



**Hennepin
Health**

**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 11/1/2025. 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.

RX-1821-MC

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

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

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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປທິໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

Civil Rights Notice

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

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

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

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

or in person at:

Hennepin Health
525 Portland Avenue South
Minneapolis

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

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

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

Civil Rights Complaints

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

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

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

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

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

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

Minnesota Department of Human Rights (MDHR)

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

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

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

Minnesota Department of Human Rights

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

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

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

Minnesota Department of Human Services (DHS)

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

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

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

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

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

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

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

INTRODUCTION

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

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

What is a list of covered drugs?

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

Does the list of covered drugs ever change?

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

Examples of some changes that may occur:

- A drug 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/> (main) <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 before you fill your prescription. If you don't get approval, Hennepin Health may not cover the drug.
- **Quantity limits:** For certain drugs, Hennepin Health limits the amount of the drug that Hennepin Health will cover.
- **Age requirements:** In some cases, there may be age limits for certain drugs. A prior authorization may be needed depending on your age and the specific drug prescribed.

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

- **Excluded drugs:** Some drugs are not on the list of covered drugs. Excluded drugs include:
 - 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 www.hennepinhealth.org 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 11/1/2025

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

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

Drug Name	Special Code	Tier	Category
artificial tear solutions	OTC	1	OPHTHALMIC AGENTS
artificial tears and lubricants	OTC	1	OPHTHALMIC AGENTS
artificial tears solutions	OTC	1	OPHTHALMIC AGENTS
aspirin buffered tab 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
aspirin chew tab 81 mg	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab delayed release 325 mg	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab delayed release 81 mg	OTC	1	ANALGESICS - NONNARCOTIC
bacitracin oint 500 unit/gm	OTC	1	DERMATOLOGICALS
bacitracin zinc oint 500 unit/gm	OTC	1	DERMATOLOGICALS
bacitracin/polymyxin b oint	OTC	1	DERMATOLOGICALS
b-complex vitamin cap	OTC	1	MULTIVITAMINS
B-complex w/ C and folic acid tab	OTC	1	MULTIVITAMINS
B-complex with C/E + Zn tab	OTC	1	MULTIVITAMINS
benzoyl peroxide cleanser 3.5%	OTC	1	DERMATOLOGICALS
benzoyl peroxide gel 2.5%	OTC	1	DERMATOLOGICALS
BENZOYL PEROXIDE GEL 2.5%	OTC	2	DERMATOLOGICALS
benzoyl peroxide liquid 10%	OTC	1	DERMATOLOGICALS
benzoyl peroxide liquid wash 5%	OTC	1	DERMATOLOGICALS
benzoyl peroxide lotion 10%	OTC	1	DERMATOLOGICALS
benzoyl peroxide lotion 5%	OTC	1	DERMATOLOGICALS
bisacodyl suppos 10 mg	OTC	1	LAXATIVES
bisacodyl tab delayed release 5 mg	OTC	1	LAXATIVES
bismuth subsalicylate chew tab 262 mg	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate chew tab 300 mg	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate susp 262 mg/15ml	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate susp 525 mg/15ml	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate susp 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 mg	OTC	1	ANTACIDS
calcium carbonate susp	OTC	1	ANTACIDS
calcium carbonate tab	OTC	1	ANTACIDS
calcium carbonate tab 1250 mg (500 mg elemental ca)	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate tab 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

