

your community health plan

List of Covered Drugs

for Hennepin Health SNBC members who have Medical Assistance coverage

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

Member Services: 612-596-1036 (TTY 711 or 800-627-3529) These calls are free, Monday–Friday, 8 a.m.–4:30 p.m., www.hennepinhealth.org.

The information printed in this list of covered drugs was correct as of 03/2025. To get the most current information, go to www.hennepinhealth.org and below "Product options" select "Member materials". If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medical Assistance List of Covered Drugs at any time.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use Hennepin Health network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact Member Services at the number listed on this page with questions. You can also find updates to this list at hennepinhealth.org below the "Product options" select "Member materials".

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get prescription drug benefits.

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 የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤစွာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက္i်၊ ဖဲနမ့်၊လိဉ်ဘဉ်တ၊မ၊စ၊၊ကလီလ၊တ၊်ကကျိးထံဝဲဒဉ်လံဉ် တီလံဉ်မီတခါအံ၊နူဉ်,ကိးဘဉ် လီတဲစိနိၢဂံၢလ၊ထးအံ၊နူဉ်တက္i်

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

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: or in person 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 Hennepin Health 525 Portland Avenue South Minneapolis

Auxiliary Aids and Services: Hennepin Health provides auxiliary aids and services, like gualified 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
- sex

disability

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

DHS approved 11/19/2021 CO-1254-HC

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:

racecolor

creed

• sex

- public assistance status
 - disability

- national origin
- religion

- sexual orientation
- marital status

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

national origin

color

• 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 <u>Medicaid list of covered drugs</u>.

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 you are taking is no longer preferred (Refer to "What is a Preferred Drug List?" in the section following).
- 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 5 in alphabetical order.

By therapeutic class

The drugs on this list begin on page 16 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 is a Preferred Drug List?

In Minnesota, all health plans are required to use the Minnesota Department of Human Services' (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are "preferred" are more cost effective and drugs that are "non-preferred" are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a nonpreferred drug, your doctor or health care provider must get prior authorization. The PDL is included as part of Hennepin Health's list of covered drugs. Hennepin Health's complete list of covered drugs includes other drugs in addition to those on the PDL. The PDL is available on DHS's website at: https://minnesota.primetherapeutics.com/links (pdl).

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredients as the brand name drug. It produces the same clinical effect as the brand name drug.

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.

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 <u>before</u> 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 <u>www.hennepinhealth.org</u> 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:
 - o Drugs used to treat sexual or erectile dysfunction
 - o Drugs used to enhance fertility
 - o Drugs used for cosmetic purposes, including drugs to treat hair loss
 - o Drugs excluded from coverage by federal or state law
 - o Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
 - o Medical cannabis

Can I request an exception to the coverage restrictions?

Yes. You or your health care provider can get the drug reconsideration request from <u>www.hennepinhealth.org</u> or by calling Member Services at 612-596-1036 (Toll free: 1-800-647-0550 or TTY: 711). Your provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your health care provider gets a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used and the reason for failure (for example, side effects).

What will a prescription cost?

As of January 1, 2024, Medical Assistance-covered drugs no longer have copays. You do not have cost sharing for drugs covered by Medical Assistance. MinnesotaCare members do have copays. All copay information for prescriptions is listed in the Member Handbook in Section 6: Cost- Sharing. If you have additional questions, call 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	. 5
Formulary by category/class	16

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 3/1/2025

Drug Name	Special Code	Tier	Category
cetaminophen cap 500 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen chew tab 160 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen chew tab 500 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen chew tab 80 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen dispersible tab 160 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen dispersible tab 80 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen elixir 160 mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen liquid 160 mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen liquid 167 mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen liquid 500 mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen soln 100 mg/ml	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen soln 160 mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen soln 325 mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
CETAMINOPHEN SUPP 650 MG	OTC	2	ANALGESICS - NONNARCOTIC
cetaminophen suppos 120 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen suppos 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen suppos 650 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen suppos 80 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen susp 160 mg/5ml	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen susp 80 mg/0.8ml	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen tab 160 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen tab 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen tab 500 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetaminophen tab cr 650 mg	OTC	1	ANALGESICS - NONNARCOTIC
cetic acid vaginal soln	OTC	1	VAGINAL PRODUCTS
cid gone chew tab	OTC	1	ANTACIDS
cid gone susp	OTC	1	ANTACIDS
Icohol swabs	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
luminum hydroxide gel susp 600 mg/5ml	OTC	1	ANTACIDS
luminum hydroxide susp 320 mg/5ml	OTC	1	ANTACIDS
luminum hydroxide/magnesium trisilicate chew tab 80-20 mg	OTC	1	ANTACIDS
luminum/mag hydroxide-simethicone chew tab 200-200-20 mg	OTC	1	ANTACIDS
luminum/mag hydroxide-simethicone chew tab 200-200-25 mg	OTC	1	ANTACIDS
luminum/mag hydroxide-simethicone susp 200-200-20 mg/5ml	OTC	1	ANTACIDS
luminum/mag hydroxide-simethicone susp 225-200-25 mg/5ml	OTC	1	ANTACIDS
luminum/mag hydroxide-simethicone susp 282-87-25 mg/5ml	OTC	1	ANTACIDS
luminum/mag hydroxide-simethicone susp 400-400-40 mg/5ml	OTC	1	ANTACIDS
luminum/mag hydroxide-simethicone susp 500-450-40 mg/5ml	OTC	1	ANTACIDS
luminum/magnesium hydroxides chew tab 300-150 mg	OTC	1	ANTACIDS
luminum/magnesium hydroxides conc 600-300 mg/5ml	OTC	1	ANTACIDS
luminum/magnesium hydroxides susp 200-200 mg/5ml	OTC	1	ANTACIDS
luminum/magnesium hydroxides susp 225-200 mg/5ml	OTC	1	ANTACIDS
luminum/magnesium hydroxides susp 500-500 mg/5ml	OTC	1	ANTACIDS
nti-diarrhea liquid	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
rtificial tear and lubricant combinations	OTC	1	OPHTHALMIC AGENTS
NC =Not Covered generic =small le	etters	PA	BRANDS =CAPITAL LETTERS

Drug Name	Special Code	Tier	Category
artificial tear gels	OTC	1	OPHTHALMIC AGENTS
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
penzoyl 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
pisacodyl 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 690 mg/30ml	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate tab 262 mg	OTC	1	ANTIDIARRHEALS
brompheniramine/pse elixir 1-15 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
calamine lotion	OTC	1	DERMATOLOGICALS
calcium 250 mg w/ vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium 500 mg w/ vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium 600 mg w/ vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
CALCIUM CARB SUSP 1250 MG/5ML	OTC	2	ANTACIDS
calcium carbonate (antacid) chew tab 400 mg, 500 mg, 600 mg, 750 mg, 1000	OTC	1	ANTACIDS
mg	010		ANIAOBO
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 1500 mg (600 mg elemental Ca)	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate tab 600 mg	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/cholecalciferol chew tab 500 mg-100 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/cholecalciferol chew tab 500 mg-600 unit	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 250 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/vitamin D tab 500 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/vitamin D tab 500 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/vitamin D tab 500 mg-400 unit	OTC	1	MINERALS & ELECTROLYTES

90DSNC =Not Covered90Ds90 Day Supply AllowedQLQuantity Limit

OTC Over-t

generic =small letters Over-the-Counter BRANDS =CAPITAL LETTERS Prior Authorization

PA

Drug Name	Special Code	Tier	Category
alcium carbonate/vitamin D tab 600 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate/vitamin D tab 600 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate/vitamin D tab 600 mg-400 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate-cholecalciferol chew tab 500 mg-400 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate-cholecalciferol tab 250 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate-cholecalciferol tab 500 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate-cholecalciferol tab 500 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate-cholecalciferol tab 500 mg-400 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate-cholecalciferol tab 600 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
alcium carbonate-cholecalciferol tab 600 mg-400 unit	OTC	1	MINERALS & ELECTROLYTES
ALCIUM CHEW TAB 500 MG-400 UNIT	OTC	2	MINERALS & ELECTROLYTES
alcium citrate plus vitamin d tab	OTC	1	MINERALS & ELECTROLYTES
lcium citrate/vitamin D tab 200 mg-250 unit	OTC	1	MINERALS & ELECTROLYTES
Ilcium citrate/vitamin D tab 250 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
ALCIUM CITRATE/VITAMIN D TAB 250 MG-200 UNIT	OTC	2	MINERALS & ELECTROLYTES
licium citrate/vitamin D tab 315 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
licium polycarbophil tab 625 mg	OTC	1	LAXATIVES
lcium w/ vitamin D tab 600 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
licium/D3 wafer	OTC	1	MINERALS & ELECTROLYTES
alcium/ergocalciferol tab 250 mg-100 unit	OTC	1	MINERALS & ELECTROLYTES
Icium/ergocalciferol tab 250 mg-125 unit	OTC	1	MINERALS & ELECTROLYTES
Icium/ergocalciferol tab 500 mg-200 unit	OTC	1	MINERALS & ELECTROLYTES
ALCIUM+D TAB 600 MG	OTC	2	MINERALS & ELECTROLYTES
	OTC-QL	2 \$0	MEDICAL DEVICES AND SUPPLIES
ALIBRATION LIQUID (QL= 1 bottle/365 days)	OTC-QL OTC	30 1	
apsaicin cream 0.025%			DERMATOLOGICALS
upsaicin cream 0.035%	OTC	1	DERMATOLOGICALS
ipsaicin cream 0.075%	OTC	1	DERMATOLOGICALS
apsaicin cream 0.1%	OTC	1	DERMATOLOGICALS
apsicum oleoresin cream 0.025%	OTC	1	DERMATOLOGICALS
apsicum oleoresin cream 0.075%	OTC	1	DERMATOLOGICALS
arbamide peroxide 6.5% otic soln	OTC	1	OTIC AGENTS
rboxymethylcellulose sodium ophth soln	OTC	1	OPHTHALMIC AGENTS
tirizine hcl oral soln 1 mg/ml (5 mg/5ml)	OTC	1	ANTIHISTAMINES
etirizine hcl tab 10 mg	OTC	1	ANTIHISTAMINES
tirizine hcl tab 5 mg	OTC	1	ANTIHISTAMINES
arcoal activated cap 260 mg	OTC	1	ANTIDOTES
arcoal activated tab 250 mg	OTC	1	ANTIDOTES
HEMSTRIP URINE TEST STRIPS	OTC	\$0	DIAGNOSTIC PRODUCTS
ild-multi chew vitamins	OTC	1	MULTIVITAMINS
lorpheniramine maleate syrup 2 mg/5ml	OTC	1	ANTIHISTAMINES
lorpheniramine maleate tab 4 mg	OTC	1	ANTIHISTAMINES
lorpheniramine maleate tab cr 12 mg	OTC	1	ANTIHISTAMINES
olecalciferol cap 25000 unit	OTC	1	VITAMINS
olecalciferol cap 400 unit	OTC	1	VITAMINS
olecalciferol tab 3000 unit	OTC	1	VITAMINS
olecalciferol tab 4000 unit	OTC	1	VITAMINS
emastine fumarate tab 1.34 mg (1 mg base equiv)	OTC	1	ANTIHISTAMINES
LEMASTINE TAB 1.34 MG	OTC	2	ANTIHISTAMINES
otrimazole cream 1%	OTC	-	DERMATOLOGICALS

