20 X 1"
SYRINGE/NEEDLE (DISP) 3ML 20 X 1-1/2"	SYRINGE/NEEDLE (DISP) 3ML 20 X 3/4"	SYRINGE/NEEDLE (DISP) 3ML 21 X 1"	SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/2"

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/4"	SYRINGE/NEEDLE (DISP) 3ML 22 X 1"	SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/2"	SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/4"
SYRINGE/NEEDLE (DISP) 3ML 22 X 3/4"	SYRINGE/NEEDLE (DISP) 3ML 23 X 1"	SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/2"	SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/4"
SYRINGE/NEEDLE (DISP) 3ML 23 X 3/4"	SYRINGE/NEEDLE (DISP) 3ML 24 X 1"	SYRINGE/NEEDLE (DISP) 3ML 25 X 1"	SYRINGE/NEEDLE (DISP) 3ML 25 X 1-1/2"
SYRINGE/NEEDLE (DISP) 3ML 25 X 5/8"	SYRINGE/NEEDLE (DISP) 3ML 26 X 3/8"	SYRINGE/NEEDLE (DISP) 3ML 26 X 5/8"	SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/2"
SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/4"	thiamine mononitrate tab	TOCO-SORB CAP	tolnaftate aerosol 1%
tolnaftate aerosol pow 1%	tolnaftate cream 1%	tolnaftate powder 1%	tolnaftate soln 1%
UNILET LANCETS	urea cream 20%	VCF VAGINAL GEL 4%	vitamin A cap 1000unit (retinol/retinoic acid)
vitamin B1 tab (thiamine) 100mg	vitamin B1 tab (thiamine) 250mg	vitamin B1 tab (thiamine) 50mg	vitamin B12 cap (cyanocobalamin) 1000mcg
vitamin B12 cap (cyanocobalamin) 3000mcg	vitamin B12 tab (cyanocobalamin) 1000mcg	vitamin B12 tab (cyanocobalamin) 100mcg	vitamin B12 tab (cyanocobalamin) 2000mcg
vitamin B12 tab (cyanocobalamin) 2500mcg	vitamin B12 tab (cyanocobalamin) 250mcg	vitamin B12 tab (cyanocobalamin) 500mcg	vitamin B12 tab (cyanocobalamin) 50mcg
vitamin B2 CR tab (niacin/riboflavin) 250mg	vitamin B2 CR tab (niacin/riboflavin) 500mg	vitamin B2 CR tab (niacin/riboflavin) 750mg	vitamin B2 tab (niacin/riboflavin) 100mg
vitamin B2 tab (niacin/riboflavin) 250mg	vitamin B2 tab (niacin/riboflavin) 500mg	vitamin B2 tab (niacin/riboflavin) 50mg	vitamin B6 tab 100mg
vitamin B6 tab 25mg (pyridoxine)	vitamin B6 tab 50mg (pyridoxine)	vitamin C chew tab 500mg (ascorbic acid)	vitamin C tab 1000mg (ascorbic acid)
vitamin C tab 250mg (ascorbic acid)	vitamin C tab 500mg (ascorbic acid)	vitamin D cap (calciferol) 10000unit	vitamin D cap (calciferol) 1000unit
vitamin D cap (calciferol) 2000unit	vitamin D cap (calciferol) 400unit	vitamin D cap (calciferol) 50000unit	vitamin D cap (calciferol) 5000unit
vitamin D drops (calciferol)	vitamin D2 tab (calciferol) 2000unit	vitamin D3 tab (calciferol) 1000unit	vitamin D3 tab (calciferol) 2000unit
vitamin D3 tab (calciferol) 400unit	vitamin D3 tab (calciferol) 50000unit	vitamin D3 tab (calciferol) 5000unit	vitamin E cap (tocopherol) 1000unit
vitamin E cap (tocopherol) 100unit	vitamin E cap (tocopherol) 200unit	vitamin E cap (tocopherol) 400unit	vitamin E cap (tocopherol) 600unit
VITAMIN E CAP 200 UNIT	vitamin E tab (tocopherol) 400unit	vitamin E tab 265mg (400unit)	vitamin E tab 268mg (400unit)
zinc sulfate cap			

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.

Hennepin Health OTC Wrap Formulary
Last Updated 6/1/2024
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CALIBRATION LIQUID	QL= 1 bottle/365 days
COMPOUND W LIQUID	QL=1 bottle/30 days
DUOFILM SOLN 17%	QL=1 bottle/30 days
LANCET DEVICE	QL= 1 device/365 days
salicylic acid liquid 17%	QL=1 bottle/30 days
salicylic acid soln 17%	QL=1 bottle/30 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. Products listed may not be all inclusive and are subject to change.