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

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

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

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

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

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

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

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

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

Drug Name	Special Code	Tier	Category
magnesium oxide tab 500 mg (mg supplement)	OTC	1	MINERALS & ELECTROLYTES
MALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
maximum D3 cap 325 mcg	OTC	1	VITAMINS
meclizine hcl chew tab 25 mg	OTC	1	ANTIEMETICS
meclizine tab 25 mg	OTC	1	ANTIEMETICS
melatonin tab	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 1 mg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 10 mg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 2.5 mg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 200 mcg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 3 mg	OTC	1	ALTERNATIVE MEDICINES
melatonin tab 300 mcg	OTC	1	ALTERNATIVE MEDICINES
MELATONIN TAB 300 MCG	OTC	2	ALTERNATIVE MEDICINES
melatonin tab 5 mg	OTC	1	ALTERNATIVE MEDICINES
methylcellulose powder laxative	OTC	1	LAXATIVES
miconazole nit va app 100 mg (2%) and 2% cream and wipes kit	OTC	1	VAGINAL PRODUCTS
miconazole nitrate aerosol 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate aerosol pow 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate cream 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate gel 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate lotion 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate ointment 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate powder 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate soln 2%	OTC	1	DERMATOLOGICALS
miconazole nitrate va supp 200 mg and 2% cream and wipes kit	OTC	1	VAGINAL PRODUCTS
miconazole nitrate vaginal app 200 mg and 2% cream 9 gm kit	OTC	1	VAGINAL PRODUCTS
miconazole nitrate vaginal cream 2%	OTC	1	VAGINAL PRODUCTS
miconazole nitrate vaginal supp 1200 mg and 2% cream kit	OTC	1	VAGINAL PRODUCTS
miconazole nitrate vaginal supp 200 mg and 2% cream 9 gm kit	OTC	1	VAGINAL PRODUCTS
mineral oil	OTC	1	LAXATIVES
mineral oil (bulk)	OTC	1	LAXATIVES
mineral oil light (bulk)	OTC	1	LAXATIVES
mineral oil light (topical)	OTC	1	DERMATOLOGICALS
multiple vitamin tab	OTC	1	MULTIVITAMINS
multiple vitamins w/ iron tab	OTC	1	MULTIVITAMINS
multiple vitamins w/ minerals cap	OTC	1	MULTIVITAMINS
multiple vitamins w/ minerals liquid	OTC	1	MULTIVITAMINS
multiple vitamins w/ minerals tab	OTC	1	MULTIVITAMINS
multi-vitamin 50+ cap for her	OTC	1	MULTIVITAMINS
multivitamin with iron drops	OTC	1	MULTIVITAMINS
NEBULIZER	OTC	2	MEDICAL DEVICES AND SUPPLIES
neomycin-bacitracin-poly oint	OTC	1	DERMATOLOGICALS
nephrocaps, reno caps	OTC	1	MULTIVITAMINS
niacin tr tab (riboflavin) 1000 mg	OTC	1	VITAMINS
nicotine polacrilex gum 2 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine polacrilex gum 4 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine polacrilex lozenge 2 mg	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

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 NEUROLOGICAL AGENTS - MISC.
nicotine td patch 24hr 14 mg/24hr	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine td patch 24hr 21 mg/24hr	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine td patch 24hr 7 mg/24hr	OTC	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NONOXYNOL-9 FOAM 12.5%	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 gel 2%	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 gel 3%	OTC	\$0	VAGINAL PRODUCTS
nonoxynol-9 vaginal sponge 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
OYSTER SHELL/D TAB	OTC	2	MINERALS & ELECTROLYTES
pediatric multiple vitamin w/ minerals chew tab	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/ iron chew tab	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/ iron chew tab 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 3350 oral powder (OTC only covered)	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
PREP H CREAM	OTC	2	ANORECTAL AND RELATED PRODUCTS
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