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

Drug Name		Special Code	Tier	Category
COMPOUND W LIQUID (QL= 1 bottle/30 days)		OTC-QL	2	DERMATOLOGICALS
ONDOMS		OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONDOMS - MALE		OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONDOMS LATEX LUBRICATED		OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONDOMS LATEX NON-LUBRICATED		OTC	\$0	MEDICAL DEVICES AND SUPPLIES
extromethorphan ER liquid 30 mg/5ml		90DS-OTC	1	COUGH/COLD/ALLERGY
methicone cream 1%		OTC	1	DERMATOLOGICALS
phenhydramine (sleep) tab 50 mg		OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenhydramine hcl (sleep) tab 25 mg		OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenhydramine hcl (sleep) tab disp 25 mg		OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
iphenhydramine hcl cap 25 mg		OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenhydramine hcl elixir 12.5 mg/5ml		OTC	1	ANTIHISTAMINES
phenhydramine hcl liquid 12.5 mg/5ml		OTC	1	ANTIHISTAMINES
phenhydramine hcl tab 25 mg		OTC	1	ANTIHISTAMINES
ocosanol cream 10%		OTC	1	DERMATOLOGICALS
ocusate calcium cap		OTC	1	LAXATIVES
ocusate sodium cap 100 mg		OTC	1	LAXATIVES
ocusate sodium cap 50 mg		OTC	1	LAXATIVES
ocusate sodium enema 100 mg		OTC	1	LAXATIVES
ocusate sodium enema 283 mg		OTC	1	LAXATIVES
ocusate sodium liquid 150 mg/15ml		OTC	1	LAXATIVES
ocusate sodium liquid 50 mg/15ml		OTC	1	LAXATIVES
ocusate sodium syrup 60 mg/15ml		OTC	1	LAXATIVES
OCUSATE SODIUM SYRUP 60 MG/15ML		OTC	2	LAXATIVES
ocusate sodium tab 100 mg		OTC	1	LAXATIVES
oxylamine succinate (sleep) tab 25 mg		OTC	1	HYPNOTICS/SEDATIVES/SLEEP
UOFILM SOLN 17% (QL= 1 bottle/30 days)		OTC-QL	2	DISORDER AGENTS DERMATOLOGICALS
motidine tab 10 mg		90DS-OTC	1	ULCER DRUGS
motidine tab 20 mg		90DS-OTC	1	ULCER DRUGS
motidine tab 20 mg		90DS-OTC	1	ULCER DRUGS
0		OTC	1	HEMATOPOIETIC AGENTS
gluconate tab 239 mg (27 mg elemental fe)				
rrous fumarate tab		OTC	1	HEMATOPOIETIC AGENTS
rrous gluconate tab 324 mg	`	OTC	1	HEMATOPOIETIC AGENTS
rrous gluconate tab 324 mg (38 mg elemental iror	1)	OTC	1	HEMATOPOIETIC AGENTS
rrous gluconate tab 325 mg		OTC	1	HEMATOPOIETIC AGENTS
errous gluconate tab 325 mg (37.5 mg elemental fe		OTC	1	HEMATOPOIETIC AGENTS
errous sulfate 220 mg/5ml (44 mg/5ml elemental fe -12 months; Prior Authorization required for memb	ers age 8 or older)	OTC-PA	1	HEMATOPOIETIC AGENTS
rrous sulfate CR tab 142 mg (45 mg FE equivalen	nt)	OTC	1	HEMATOPOIETIC AGENTS
rrous sulfate drops		OTC	1	HEMATOPOIETIC AGENTS
rrous sulfate tab 325 mg (65 mg elemental fe)		OTC	1	HEMATOPOIETIC AGENTS
rrous sulfate tab ec 324 mg (65 mg fe equivalent)		OTC	1	HEMATOPOIETIC AGENTS
rrous sulfate tab ec 325 mg (65 mg fe equivalent)		OTC	1	HEMATOPOIETIC AGENTS
xofenadine hcl tab 180 mg		OTC	1	ANTIHISTAMINES
xofenadine hcl tab 60 mg		OTC	1	ANTIHISTAMINES
am antacid chew		OTC	1	ANTACIDS
blic acid tab 1mg (folate) (\$0 for females)		90DS-OTC	1	HEMATOPOIETIC AGENTS

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90DS	90 Day Supply Allowed	OTC	Över-the-Counter	PA	Prior Authorization
QL	Quantity Limit				

Drug Name	Special Code	Tier	Category
olic acid tab 400mcg (folate) (\$0 for females)	90DS-OTC	1	HEMATOPOIETIC AGENTS
blic acid tab 800mcg (folate) (\$0 for females)	90DS-OTC	1	HEMATOPOIETIC AGENTS
SENTEAL MILD OPHTH SOLN 3%	OTC	2	OPHTHALMIC AGENTS
ENTEAL OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
lycerin enema adult 5.6 gm/average delivered dose	OTC	1	LAXATIVES
lycerin suppos 1 gm	OTC	1	LAXATIVES
lycerin suppos 1.2 gm	OTC	1	LAXATIVES
lycerin suppos 2 gm	OTC	1	LAXATIVES
lycerin suppos 2.1 gm	OTC	1	LAXATIVES
lycerin suppos 80.7%	OTC	1	LAXATIVES
ycerin suppository 1 gm	OTC	1	LAXATIVES
uaifenesin liquid 100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
uaifenesin liquid 100 mg/6.25ml	OTC	1	COUGH/COLD/ALLERGY
uaifenesin liquid 200 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
uaifenesin syrup 100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
uaifenesin tab 200 mg	OTC	1	COUGH/COLD/ALLERGY
uaifenesin tab 400 mg	OTC	1	COUGH/COLD/ALLERGY
uaifenesin tab sr 12hr 600 mg	OTC	1	COUGH/COLD/ALLERGY
uaifenesin/codeine soln 100-10 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
uaifenesin-dm liquid 10-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
uaifenesin-dm liquid 10-200 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
uaifenesin-dm liquid 5-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
Jaifenesin-dm syrup 10-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
/drocortisone acetate oint 1%	OTC	1	DERMATOLOGICALS
ydrocortisone acetate-aloe vera cream 0.5%	OTC	1	DERMATOLOGICALS
/drocortisone cream 0.5%	OTC	1	DERMATOLOGICALS
/drocortisone cream 1%	OTC	1	DERMATOLOGICALS
/drocortisone foam 1%	OTC	1	DERMATOLOGICALS
ydrocortisone gel 1%	OTC	1	DERMATOLOGICALS
ydrocortisone lotion 0.25%	OTC	1	DERMATOLOGICALS
ydrocortisone lotion 1%	OTC	1	DERMATOLOGICALS
ydrocortisone oint 0.5%	OTC	1	DERMATOLOGICALS
ydrocortisone oint 1%	OTC	1	DERMATOLOGICALS
ydrocortisone oint 2.5%	OTC	1	DERMATOLOGICALS
ydrocortisone soln 1%	OTC	1	DERMATOLOGICALS
ydrogen peroxide soln 3%	OTC	1	ANTISEPTICS & DISINFECTANTS
ypromellose ophth gel 0.3%	OTC	1	OPHTHALMIC AGENTS
ypromellose ophth soln 0.3% uprofen chew tab 100 mg	OTC OTC	1	OPHTHALMIC AGENTS ANALGESICS - ANTI-INFLAMMATORY
uprofen susp 100 mg/5ml	OTC		ANALGESICS - ANTI-INFLAMMATORY
uprofen susp 100 mg/smi uprofen susp 40 mg/ml	OTC	1	ANALGESICS - ANTI-INFLAMMATORY ANALGESICS - ANTI-INFLAMMATORY
1 1 5		1	
uprofen tab 200 mg	90DS-OTC	1 \$0	ANALGESICS - ANTI-INFLAMMATORY
ISULIN SYRINGE	OTC	\$0 ¢0	MEDICAL DEVICES AND SUPPLIES
opropyl alcohol wipes 70%	OTC	\$0	DERMATOLOGICALS
etotifen fumarate ophth soln 0.025% (base equiv)	OTC	1	OPHTHALMIC AGENTS
etotifen fumarate ophth soln 0.035%	OTC	1	OPHTHALMIC AGENTS
ACTASE CAP 250 MG	OTC	2	DIGESTIVE AIDS
ACTASE CHEW TAB 4500 UNIT	OTC	2	DIGESTIVE AIDS
actase chew tab 9000 unit	OTC	1	DIGESTIVE AIDS

NC =Not Coveredgeneric =small lettersBRANDS =CAPITAL LETTERS90DS90 Day Supply AllowedOTCOver-the-CounterPAPrior AuthorizationQLQuantity LimitPAPrior AuthorizationPAPrior Authorization

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C 1 C 1 C 1 C 1 C 1	l . I .	ANTIDIARRHEALS
C 1 C 1		ANTIDIARRHEAL/PROBIOTIC AGENTS
C 1 C 1		
C 1		ANTIDIARRHEAL/PROBIOTIC AGENTS
		ANTIDIARRHEAL/PROBIOTIC AGENTS
		ANTIDIARRHEAL/PROBIOTIC AGENTS
C 1		ANTIDIARRHEALS
C 1		ANTIHISTAMINES
C 1		ANTIHISTAMINES
C 1		ANTIHISTAMINES
C 1		COUGH/COLD/ALLERGY
C 1		COUGH/COLD/ALLERGY
C 2		DERMATOLOGICALS
C 1		LAXATIVES
C 1		MINERALS & ELECTROLYTES
C 1		MINERALS & ELECTROLYTES
C 1		MINERALS & ELECTROLYTES
C 1		MINERALS & ELECTROLYTES
		MINERALS & ELECTROLYTES
		MINERALS & ELECTROLYTES
		LAXATIVES
-		LAXATIVES
		ANTACIDS
		MINERALS & ELECTROLYTES
		MINERALS & ELECTROLYTES MINERALS & ELECTROLYTES
U 1		
		MINERALS & ELECTROLYTES
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Drug Name	Special Code	Tier	Category
nagnesium oxide tab 500 mg (mg supplement)	OTC	1	MINERALS & ELECTROLYTES
/ALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
naximum D3 cap 325 mcg	OTC	1	VITAMINS
neclizine hcl chew tab 25 mg	OTC	1	ANTIEMETICS
eclizine tab 25 mg	OTC	1	ANTIEMETICS
elatonin tab	OTC	1	ALTERNATIVE MEDICINES
nelatonin tab 1 mg	OTC	1	ALTERNATIVE MEDICINES
ielatonin tab 10 mg	OTC	1	ALTERNATIVE MEDICINES
elatonin tab 2.5 mg	OTC	1	ALTERNATIVE MEDICINES
ielatonin tab 200 mcg	OTC	1	ALTERNATIVE MEDICINES
elatonin tab 3 mg	OTC	1	ALTERNATIVE MEDICINES
elatonin tab 300 mcg	OTC	1	ALTERNATIVE MEDICINES
ELATONIN TAB 300 MCG	OTC	2	ALTERNATIVE MEDICINES
elatonin tab 5 mg	OTC	1	ALTERNATIVE MEDICINES
ethylcellulose powder laxative	OTC	1	LAXATIVES
iconazole nit va app 100 mg (2%) and 2% cream and wipes kit	OTC	1	VAGINAL PRODUCTS
iconazole nitrate aerosol 2%	OTC	1	DERMATOLOGICALS
iconazole nitrate aerosol pow 2%	OTC	1	DERMATOLOGICALS
iconazole nitrate cream 2%	OTC	1	DERMATOLOGICALS
iconazole nitrate gel 2%	OTC	1	DERMATOLOGICALS
iconazole nitrate lotion 2%	OTC	1	DERMATOLOGICALS
iconazole nitrate ointment 2%	OTC	1	DERMATOLOGICALS
iconazole nitrate powder 2%	OTC	1	DERMATOLOGICALS
iconazole nitrate soln 2%	OTC	1	DERMATOLOGICALS
iconazole nitrate va supp 200 mg and 2% cream and wipes kit	OTC	1	VAGINAL PRODUCTS
iconazole nitrate va supp 200 mg and 2% cream 9 gm kit	OTC	1	VAGINAL PRODUCTS
iconazole nitrate vaginal app 200 mg and 2 % clean 9 gm kt	OTC	1	VAGINAL PRODUCTS
iconazole nitrate vaginal supp 1200 mg and 2% cream kit	OTC	1	VAGINAL PRODUCTS
	OTC	1	VAGINAL PRODUCTS
iconazole nitrate vaginal supp 200 mg and 2% cream 9 gm kit	OTC	1	
ineral oil			LAXATIVES
ineral oil (bulk)	OTC	1	
ineral oil light (bulk)	OTC	1	
ineral oil light (topical)	OTC	1	DERMATOLOGICALS
ultiple vitamin tab	OTC	1	MULTIVITAMINS
ultiple vitamins w/ iron tab	OTC	1	MULTIVITAMINS
ultiple vitamins w/ minerals cap	OTC	1	MULTIVITAMINS
ultiple vitamins w/ minerals liquid	OTC	1	MULTIVITAMINS
ultiple vitamins w/ minerals tab	OTC	1	MULTIVITAMINS
ulti-vitamin 50+ cap for her	OTC	1	MULTIVITAMINS
ultivitamin with iron drops	OTC	1	MULTIVITAMINS
EBULIZER	OTC	2	MEDICAL DEVICES AND SUPPLIES
eomycin-bacitracin-poly oint	OTC	1	DERMATOLOGICALS
phrocaps, reno caps	OTC	1	MULTIVITAMINS
acin tr tab (riboflavin) 1000 mg	OTC	1	VITAMINS
cotine polacrilex gum 2 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
cotine polacrilex gum 4 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
icotine polacrilex lozenge 2 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
nicotine polacrilex lozenge 4 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	OTC	\$0	PSYCHOTHERAPEUTIC AND
nicotine td patch 24hr 14 mg/24hr	OTC	\$0	NEUROLOGICAL AGENTS - MISC. PSYCHOTHERAPEUTIC AND
nicotine td patch 24hr 21 mg/24hr	OTC	\$0	NEUROLOGICAL AGENTS - MISC. PSYCHOTHERAPEUTIC AND
nicotine td patch 24hr 7 mg/24hr	OTC	\$0	NEUROLOGICAL AGENTS - MISC. PSYCHOTHERAPEUTIC AND
NONOXYNOL-9 FOAM 12.5%	OTC	\$0	NEUROLOGICAL AGENTS - MISC. VAGINAL PRODUCTS
nonoxynol-9 gel 2%	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 gel 3%	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 vaginal sponge 1000 mg	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 vaginal suppos 100 mg	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 1200 mg	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
bediatric 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 12 mg	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/ iron chew tab 15 mg	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/ iron chew tab 18 mg	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 60 mg	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 240 mg	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15 mg/5ml	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/guaifenesin syrup 30-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY

NC =Not Covered generic =small letters BRANDS =CAPITAL LETTERS 90DS 90 Day Supply Allowed OTC Over-the-Counter PA Prior Authorization QL Quantity Limit Figure 1 Figure 2 Figure 2 Figure 2 Figure 2	i.
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Drug Name	Special Code	Tier	Category
psyllium powder 100%	OTC	1	LAXATIVES
syllium powder 25%	OTC	1	LAXATIVES
syllium powder 27%	OTC	1	LAXATIVES
syllium powder 28%	OTC	1	LAXATIVES
syllium powder 28.3%	OTC	1	LAXATIVES
syllium powder 30%	OTC	1	LAXATIVES
syllium powder 30.9%	OTC	1	LAXATIVES
syllium powder 33%	OTC	1	LAXATIVES
syllium powder 43%	OTC	1	LAXATIVES
syllium powder 49%	OTC	1	LAXATIVES
syllium powder 50%	OTC	1	LAXATIVES
syllium powder 51.7%	OTC	1	LAXATIVES
syllium powder 52.3%	OTC	1	LAXATIVES
syllium powder 53.8%	OTC	1	LAXATIVES
syllium powder 55.46%	OTC	1	LAXATIVES
syllium powder 58.6%	OTC	1	LAXATIVES
syllium powder 60.3%	OTC	1	LAXATIVES
syllium powder 68%	OTC	1	LAXATIVES
syllium powder 71.67%	OTC	1	LAXATIVES
syllium powder 92%	OTC	1	LAXATIVES
syllium powder 95%	OTC	1	LAXATIVES
/rantel pamoate susp	OTC	1	ANTHELMINTICS
licylic acid liquid 17% (QL= 1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
alicylic acid soln 17% (QL= 1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
aline nasal soln 0.65%	OTC	1	NASAL AGENTS - SYSTEMIC AND
aline nasal spray 0.65%	OTC	1	TOPICAL NASAL AGENTS - SYSTEMIC AND TOPICAL
elenium sulf 1% shampoo	OTC	1	DERMATOLOGICALS
enna tab	OTC	1	LAXATIVES
ennosides cap 8.6 mg	OTC	1	LAXATIVES
ennosides chew tab 10 mg	OTC	1	LAXATIVES
ennosides chew tab 15 mg	OTC	1	LAXATIVES
ennosides liquid 25 mg/15ml	OTC	1	LAXATIVES
ennosides liquid 8.8 mg/ml	OTC	1	LAXATIVES
ennosides syrup 8.8 mg/5ml	OTC	1	LAXATIVES
ennosides tab 8.6 mg	OTC	1	LAXATIVES
ennosides docusate sodium tab 8.6-50 mg	OTC	1	LAXATIVES
methicone cap 125 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
methicone chew tab 125 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
	OTC		GASTROINTESTINAL AGENTS - MISC.
methicone chew tab 80 mg		1	
methicone liquid	OTC	1	GASTROINTESTINAL AGENTS - MISC.
nethicone liquid 40 mg/0.6ml	OTC	1	GASTROINTESTINAL AGENTS - MISC.
nethicone susp 40 mg/0.6ml	OTC	1	GASTROINTESTINAL AGENTS - MISC.
methicone tab 125 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
methicone tab 80 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
kin protectants misc - cream	OTC	1	DERMATOLOGICALS
odium bicarbonate tab 325 mg	OTC	1	ANTACIDS
odium bicarbonate tab 650 mg	OTC	1	ANTACIDS
odium chloride aero soln 0.9%	OTC	1	COUGH/COLD/ALLERGY