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

Drug Name	Special Code	Tier	Category
pseudoephedrine liquid 15 mg/5ml	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/guaifenesin syrup 30-100 mg/5ml	OTC	1	COUGH/COLD/ALLERGY
psyllium powder 100%	OTC	1	LAXATIVES
psyllium powder 25%	OTC	1	LAXATIVES
psyllium powder 27%	OTC	1	LAXATIVES
psyllium powder 28%	OTC	1	LAXATIVES
psyllium powder 28.3%	OTC	1	LAXATIVES
psyllium powder 30%	OTC	1	LAXATIVES
psyllium powder 30.9%	OTC	1	LAXATIVES
psyllium powder 33%	OTC	1	LAXATIVES
psyllium powder 43%	OTC	1	LAXATIVES
psyllium powder 49%	OTC	1	LAXATIVES
psyllium powder 50%	OTC	1	LAXATIVES
psyllium powder 51.7%	OTC	1	LAXATIVES
psyllium powder 52.3%	OTC	1	LAXATIVES
psyllium powder 53.8%	OTC	1	LAXATIVES
psyllium powder 55.46%	OTC	1	LAXATIVES
psyllium powder 58.6%	OTC	1	LAXATIVES
psyllium powder 60.3%	OTC	1	LAXATIVES
psyllium powder 68%	OTC	1	LAXATIVES
psyllium powder 71.67%	OTC	1	LAXATIVES
psyllium powder 92%	OTC	1	LAXATIVES
psyllium powder 95%	OTC	1	LAXATIVES
pyrantel pamoate susp	OTC	1	ANTHELMINTICS
salicylic acid liquid 17% (QL= 1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
salicylic acid soln 17% (QL= 1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
saline nasal soln 0.65%	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
saline nasal spray 0.65%	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
selenium sulf 1% shampoo	OTC	1	DERMATOLOGICALS
senna tab	OTC	1	LAXATIVES
sennosides cap 8.6 mg	OTC	1	LAXATIVES
sennosides chew tab 10 mg	OTC	1	LAXATIVES
sennosides chew tab 15 mg	OTC	1	LAXATIVES
sennosides liquid 25 mg/15ml	OTC	1	LAXATIVES
sennosides liquid 8.8 mg/ml	OTC	1	LAXATIVES
sennosides syrup 8.8 mg/5ml	OTC	1	LAXATIVES
sennosides tab 8.6 mg	OTC	1	LAXATIVES
sennosides-docusate sodium tab 8.6-50 mg	OTC	1	LAXATIVES
simethicone cap 125 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab 125 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab 80 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid 40 mg/0.6ml	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone susp 40 mg/0.6ml	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone tab 125 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone tab 80 mg	OTC	1	GASTROINTESTINAL AGENTS - MISC.
skin protectants misc - cream	OTC	1	DERMATOLOGICALS
sodium bicarbonate tab 325 mg	OTC	1	ANTACIDS

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

Drug Name	Special Code	Tier	Category
sodium bicarbonate tab 650 mg	OTC	1	ANTACIDS
sodium chloride aero soln 0.9%	OTC	1	COUGH/COLD/ALLERGY
sodium chloride hypertonic ophth soln 5%	OTC	1	OPHTHALMIC AGENTS
sodium phosphates - enema	OTC	1	LAXATIVES
sodium phosphates - soln	OTC	1	LAXATIVES
sorbitol oral solution 70%	OTC	1	LAXATIVES
sorbitol soln 70%	OTC	1	PHARMACEUTICAL ADJUVANTS
SYRINGE/NEEDLE (DISP) 3ML	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 18 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 20 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 20 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 20 X 3/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 21 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 21 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 22 X 3/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 23 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 23 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 23 X 3/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 24 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 25 X 1"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 25 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 25 X 5/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 26 X 3/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 26 X 5/8"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/2"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
SYRINGE/NEEDLE (DISP) 3ML 27 X 1-1/4"	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
thiamine mononitrate tab	OTC	1	VITAMINS
TOCO-SORB CAP	OTC	2	VITAMINS
tolnaftate aerosol 1%	OTC	1	DERMATOLOGICALS
tolnaftate aerosol pow 1%	OTC	1	DERMATOLOGICALS
tolnaftate cream 1%	OTC	1	DERMATOLOGICALS
tolnaftate powder 1%	OTC	1	DERMATOLOGICALS
tolnaftate soln 1%	OTC	1	DERMATOLOGICALS
UNILET LANCETS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
urea cream 20%	OTC	1	DERMATOLOGICALS
VCF VAGINAL GEL 4%	OTC	\$0	VAGINAL AND RELATED PRODUCTS
vitamin A cap 1000 unit (retinol/retinoic acid)	OTC	1	VITAMINS
vitamin B1 tab (thiamine) 100 mg	OTC	1	VITAMINS
vitamin B1 tab (thiamine) 250 mg	OTC	1	VITAMINS
vitamin B1 tab (thiamine) 50 mg	OTC	1	VITAMINS
vitamin B12 cap (cyanocobalamin) 1000 mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 cap (cyanocobalamin) 3000 mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 inj (cyanocobalamin)	-	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 100 mcg	OTC	1	HEMATOPOIETIC AGENTS