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 90DS
 90 Day Supply Allowed
 OTC
 Over-the-Counter
 PA
 Prior Authorization

 QL
 Quantity Limit
 OTC
 Over-the-Counter
 PA
 Prior Authorization

Drug Name	Special Code	Tier	Category
sodium chloride hypertonic ophth soln 5%		1	OPHTHALMIC AGENTS
odium phosphates - enema	OTC	1	LAXATIVES
odium phosphates - soln	OTC	1	LAXATIVES
orbitol oral solution 70%	OTC	1	LAXATIVES
orbitol 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
YRINGE/NEEDLE (DISP) 3ML 21 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 21 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 21 X 1-1/4"	OTC	\$0 \$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 22 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 22 X 1-1/2"	OTC	\$0 \$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 22 X 1-1/2"	OTC	\$0 \$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 22 X 1-1/4 YRINGE/NEEDLE (DISP) 3ML 22 X 3/4"	OTC	\$0 \$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 3/4	OTC	\$0 \$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 23 X 1-1/2"	OTC	\$0 \$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 23 X 1-1/2 YRINGE/NEEDLE (DISP) 3ML 23 X 1-1/4"	OTC	\$0 \$0	MEDICAL DEVICES AND SUPPLIES
	OTC	\$0 \$0	
YRINGE/NEEDLE (DISP) 3ML 23 X 3/4"			MEDICAL DEVICES AND SUPPLIES MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 24 X 1"	OTC	\$0	
YRINGE/NEEDLE (DISP) 3ML 25 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 25 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 25 X 5/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 26 X 3/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 26 X 5/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 27 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
YRINGE/NEEDLE (DISP) 3ML 27 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
iamine mononitrate tab	OTC	1	VITAMINS
OCO-SORB CAP	OTC	2	VITAMINS
olnaftate aerosol 1%	OTC	1	DERMATOLOGICALS
plnaftate aerosol pow 1%	OTC	1	DERMATOLOGICALS
olnaftate cream 1%	OTC	1	DERMATOLOGICALS
olnaftate powder 1%	OTC	1	DERMATOLOGICALS
olnaftate soln 1%	OTC	1	DERMATOLOGICALS
NILET LANCETS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
rea cream 20%	OTC	1	DERMATOLOGICALS
CF VAGINAL GEL 4%	OTC	\$0	VAGINAL AND RELATED PRODUCTS
itamin A cap 1000 unit (retinol/retinoic acid)	OTC	1	VITAMINS
itamin B1 tab (thiamine) 100 mg	OTC	1	VITAMINS
tamin B1 tab (thiamine) 250 mg	OTC	1	VITAMINS
tamin B1 tab (thiamine) 50 mg	OTC	1	VITAMINS
tamin B12 cap (cyanocobalamin) 1000 mcg	OTC	1	HEMATOPOIETIC AGENTS
tamin B12 cap (cyanocobalamin) 3000 mcg	OTC	1	HEMATOPOIETIC AGENTS
itamin B12 inj (cyanocobalamin)	-	1	HEMATOPOIETIC AGENTS
itamin B12 tab (cyanocobalamin) 100 mcg	OTC	1	HEMATOPOIETIC AGENTS
itamin B12 tab (cyanocobalamin) 1000 mcg	OTC	1	HEMATOPOIETIC AGENTS
itamin B12 tab (cyanocobalamin) 2000 mcg	OTC	1	HEMATOPOIETIC AGENTS

90DS 90 Day Supply Allowed OTC Over-the-Counter PA Prior Authorization QL Quantity Limit OTC Over-the-Counter PA Prior Authorization	90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	отс	generic =small letters Over-the-Counter	PA	BRANDS = CAPITAL LETTERS Prior Authorization
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Drug Name	Special Code	Tier	Category
vitamin B12 tab (cyanocobalamin) 250 mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 2500 mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 50 mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 500 mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B2 CR tab (niacin/riboflavin) 250 mg	OTC	1	VITAMINS
vitamin B2 CR tab (niacin/riboflavin) 500 mg	OTC	1	VITAMINS
vitamin B2 CR tab (niacin/riboflavin) 750 mg	OTC	1	VITAMINS
vitamin B2 tab (niacin/riboflavin) 100 mg	OTC	1	VITAMINS
vitamin B2 tab (niacin/riboflavin) 250 mg	OTC	1	VITAMINS
vitamin B2 tab (niacin/riboflavin) 50 mg	OTC	1	VITAMINS
vitamin B2 tab (niacin/riboflavin) 500 mg	OTC	1	VITAMINS
vitamin B6 tab 100 mg (pyridoxine)	OTC	1	VITAMINS
vitamin B6 tab 25 mg (pyridoxine)	OTC	1	VITAMINS
vitamin B6 tab 50 mg (pyridoxine)	OTC	1	VITAMINS
vitamin C chew tab 500 mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 1000 mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 250 mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 500 mg (ascorbic acid)	OTC	1	VITAMINS
vitamin D cap (calciferol) (RX strength)	-	1	VITAMINS
vitamin D cap (calciferol) 1000 unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 10000 unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 2000 unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 400 unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 5000 unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 50000 unit	OTC	1	VITAMINS
vitamin D drops (calciferol)	OTC	1	VITAMINS
vitamin D2 tab (calciferol) 2000 unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 1000 unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 2000 unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 400 unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 5000 unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol) 50000 unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 100 unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 1000 unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 200 unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 400 unit	OTC	1	VITAMINS
vitamin E cap (tocopherol) 600 unit	OTC	1	VITAMINS
VITAMIN E CAP 200 UNIT	OTC	2	VITAMINS
vitamin E tab (tocopherol) 400 unit	OTC	1	VITAMINS
vitamin E tab 265 mg (400 unit)	OTC	1	VITAMINS
vitamin E tab 268 mg (400 unit)	OTC	1	VITAMINS
zinc sulfate cap	OTC	1	MINERALS & ELECTROLYTES

	NC =Not Covered
90DS	90 Day Supply Allowed
QL	Quantity Limit

generic =small letters Over-the-Counter

отс

PA

BRANDS =CAPITAL LETTERS Prior Authorization

DrugName

ALTERNATIVE MEDICINES

Special Code	Tier
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ALTERNATIVE MEDICINE - M'S		
melatonin tab	OTC	1
melatonin tab 1 mg	OTC	1
melatonin tab 10 mg	OTC	1
melatonin tab 2.5 mg	OTC	1
melatonin tab 200 mcg	OTC	1
melatonin tab 3 mg	OTC	1
melatonin tab 300 mcg	OTC	1
melatonin tab 5 mg	OTC	1
MELATONIN TAB 300 MCG	OTC	2

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

	070	4
ibuprofen chew tab 100 mg	OIC	1
ibuprofen susp 100 mg/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 160 mg	OTC	1
acetaminophen chew tab 500 mg	OTC	1
acetaminophen chew tab 80 mg	OTC	1
acetaminophen dispersible tab 160 mg	OTC	1
acetaminophen dispersible tab 80 mg	OTC	1
acetaminophen elixir 160 mg/5ml	OTC	1
acetaminophen liquid 160 mg/5ml	OTC	1
acetaminophen liquid 167 mg/5ml	OTC	1
acetaminophen liquid 500 mg/5ml	OTC	1
acetaminophen soln 100 mg/ml	OTC	1
acetaminophen soln 160 mg/5ml	OTC	1
acetaminophen soln 325 mg/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 160 mg/5ml	OTC	1
acetaminophen susp 80 mg/0.8ml	OTC	1
acetaminophen tab 160 mg	OTC	1
acetaminophen tab 325 mg	OTC	1
acetaminophen tab 500 mg	OTC	1
acetaminophen tab cr 650 mg	OTC	1
ACETAMINOPHEN SUPP 650 MG	OTC	2
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

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

DrugName

aspirin tab delayed release 81 mg

ANALGESICS - NONNARCOTIC Cont.

Tier

1

1

Special Code

OTC

OTC

ANORECTAL AND RELATED PRODUCTS

RECTAL STEROIDS

hydrocortisone cream 1%

ANTACIDS

ANTACIDS		
ANTACID COMBINATIONS		
acid gone chew tab	OTC	1
icid gone susp	OTC	1
aluminum hydroxide/magnesium trisilicate chew tab 80-20 mg	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 600-300 mg/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 600 mg/5ml	OTC	1
aluminum hydroxide susp 320 mg/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 400 mg, 500 mg, 600 mg, 750 mg, 1000 mg	OTC	1
calcium carbonate susp	OTC	1
calcium carbonate tab	OTC	1
CALCIUM CARB SUSP 1250 MG/5ML	OTC	2
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide cap 400 mg	OTC	1
magnesium oxide tab 400 mg	OTC	1
	0.0	•
ANTHELMINTICS		
	070	4
pyrantel pamoate susp	OTC	1
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
anti-diarrhea liquid	OTC	1
OPERAMIDE HCL SOLN 1 MG/7.5ML	OTC	1
operamide hcl soln 1 mg/7.ml	OTC	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
	RANDS = CAPITAL LETTERS	
90DS 90 Day Supply Allowed OTC Over-the-Counter PA Pri QL Quantity Limit	or Authorization	

Last Updated 3/1/2025		
DrugName	Special Code	Tier
ANTIDIARRHEAL/PROBIOTIC AG	ENTS Cont.	
loperamide hcl susp 1 mg/7.5ml	OTC	1
LOPERAMIDE HCL SUSP 1 MG/7.ML	OTC	1
ANTIDIARRHEALS		
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 690 mg/30ml	OTC	1
bismuth subsalicylate tab 262 mg	OTC	1
ANTIPERISTALTIC AGENTS		
loperamide cap 2 mg	OTC	1
loperamide hcl chew tab 2 mg	OTC	1
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	OTC	1
loperamide hcl tab 2 mg	OTC	1
ANTIDOTES		
	OTC	1
charcoal activated cap 260 mg		
charcoal activated tab 250 mg	OTC	1
ANTIEMETICS		
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl chew tab 25 mg	OTC	1
meclizine tab 25 mg	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 1.34 MG	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 & DISINFECT	ANTS	
	-	

ANTISEPTICS & DISINFECTANTS

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

Category/Class		
Last Updated 3/1/2025		
DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS C	Cont.	
hydrogen peroxide soln 3%	OTC	1
IODINE ANTISEPTICS		
povidone/iodine soln 7.5%	OTC	1
povidone-iodine soln 10%	OTC	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
dextromethorphan ER liquid 30 mg/5ml	90DS-OTC	1
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniramine/pse elixir 1-15 mg/5ml	OTC	1
guaifenesin/codeine soln 100-10 mg/5ml	OTC	1
guaifenesin-dm liquid 10-100 mg/5ml	OTC	1
guaifenesin-dm liquid 10-200 mg/5ml	OTC	1
guaifenesin-dm liquid 5-100 mg/5ml	OTC	1
guaifenesin-dm syrup 10-100 mg/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 30-100 mg/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	отс	1
neomycin-bacitracin-poly oint	OTC	1
ANTIFUNGALS - TOPICAL		

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

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

DrugName		Special Code	Tier
	DERMATOLOGICALS Cont.		
miconazole nitrate lotion 2%		OTC	1
miconazole nitrate ointment 2%		OTC	1
miconazole nitrate powder 2%		OTC	1
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		ОТС	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			
actic 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			

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

Last Updated 3/1/2025		
DrugName	Special Code	Tier
DERMATOLOGICALS Con	t	_
isopropyl alcohol wipes 70%	OTC	\$0
calamine lotion	OTC	1
dimethicone cream 1%	OTC	1
mineral oil light (topical)	OTC	1
skin protectants misc - cream	OTC	1
SCABICIDES & PEDICULICIDES		
permethrin creme rinse 1%	OTC	1
DIAGNOSTIC PRODUCTS	3	
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 125 mg	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 125 mg	OTC	1
simethicone tab 80 mg	OTC	1
HEMATOPOIETIC AGENTS	S	
COBALAMINS		
vitamin B12 cap (cyanocobalamin) 1000 mcg	OTC	1
vitamin B12 cap (cyanocobalamin) 3000 mcg	OTC	1
vitamin B12 inj (cyanocobalamin)	-	1
vitamin B12 tab (cyanocobalamin) 100 mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 1000 mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 2000 mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 250 mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 2500 mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 50 mcg	OTC	1
vitamin B12 tab (cyanocobalamin) 500 mcg	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		

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

Drugl	Name
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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
fe gluconate tab 239 mg (27 mg elemental fe)	OTC	1
ferrous fumarate tab	OTC	1
ferrous gluconate tab 324 mg	OTC	1
ferrous gluconate tab 324 mg (38 mg elemental iron)	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 req members age 8 or older)	uired for OTC-PA	1
ferrous sulfate CR tab 142 mg (45 mg 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 50 mg	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

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Special Code	Tier
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OTC

2

LAXATIVES Cont.	· ·	
LAXATIVES - MISCELLANEOUS	070	4
glycerin enema adult 5.6 gm/average delivered dose	OTC	1
glycerin suppos 1 gm	OTC	1
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 1 gm	OTC	1
polyethylene glycol 3350 oral powder	OTC	1
sorbitol oral solution 70% LUBRICANT LAXATIVES	ОТС	1
mineral oil	OTC	1
mineral oil (bulk)	OTC	1
mineral oil (julk)	OTC	1
SALINE LAXATIVES	010	
magnesium citrate soln	OTC	1
	ОТС	1
magnesium hydroxide chew tab 311 mg magnesium hydroxide chew tab 400 mg	OTC	1
	OTC	1
magnesium hydroxide susp 400 mg/5ml	ОТС	1
magnesium hydroxide susp 800 mg/5ml	ОТС	
magnesium oxide (laxative) tab 500 mg	отс	1
sodium phosphates - enema		1
sodium phosphates - soln	OTC	1
MAGNESIUM HYDROXIDE SUSP CONCENTRATE 2400 MG/10ML	ОТС	2
STIMULANT LAXATIVES	OTC	1
bisacodyl suppos 10 mg	ОТС	
bisacodyl tab delayed release 5 mg	отс	1
senna tab	отс	1
sennosides cap 8.6 mg	отс	1
sennosides chew tab 10 mg		1
sennosides chew tab 15 mg	OTC	1
sennosides liquid 25 mg/15ml	OTC	1
sennosides liquid 8.8 mg/ml	OTC	1
sennosides syrup 8.8 mg/5ml	OTC	1
	OTC	1
SURFACTANT LAXATIVES	070	4
docusate calcium cap	OTC	1
docusate sodium cap 100 mg	OTC	1
docusate sodium cap 50 mg	OTC	1
docusate sodium enema 100 mg	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

MEDICAL DEVICES AND SUPPLIES

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

DOCUSATE SODIUM SYRUP 60 MG/15ML

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DrugName

MEDICAL DEVICES AND SUPPLIES Cont.

Special Code

Tier

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

CALCIUM

MINERALS & ELECTROLYTES

calcium 250 mg w/ vitamin D tab	OTC	1
calcium 500 mg w/ vitamin D tab	OTC	1
calcium 600 mg w/ vitamin D tab	OTC	1

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Last Updated 3/1/2025		
DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
calcium carbonate tab 1250 mg (500 mg elemental ca)	OTC	1
calcium carbonate tab 1500 mg (600 mg elemental Ca)	OTC	1
calcium carbonate tab 600 mg	OTC	1
calcium carbonate/cholecalciferol chew tab 500 mg-100 unit	OTC	1
calcium carbonate/cholecalciferol chew tab 500 mg-600 unit	OTC	1
calcium carbonate/vitamin D tab 250 mg-125 unit	OTC	1
calcium carbonate/vitamin D tab 500 mg-125 unit	OTC	1
calcium carbonate/vitamin D tab 500 mg-200 unit	OTC	1
calcium carbonate/vitamin D tab 500 mg-400 unit	OTC	1
calcium carbonate/vitamin D tab 600 mg-125 unit	OTC	1
calcium carbonate/vitamin D tab 600 mg-200 unit	OTC	1
calcium carbonate/vitamin D tab 600 mg-400 unit	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 200 mg-250 unit	OTC	1
calcium citrate/vitamin D tab 250 mg-200 unit	OTC	1
calcium citrate/vitamin D tab 315 mg-200 unit	OTC	1
calcium w/ vitamin D tab 600 mg-125 unit	OTC	1
calcium/D3 wafer	OTC	1
calcium/ergocalciferol tab 250 mg-100 unit	OTC	1
calcium/ergocalciferol tab 250 mg-125 unit	OTC	1
calcium/ergocalciferol tab 500 mg-200 unit	OTC	1
oyster shell calcium tab 500 mg	OTC	1
oyster shell calcium/vitamin D (ergocalciferol) tab	OTC	1
CALCIUM CHEW TAB 500 MG-400 UNIT	OTC	2
CALCIUM CITRATE/VITAMIN D TAB 250 MG-200 UNIT	OTC	2
CALCIUM+D TAB 600 MG	OTC	2
ELECTROLYTE MIXTURES		
oral electrolyte solution	OTC	1
MAGNESIUM	•	
magnesium gl tab 500 mg	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 (30 mg elemental mg)	OTC	1
MAGNESIUM OXIDE CHEW TAB 200 MG	OTC	1
magnesium oxide tab 200mg (elemental mg)	OTC	1
	OTC	1
magnesium oxide tab 250 mg (mg supplement)	OTC	
magnesium oxide tab 400 mg (241.3 mg elemental mg)		1
magnesium oxide tab 400mg (240mg elemental Mg)	OTC	1
magnesium oxide tab 500 mg (mg supplement)	OTC	1