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

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

Hennepin Health OTC Wrap Formulary Cont.
Alphabetical Index
Last Updated 11/1/2025

Drug Name	Special Code	Tier	Category
vitamin B12 tab (cyanocobalamin) 1000 mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin) 2000 mcg	OTC	1	HEMATOPOIETIC AGENTS
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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
ALTERNATIVE MEDICINES		
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)		
ibuprofen chew tab 100 mg	OTC	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
SALICYLATES		
aspirin buffered tab 325 mg	OTC	1
aspirin chew tab 81 mg	OTC	1
aspirin tab 325 mg	OTC	1
aspirin tab delayed release 325 mg	OTC	1
aspirin tab delayed release 81 mg	OTC	1

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
ANORECTAL AND RELATED PRODUCTS		
RECTAL STEROIDS		
hydrocortisone cream 1%	OTC	1
PREP H CREAM	OTC	2
ANTACIDS		
ANTACID COMBINATIONS		
acid gone chew tab	OTC	1
acid 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
ANTHELMINTICS		
pyrantel pamoate susp	OTC	1
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
anti-diarrhea liquid	OTC	1
loperamide hcl soln 1 mg/7.ml	OTC	1
loperamide hcl susp 1 mg/7.5ml	OTC	1
LOPERAMIDE HCL SUSP 1 MG/7.ML	OTC	1

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
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		
ANTIDOTES		
charcoal activated cap 260 mg	OTC	1
charcoal activated tab 250 mg	OTC	1
ANTIEMETICS		
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl chew tab 25 mg	OTC	1
meclizine tab 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 susp 30 mg/5 ml (ALLEGRA equiv) (QL= 10 ml/day)	OTC-QL	1
fexofenadine tab 180 mg (ALLEGRA equiv) (QL= 1 tab/day)	OTC-QL	1
fexofenadine tab 60 mg (ALLEGRA equiv) (QL= 2 tabs/day)	OTC-QL	1
loratadine rapidly-disintegrating tab 10 mg	OTC	1
loratadine syrup 5 mg/5ml	OTC	1
loratadine tab 10 mg	OTC	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
hydrogen peroxide soln 3%	OTC	1
IODINE ANTISEPTICS		

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS Cont.		
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
BENZOYL PEROXIDE GEL 2.5%	OTC	2
ANTIBIOTICS - TOPICAL		
bacitracin oint 500 unit/gm	OTC	1
bacitracin zinc oint 500 unit/gm	OTC	1
bacitracin/polymyxin b oint	OTC	1
neomycin-bacitracin-poly oint	OTC	1
ANTIFUNGALS - TOPICAL		
clotrimazole cream 1%	OTC	1
miconazole nitrate aerosol 2%	OTC	1
miconazole nitrate aerosol pow 2%	OTC	1
miconazole nitrate cream 2%	OTC	1
miconazole nitrate gel 2%	OTC	1
miconazole nitrate lotion 2%	OTC	1

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

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

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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		
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		
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		
fe gluconate tab 239 mg (27 mg elemental fe)	OTC	1

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
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 required for members age 8 or older)	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
LAXATIVES - MISCELLANEOUS		

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

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

MEDICAL DEVICES AND SUPPLIES

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
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
MINERALS & ELECTROLYTES		
CALCIUM		
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

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

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
OYSTER SHELL/D TAB	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
magnesium oxide tab 250 mg (mg supplement)	OTC	1
magnesium oxide tab 400 mg (241.3 mg elemental mg)	OTC	1
magnesium oxide tab 400mg (240mg elemental Mg)	OTC	1

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
magnesium oxide tab 500 mg (mg supplement)	OTC	1
ZINC		
zinc 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

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
pseudoephedrine hcl tab 60 mg	OTC	1
pseudoephedrine hcl tab sr 12hr 120 mg	OTC	1
pseudoephedrine hcl tab sr 24hr 240 mg	OTC	1
pseudoephedrine liquid	OTC	1
pseudoephedrine 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		
L-carnitine tab	OTC	1
levocarnitine cap 250 mg	OTC	1
levocarnitine fumarate cap 200 mg	OTC	1
levocarnitine fumarate cap 250 mg	OTC	1
levocarnitine fumarate tab 500mg	OTC	1
levocarnitine tab 250 mg	OTC	1
levocarnitine tab 500 mg	OTC	1
L-CARNITINE CAP	OTC	2
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear and lubricant combinations	OTC	1
artificial tear gels	OTC	1
artificial tear solutions	OTC	1
artificial tears and lubricants	OTC	1
artificial tears solutions	OTC	1
carboxymethylcellulose sodium ophth soln	OTC	1
hypromellose ophth gel 0.3%	OTC	1
hypromellose ophth soln 0.3%	OTC	1
OPTASE DROPS	OTC	1
OPTASE DRY SPRAY	OTC	1
polyethylene glycol-propylene glycol ophth gel	OTC	1
GENTEAL MILD OPHTH SOLN 3%	OTC	2
GENTEAL OPHTH SOLN	OTC	2
OPHTHALMICS - MISC.		
ketotifen fumarate ophth soln 0.025% (base equiv)	OTC	1
ketotifen fumarate ophth soln 0.035%	OTC	1
sodium chloride hypertonic ophth soln 5%	OTC	1
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
carbamide peroxide 6.5% otic soln	OTC	1
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
sorbitol soln 70%	OTC	1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
SMOKING DETERRENTS		
nicotine polacrilex gum 2 mg	OTC	\$0

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine polacrilex gum 4 mg	OTC	\$0
nicotine polacrilex lozenge 2 mg	OTC	\$0
nicotine polacrilex lozenge 4 mg	OTC	\$0
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	OTC	\$0
nicotine td patch 24hr 14 mg/24hr	OTC	\$0
nicotine td patch 24hr 21 mg/24hr	OTC	\$0
nicotine td patch 24hr 7 mg/24hr	OTC	\$0
ULCER DRUGS		
H-2 ANTAGONISTS		
famotidine tab 10 mg	90DS-OTC	1
famotidine tab 20 mg	90DS-OTC	1
famotidine tab 40 mg	90DS-OTC	1
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
VCF VAGINAL GEL 4%	OTC	\$0
VAGINAL ANTI-INFLAMMATORY AGENTS		
hydrocortisone cream 1%	OTC	1
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
acetic acid vaginal soln	OTC	1
SPERMICIDES		
NONOXYNOL-9 FOAM 12.5%	OTC	\$0
nonoxynol-9 gel 2%	OTC	\$0
nonoxynol-9 gel 3%	OTC	\$0
nonoxynol-9 vaginal sponge 1000 mg	OTC	\$0
nonoxynol-9 vaginal suppos 100 mg	OTC	\$0
VAGINAL ANTI-INFECTIVES		
miconazole nit va app 100 mg (2%) and 2% cream and wipes kit	OTC	1
miconazole nitrate va supp 200 mg and 2% cream and wipes kit	OTC	1
miconazole nitrate vaginal app 200 mg and 2% cream 9 gm kit	OTC	1
miconazole nitrate vaginal cream 2%	OTC	1
miconazole nitrate vaginal supp 1200 mg and 2% cream kit	OTC	1
miconazole 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
maximum D3 cap 325 mcg	OTC	1
vitamin A cap 1000 unit (retinol/retinoic acid)	OTC	1
vitamin 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

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

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

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

Hennepin Health OTC Wrap Formulary

Category/Class

Last Updated 11/1/2025

DrugName	Special Code	Tier
VITAMINS Cont.		
vitamin D cap (calciferol) 5000 unit	OTC	1
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

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

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

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

Hennepin Health OTC Wrap Formulary
Prior Authorization Drug List
Last Updated 11/1/2025