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DrugName

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Special Code Tier

OTC

1

MINERALS & ELECTROLYTES Cont.		
ZINC		
rinc sulfate cap	OTC	1
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 60 mg	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 12 mg	OTC	1
pediatric multiple vitamins w/ iron chew tab 15 mg	OTC	1
pediatric multiple vitamins w/ iron chew tab 18 mg	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
	070	

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

pseudoephedrine hcl tab 60 mg

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

Last Updated 3/1/2025 DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
	070	4
seudoephedrine hcl tab sr 12hr 120 mg	OTC	1
bseudoephedrine hcl tab sr 24hr 240 mg	OTC	1
seudoephedrine liquid	OTC	1
oseudoephedrine liquid 15 mg/5ml	OTC	1
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
omega-3 fatty acids cap 1000 mg	OTC	1
omega-3 fatty acids cap 1200 mg	OTC	1
PROTEINS		
carnitine tab	OTC	1
evocarnitine cap 250 mg	OTC	1
evocarnitine fumarate cap 200 mg	OTC	1
evocarnitine fumarate cap 250 mg	OTC	1
evocarnitine fumarate tab 500mg	OTC	1
evocarnitine tab 250 mg	OTC	1
evocarnitine tab 500 mg	OTC	1
-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
arboxymethylcellulose sodium ophth soln	OTC	1
ypromellose ophth gel 0.3%	OTC	1
hypromellose ophth soln 0.3%	OTC	1
DPTASE DROPS	OTC	1
DPTASE DRY SPRAY	OTC	1
olyethylene glycol-propylene glycol ophth gel	OTC	1
GENTEAL MILD OPHTH SOLN 3%	OTC	2
GENTEAL OPHTH SOLN	OTC	2
OPHTHALMICS - MISC.		
etotifen fumarate ophth soln 0.025% (base equiv)	OTC	1
etotifen fumarate ophth soln 0.035%	OTC	1
sodium chloride hypertonic ophth soln 5%	OTC	1
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
	OTC	1
arbamide peroxide 6.5% otic soln	OIC	I
PHARMACEUTICAL ADJUVANTS		
	070	
sorbitol soln 70%	OTC	1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - I	MISC.	
SMOKING DETERRENTS		
nicotine polacrilex gum 2 mg	OTC	\$0
icotine polacrilex gum 4 mg	OTC	\$0
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
	=CAPITAL LETTERS	
NC =Not Covered generic =small letters BRANDS 90DS 90 Day Supply Allowed OTC Over-the-Counter PA Prior Author QL Quantity Limit PA Prior Author PA Prior Author		

DrugName Last Updated 3/1/2025	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - M		
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
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		
amotidine tab 10 mg	90DS-OTC	1
amotidine tab 20 mg	90DS-OTC	1
amotidine tab 40 mg	90DS-OTC	1
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
/CF VAGINAL GEL 4%	OTC	\$0
VAGINAL ANTI-INFLAMMATORY AGENTS		
nydrocortisone 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 1000 mg	OTC	\$0
nonoxynol-9 vaginal suppos 100 mg	OTC	\$0
VAGINAL ANTI-INFECTIVES		
niconazole nit va app 100 mg (2%) and 2% cream and wipes kit	OTC	1
niconazole nitrate va supp 200 mg and 2% cream and wipes kit	OTC	1
niconazole nitrate vaginal app 200 mg and 2% cream 9 gm kit	OTC	1
niconazole nitrate vaginal cream 2%	OTC	1
niconazole nitrate vaginal supp 1200 mg and 2% cream kit	OTC	1
niconazole nitrate vaginal supp 200 mg and 2% cream 9 gm kit	OTC	1
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap 25000 unit	OTC	1
cholecalciferol cap 400 unit	OTC	1
cholecalciferol tab 3000 unit	OTC	1
cholecalciferol tab 4000 unit	OTC	1
naximum D3 cap 325 mcg	OTC	1
itamin A cap 1000 unit (retinol/retinoic acid)	OTC	1
ritamin D cap (calciferol) (RX strength)	-	1
vitamin D cap (calciferol) 1000 unit	OTC	1
vitamin D cap (calciferol) 10000 unit	OTC	1
vitamin D cap (calciferol) 2000 unit	OTC	1
vitamin D cap (calciferol) 400 unit	OTC	1
vitamin D cap (calciferol) 5000 unit	OTC	1

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DrugName Last Updated 3	/1/2025	Special Code	Tier
VITAMINS C	ont.	•	
vitamin D cap (calciferol) 50000 unit		OTC	1
vitamin D drops (calciferol)		OTC	1
vitamin D2 tab (calciferol) 2000 unit		OTC	1
vitamin D3 tab (calciferol) 1000 unit		OTC	1
vitamin D3 tab (calciferol) 2000 unit		OTC	1
vitamin D3 tab (calciferol) 400 unit		OTC	1
vitamin D3 tab (calciferol) 5000 unit		OTC	1
vitamin D3 tab (calciferol) 50000 unit		OTC	1
vitamin E cap (tocopherol) 100 unit		OTC	1
vitamin E cap (tocopherol) 1000 unit		OTC	1
vitamin E cap (tocopherol) 200 unit		OTC	1
vitamin E cap (tocopherol) 400 unit		OTC	1
vitamin E cap (tocopherol) 600 unit		OTC	1
vitamin E tab (tocopherol) 400 unit		OTC	1
vitamin E tab 265 mg (400 unit)		OTC	1
vitamin E tab 268 mg (400 unit)		OTC	1
TOCO-SORB CAP		OTC	2
VITAMIN E CAP 200 UNIT		OTC	2
WATER SOLUBLE VITAMINS			
niacin tr tab (riboflavin) 1000 mg		OTC	1
thiamine mononitrate tab		OTC	1
vitamin B1 tab (thiamine) 100 mg		OTC	1
vitamin B1 tab (thiamine) 250 mg		OTC	1
vitamin B1 tab (thiamine) 50 mg		OTC	1
vitamin B2 CR tab (niacin/riboflavin) 250 mg		OTC	1
vitamin B2 CR tab (niacin/riboflavin) 500 mg		OTC	1
vitamin B2 CR tab (niacin/riboflavin) 750 mg		OTC	1
vitamin B2 tab (niacin/riboflavin) 100 mg		OTC	1
vitamin B2 tab (niacin/riboflavin) 250 mg		OTC	1
vitamin B2 tab (niacin/riboflavin) 50 mg		OTC	1
vitamin B2 tab (niacin/riboflavin) 500 mg		OTC	1
vitamin B6 tab 100 mg (pyridoxine)		OTC	1
vitamin B6 tab 25 mg (pyridoxine)		OTC	1
vitamin B6 tab 50 mg (pyridoxine)		OTC	1
vitamin C chew tab 500 mg (ascorbic acid)		OTC	1
vitamin C tab 1000 mg (ascorbic acid)		OTC	1
vitamin C tab 250 mg (ascorbic acid)		OTC	1
vitamin C tab 500 mg (ascorbic acid)		OTC	1

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l	90DS QL	NC =Not Covered 90 Day Supply Allowed Quantity Limit	отс	generic = small letters Over-the-Counter	PA	BRANDS =CAPITAL LETTERS Prior Authorization
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Hennepin Health OTC Wrap Formulary Prior Authorization Drug List Last Updated 3/1/2025

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		

Hennepin Health OTC Wrap Formulary Last Updated 3/1/2025 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 160	acetaminophen chew tab 500	acetaminophen chew tab 80
acetaminophen cap 500 mg acetaminophen dispersible tab 160 mg acetaminophen liquid 167 mg/5ml acetaminophen soln 325 mg/5ml acetaminophen suppos 650 mg acetaminophen tab 160 mg acetic acid vaginal soln aluminum hydroxide gel susp 600 mg/5ml	acetaminophen dispersible tab 80 mg acetaminophen liquid 500 mg/5ml ACETAMINOPHEN SUPP 650 MG acetaminophen suppos 80 mg acetaminophen tab 325 mg acid gone chew tab aluminum hydroxide susp 320 mg/5ml	acetaminophen elixir 160 mg/5ml acetaminophen soln 100 mg/ml acetaminophen suppos 120 mg acetaminophen susp 160 mg/5ml acetaminophen tab 500 mg acid gone susp aluminum hydroxide/magnesium	acetaminophen liquid 160 mg/5ml acetaminophen soln 160 mg/5ml acetaminophen suppos 325 mg acetaminophen susp 80 mg/0.8ml acetaminophen tab cr 650 mg alcohol swabs aluminum/mag hydroxide-simethicone chew
aluminum/mag	aluminum/mag	trisilicate chew tab 80-20 mg aluminum/mag	tab 200-200-20 mg aluminum/mag
hydroxide-simethicone chew tab 200-200-25 mg aluminum/mag hydroxide-simethicone susp 400-400-40 mg/5ml aluminum/magnesium hydroxides susp 200-200 mg/5ml	hydroxide-simethicone susp 200-200-20 mg/5ml aluminum/mag hydroxide-simethicone susp 500-450-40 mg/5ml aluminum/magnesium hydroxides susp 225-200 mg/5ml	hydroxide-simethicone susp 225-200-25 mg/5ml aluminum/magnesium hydroxides chew tab 300-150 mg aluminum/magnesium hydroxides susp 500-500 mg/5ml	hydroxide-simethicone susp 282-87-25 mg/5ml aluminum/magnesium hydroxides conc 600-300 mg/5ml anti-diarrhea liquid
artificial tear and lubricant combinations	artificial tear gels	artificial tear solutions	artificial tears and lubricants
artificial tears solutions aspirin tab delayed release 325 mg bacitracin/polymyxin b oint	aspirin buffered tab 325 mg aspirin tab delayed release 81 mg b-complex vitamin cap	aspirin chew tab 81 mg bacitracin oint 500 unit/gm B-complex w/ C and folic acid	aspirin tab 325 mg bacitracin zinc oint 500 unit/gm B-complex with C/E + Zn tab
benzoyl peroxide cleanser	benzoyl peroxide gel 2.5%	tab benzoyl peroxide liquid 10%	benzoyl peroxide liquid wash
3.5% benzoyl peroxide lotion 10%	benzoyl peroxide lotion 5%	bisacodyl suppos 10 mg	5% bisacodyl tab delayed release
bismuth subsalicylate chew tab 262 mg bismuth subsalicylate susp 690 mg/30ml	bismuth subsalicylate chew tab 300 mg bismuth subsalicylate tab 262 mg	bismuth subsalicylate susp 262 mg/15ml brompheniramine/pse elixir 1-15 mg/5ml	5 mg bismuth subsalicylate susp 525 mg/15ml calamine lotion
calcium 250 mg w/ vitamin D tab calcium carbonate (antacid) chew tab 400 mg, 500 mg, 600 mg, 750 mg, 1000 mg	calcium 500 mg w/ vitamin D tab calcium carbonate susp	calcium 600 mg w/ vitamin D tab calcium carbonate tab	CALCIUM CARB SUSP 1250 MG/5ML calcium carbonate tab 1250 mg (500 mg elemental ca)

calcium carbonate tab 1500 mg (600 mg elemental Ca)

calcium carbonate/magnesium hydroxide susp calcium carbonate/vitamin D tab 500 mg-200 unit calcium carbonate/vitamin D tab 600 mg-400 unit

calcium carbonate-cholecalciferol tab 500 mg-200 unit CALCIUM CHEW TAB 500 MG-400 UNIT calcium citrate/vitamin D tab 315 mg-200 unit calcium/ergocalciferol tab 250 mg-100 unit CALIBRATION LIQUID capsaicin cream 0.1%

carboxymethylcellulose sodium ophth soln charcoal activated cap 260 mg chlorpheniramine maleate syrup 2 mg/5ml cholecalciferol cap 400 unit

CLEMASTINE TAB 1.34 MG CONDOMS - MALE

dimethicone cream 1%

diphenhydramine hcl cap 25 mg docosanol cream 10% docusate sodium enema 100 mg docusate sodium syrup 60 mg/15ml famotidine tab 10 mg

ferrous fumarate tab

ferrous gluconate tab 325 mg (37.5 mg elemental fe) ferrous sulfate tab 325 mg (65 mg elemental fe) fexofenadine hcl tab 60 mg folic acid tab 800mcg (folate)

glycerin suppos 1 gm

calcium carbonate tab 600 mg

calcium carbonate/simethicone chew tab calcium carbonate/vitamin D tab 500 mg-400 unit calcium carbonate-cholecalciferol chew tab 500 mg-400 unit calcium carbonate-cholecalciferol tab 500 mg-400 unit calcium citrate plus vitamin d tab calcium polycarbophil tab 625 mg calcium/ergocalciferol tab 250 mg-125 unit capsaicin cream 0.025% capsicum oleoresin cream 0.025% cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) charcoal activated tab 250 mg chlorpheniramine maleate tab 4 mg cholecalciferol tab 3000 unit clotrimazole cream 1%

CONDOMS LATEX LUBRICATED diphenhydramine (sleep) tab 50 mg diphenhydramine hcl elixir 12.5 mg/5ml docusate calcium cap docusate sodium enema 283 mg docusate sodium tab 100 mg

famotidine tab 20 mg

ferrous gluconate tab 324 mg

ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe) ferrous sulfate tab ec 324 mg (65 mg fe equivalent) foam antacid chew GENTEAL MILD OPHTH SOLN 3% glycerin suppos 1.2 gm calcium

carbonate/cholecalciferol chew tab 500 mg-100 unit calcium carbonate/vitamin D tab 250 mg-125 unit

calcium carbonate/vitamin D tab 600 mg-125 unit calcium carbonate-cholecalciferol tab 250 mg-125 unit calcium carbonate-cholecalciferol tab 600 mg-200 unit calcium citrate/vitamin D tab 200 mg-250 unit calcium w/ vitamin D tab 600 mg-125 unit calcium/ergocalciferol tab 500 mg-200 unit capsaicin cream 0.035% capsicum oleoresin cream 0.075% cetirizine hcl tab 10 mg

CHEMSTRIP URINE TEST STRIPS

chlorpheniramine maleate tab cr 12 mg cholecalciferol tab 4000 unit COMPOUND W LIQUID CONDOMS LATEX NON-LUBRICATED diphenhydramine hcl (sleep) tab 25 mg diphenhydramine hcl liquid

12.5 mg/5ml docusate sodium cap 100 mg docusate sodium liquid 150 mg/15ml doxylamine succinate (sleep)

tab 25 mg famotidine tab 40 mg

ferrous gluconate tab 324 mg (38 mg elemental iron) ferrous sulfate CR tab 142 mg (45 mg FE equivalent) ferrous sulfate tab ec 325 mg (65 mg fe equivalent) folic acid tab 1mg (folate) GENTEAL OPHTH SOLN

glycerin suppos 2 gm

calcium

carbonate/cholecalciferol chew tab 500 mg-600 unit calcium carbonate/vitamin D tab 500 mg-125 unit

calcium carbonate/vitamin D tab 600 mg-200 unit calcium carbonate-cholecalciferol tab 500 mg-125 unit calcium carbonate-cholecalciferol tab 600 mg-400 unit calcium citrate/vitamin D tab 250 mg-200 unit calcium/D3 wafer

CALCIUM+D TAB 600 MG

capsaicin cream 0.075% carbamide peroxide 6.5% otic soln cetirizine hcl tab 5 mg

child-multi chew vitamins

cholecalciferol cap 25000 unit

clemastine fumarate tab 1.34 mg (1 mg base equiv) CONDOMS dextromethorphan ER liquid 30 mg/5ml diphenhydramine hcl (sleep) tab disp 25 mg diphenhydramine hcl tab 25 mg docusate sodium cap 50 mg docusate sodium liquid 50 mg/15ml DUOFILM SOLN 17% fe gluconate tab 239 mg (27

mg elemental fe) ferrous gluconate tab 325 mg

ferrous sulfate drops

fexofenadine hcl tab 180 mg

folic acid tab 400mcg (folate) glycerin enema adult 5.6 gm/average delivered dose glycerin suppos 2.1 gm

glycerin suppos 80.7%	glycerin suppository 1 gm	guaifenesin liquid 100 mg/5ml	guaifenesin liquid 100 mg/6.25ml
guaifenesin liquid 200 mg/5ml guaifenesin tab sr 12hr 600 mg	guaifenesin syrup 100 mg/5ml guaifenesin/codeine soln 100-10 mg/5ml	guaifenesin tab 200 mg guaifenesin-dm liquid 10-100 mg/5ml	guaifenesin tab 400 mg guaifenesin-dm liquid 10-200 mg/5ml
guaifenesin-dm liquid 5-100 mg/5ml	guaifenesin-dm syrup 10-100 mg/5ml	hydrocortisone acetate oint 1%	hydrocortisone acetate-aloe vera cream 0.5%
hydrocortisone cream 0.5% hydrocortisone lotion 0.25%	hydrocortisone cream 1% hydrocortisone lotion 1%	hydrocortisone foam 1% hydrocortisone oint 0.5%	hydrocortisone gel 1% hydrocortisone oint 1%
hydrocortisone oint 2.5% hypromellose ophth soln 0.3%	hydrocortisone soln 1% ibuprofen chew tab 100 mg	hydrogen peroxide soln 3% ibuprofen susp 100 mg/5ml	hypromellose ophth gel 0.3% ibuprofen susp 40 mg/ml
ibuprofen tab 200 mg	INSULIN SYRINGE	isopropyl alcohol wipes 70%	ketotifen fumarate ophth soln 0.025% (base equiv) lactase chew tab 9000 unit
ketotifen fumarate ophth soln 0.035%		UNIT	
LACTASE TAB lactic acid (ammonium	lactase tab 3000 unit lactic acid (ammonium	lactase tab 4500 unit LANCET DEVICE	lactase tab 9000 unit L-CARNITINE CAP
lactate) cream 12% I-carnitine tab	lactate) lotion 12% levocarnitine cap 250 mg	levocarnitine fumarate cap	levocarnitine fumarate cap
levocarnitine fumarate tab	levocarnitine tab 250 mg	200 mg levocarnitine tab 500 mg	250 mg loperamide cap 2 mg
500mg	loperamide hcl liq 1 mg/5ml	LOPERAMIDE HCL SOLN 1	
loperamide hcl chew tab 2 mg	(0.2 mg/ml)	MG/7.5ML	loperamide hcl soln 1 mg/7.ml
loperamide hcl susp 1 mg/7.5ml	LOPERAMIDE HCL SUSP 1 MG/7.ML	loperamide hcl tab 2 mg	loratadine rapidly-disintegrating tab 10 mg
loratadine syrup 5 mg/5ml	loratadine tab 10 mg	loratadine/pseudoephedrine tab sr 12hr 5-120 mg	loratadine/pseudoephedrine tab sr 24hr 10-240 mg
LOTRIMIN NITRATE SPRAY	magnesium citrate soln	magnesium gl tab 500 mg	magnesium gluconate tab 200 mg
magnesium gluconate tab 250 mg	magnesium gluconate tab 30 mg	magnesium gluconate tab 500 mg	magnesium gluconate tab 550 mg (30 mg elemental mg)
magnesium hydroxide chew tab 311 mg	magnesium hydroxide chew tab 400 mg	magnesium hydroxide susp 400 mg/5ml	magnesium hydroxide susp 800 mg/5ml
MAGNESIUM HYDROXIDE SUSP CONCENTRATE 2400 MG/10ML	magnesium oxide (laxative) tab 500 mg	magnesium oxide cap 400 mg	MAGNESIUM OXIDE CHEW TAB 200 MG
magnesium oxide tab 200mg (elemental mg)	magnesium oxide tab 250 mg (mg supplement)	magnesium oxide tab 400 mg	magnesium oxide tab 400 mg (241.3 mg elemental mg)
magnesium oxide tab 400mg (240mg elemental Mg)	magnesium oxide tab 500 mg (mg supplement)	MALE CONDOMS	maximum D3 cap 325 mcg
meclizine hcl chew tab 25 mg melatonin tab 10 mg	meclizine tab 25 mg melatonin tab 2.5 mg	melatonin tab melatonin tab 200 mcg	melatonin tab 1 mg melatonin tab 3 mg
MELATONIN TAB 300 MCG	melatonin tab 5 mg	methylcellulose powder laxative	miconazole nit va app 100 mg (2%) and 2% cream and wipes kit
miconazole nitrate aerosol 2%	miconazole nitrate aerosol pow 2%	miconazole nitrate cream 2%	miconazole nitrate gel 2%
miconazole nitrate lotion 2%	miconazole nitrate ointment 2%	miconazole nitrate powder 2%	miconazole nitrate soln 2%
miconazole nitrate va supp 200 mg and 2% cream and wipes kit	miconazole nitrate vaginal app 200 mg and 2% cream 9 gm kit	miconazole nitrate vaginal cream 2%	miconazole nitrate vaginal supp 1200 mg and 2% cream kit

miconazole nitrate vaginal supp 200 mg and 2% cream 9	mineral oil	mineral oil (bulk)	mineral oil light (bulk)
gm kit 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-poly oint	nephrocaps, reno caps	niacin tr tab (riboflavin) 1000 mg
nicotine polacrilex gum 2 mg	nicotine polacrilex gum 4 mg	nicotine polacrilex lozenge 2 mg	nicotine polacrilex lozenge 4
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 1000 mg
nonoxynol-9 vaginal suppos 100 mg	NOVOFINE PEN NEEDLES	omega-3 fatty acids cap 1000 mg	omega-3 fatty acids cap 1200
OPTASE DROPS	OPTASE DRY SPRAY	oral electrolyte solution	oyster shell calcium tab 500
oyster shell calcium/vitamin D (ergocalciferol) tab pediatric multiple vitamins w/ iron chew tab 15 mg	pediatric multiple vitamin w/ minerals chew tab pediatric multiple vitamins w/ iron chew tab 18 mg	pediatric multiple vitamins w/ iron chew tab pediatric multivitamin w/ C and FA chew tab	pediatric multiple vitamins w/ iron chew tab 12 mg pediatric multivitamin w/ c soln
pediatric multivitamin w/ minerals and C chew tab 60 mg	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 240 mg	pseudoephedrine liquid	pseudoephedrine liquid 15 mg/5ml
pseudoephedrine/guaifenesin syrup 30-100 mg/5ml	psyllium powder 100%	psyllium powder 25%	psyllium powder 27%
psyllium powder 28% psyllium powder 33%	psyllium powder 28.3% psyllium powder 43%	psyllium powder 30% psyllium powder 49%	psyllium powder 30.9% psyllium powder 50%
psyllium powder 51.7% psyllium powder 58.6%	psyllium powder 52.3% psyllium powder 60.3%	psyllium powder 53.8% psyllium powder 68%	psyllium powder 55.46% psyllium powder 71.67%
psyllium powder 92% salicylic acid soln 17%	psyllium powder 95% saline nasal soln 0.65%	pyrantel pamoate susp saline nasal spray 0.65%	salicylic acid liquid 17% selenium sulf 1% shampoo
senna tab sennosides liquid 25 mg/15ml	sennosides cap 8.6 mg sennosides liquid 8.8 mg/ml	sennosides chew tab 10 mg sennosides syrup 8.8 mg/5ml	sennosides chew tab 15 mg sennosides tab 8.6 mg
sennosides-docusate sodium tab 8.6-50 mg	simethicone cap 125 mg	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 125 mg
simethicone tab 80 mg	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" SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/4" SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/4" SYRINGE/NEEDLE (DISP) 3ML 25 X 1-1/2" SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/2" tolnaftate aerosol 1% tolnaftate soln 1% vitamin A cap 1000 unit (retinol/retinoic acid) vitamin B12 cap (cyanocobalamin) 1000 mcg vitamin B12 tab (cyanocobalamin) 2000 mcg vitamin B12 tab (cyanocobalamin) 500 mcg vitamin B2 tab (niacin/riboflavin) 100 mg vitamin B6 tab 100 mg (pyridoxine) vitamin C tab 1000 mg (ascorbic acid) vitamin D cap (calciferol) 10000 unit vitamin D cap (calciferol) 50000 unit vitamin D3 tab (calciferol) 2000 unit vitamin E cap (tocopherol) 100 unit vitamin E cap (tocopherol) 600 unit vitamin E tab 268 mg (400 unit)

SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/4" SYRINGE/NEEDLE (DISP) 3ML 22 X 3/4" SYRINGE/NEEDLE (DISP) 3ML 23 X 3/4" SYRINGE/NEEDLE (DISP) 3ML 25 X 5/8" SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/4" tolnaftate aerosol pow 1% UNILET LANCETS vitamin B1 tab (thiamine) 100 mq vitamin B12 cap (cyanocobalamin) 3000 mcg vitamin B12 tab (cyanocobalamin) 250 mcg vitamin B2 CR tab (niacin/riboflavin) 250 mg vitamin B2 tab (niacin/riboflavin) 250 mg vitamin B6 tab 25 mg (pyridoxine) vitamin C tab 250 mg (ascorbic acid) vitamin D cap (calciferol) 2000 unit vitamin D drops (calciferol) vitamin D3 tab (calciferol) 400 unit vitamin E cap (tocopherol) 1000 unit VITAMIN E CAP 200 UNIT

SYRINGE/NEEDLE (DISP) 3ML 22 X 1" SYRINGE/NEEDLE (DISP) 3ML 23 X 1" SYRINGE/NEEDLE (DISP) 3ML 24 X 1" SYRINGE/NEEDLE (DISP) 3ML 26 X 3/8" thiamine mononitrate tab

toInaftate cream 1% urea cream 20% vitamin B1 tab (thiamine) 250 mq vitamin B12 tab (cyanocobalamin) 100 mcg vitamin B12 tab (cyanocobalamin) 2500 mcg vitamin B2 CR tab (niacin/riboflavin) 500 mg vitamin B2 tab (niacin/riboflavin) 50 mg vitamin B6 tab 50 mg (pyridoxine) vitamin C tab 500 mg (ascorbic acid) vitamin D cap (calciferol) 400 unit vitamin D2 tab (calciferol) 2000 unit vitamin D3 tab (calciferol) 5000 unit vitamin E cap (tocopherol) 200 unit vitamin E tab (tocopherol) 400 unit

SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/2" SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/2" SYRINGE/NEEDLE (DISP) 3ML 25 X 1" SYRINGE/NEEDLE (DISP) 3ML 26 X 5/8" TOCO-SORB CAP

toInaftate powder 1% VCF VAGINAL GEL 4% vitamin B1 tab (thiamine) 50 mq vitamin B12 tab (cyanocobalamin) 1000 mcg vitamin B12 tab (cyanocobalamin) 50 mcg vitamin B2 CR tab (niacin/riboflavin) 750 mg vitamin B2 tab (niacin/riboflavin) 500 mg vitamin C chew tab 500 mg (ascorbic acid) vitamin D cap (calciferol) 1000 unit vitamin D cap (calciferol) 5000 unit vitamin D3 tab (calciferol) 1000 unit vitamin D3 tab (calciferol) 50000 unit vitamin E cap (tocopherol) 400 unit vitamin E tab 265 mg (400 unit)

zinc sulfate cap

Hennepin Health OTC Wrap Formulary Last Updated 3/1/2025 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



Hennepin Health 300 South Sixth Street, MC 604 Minneapolis, Minnesota 55487-0604 Call: 612-596-1036 or 1-800-647-0550. This call is free. TTY: 1-800-627-3529 or 711, Monday–Friday, 8 a.m.–4:30 p.m.