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

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

Hennepin Health OTC Wrap Formulary
Last Updated 11/1/2025
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 mg	acetaminophen chew tab 500 mg	acetaminophen chew tab 80 mg
acetaminophen dispersible tab 160 mg	acetaminophen dispersible tab 80 mg	acetaminophen elixir 160 mg/5ml	acetaminophen liquid 160 mg/5ml
acetaminophen liquid 167 mg/5ml	acetaminophen liquid 500 mg/5ml	acetaminophen soln 100 mg/ml	acetaminophen soln 160 mg/5ml
acetaminophen soln 325 mg/5ml	acetaminophen suppos 120 mg	acetaminophen suppos 325 mg	acetaminophen suppos 650 mg
acetaminophen suppos 80 mg	acetaminophen susp 160 mg/5ml	acetaminophen susp 80 mg/0.8ml	acetaminophen tab 160 mg
acetaminophen tab 325 mg	acetaminophen tab 500 mg	acetaminophen tab cr 650 mg	acetic acid vaginal soln
acid gone chew tab	acid gone susp	alcohol swabs	aluminum hydroxide gel susp 600 mg/5ml
aluminum hydroxide susp 320 mg/5ml	aluminum hydroxide/magnesium trisilicate chew tab 80-20 mg	aluminum/mag hydroxide-simethicone chew tab 200-200-20 mg	aluminum/mag hydroxide-simethicone chew tab 200-200-25 mg
aluminum/mag hydroxide-simethicone susp 200-200-20 mg/5ml	aluminum/mag hydroxide-simethicone susp 225-200-25 mg/5ml	aluminum/mag hydroxide-simethicone susp 282-87-25 mg/5ml	aluminum/mag hydroxide-simethicone susp 400-400-40 mg/5ml
aluminum/mag hydroxide-simethicone susp 500-450-40 mg/5ml	aluminum/magnesium hydroxides chew tab 300-150 mg	aluminum/magnesium hydroxides conc 600-300 mg/5ml	aluminum/magnesium hydroxides susp 200-200 mg/5ml
aluminum/magnesium hydroxides susp 225-200 mg/5ml	aluminum/magnesium hydroxides susp 500-500 mg/5ml	anti-diarrhea liquid	artificial tear and lubricant combinations
artificial tear gels	artificial tear solutions	artificial tears and lubricants	artificial tears solutions
aspirin buffered tab 325 mg	aspirin chew tab 81 mg	aspirin tab 325 mg	aspirin tab delayed release 325 mg
aspirin tab delayed release 81 mg	bacitracin oint 500 unit/gm	bacitracin zinc oint 500 unit/gm	bacitracin/polymyxin b oint
b-complex vitamin cap	B-complex w/ C and folic acid tab	B-complex with C/E + Zn tab	benzoyl peroxide cleanser 3.5%
BENZOYL PEROXIDE GEL 2.5%	benzoyl peroxide liquid 10%	benzoyl peroxide liquid wash 5%	benzoyl peroxide lotion 10%
benzoyl peroxide lotion 5%	bisacodyl suppos 10 mg	bisacodyl tab delayed release 5 mg	bismuth subsalicylate chew tab 262 mg
bismuth subsalicylate chew tab 300 mg	bismuth subsalicylate susp 262 mg/15ml	bismuth subsalicylate susp 525 mg/15ml	bismuth subsalicylate susp 690 mg/30ml
bismuth subsalicylate tab 262 mg	brompheniramine/pse elixir 1-15 mg/5ml	calamine lotion	calcium 250 mg w/ vitamin D tab
calcium 500 mg w/ vitamin D tab	calcium 600 mg w/ vitamin D tab	CALCIUM CARB SUSP 1250 MG/5ML	calcium carbonate (antacid) chew tab 400 mg, 500 mg, 600 mg, 750 mg, 1000 mg
calcium carbonate susp	calcium carbonate tab	calcium carbonate tab 1250 mg (500 mg elemental ca)	calcium carbonate tab 1500 mg (600 mg elemental Ca)

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

calcium carbonate tab 600 mg	calcium carbonate/cholecalciferol chew tab 500 mg-100 unit	calcium carbonate/cholecalciferol chew tab 500 mg-600 unit	calcium carbonate/magnesium hydroxide susp
calcium carbonate/simethicone chew tab	calcium carbonate/vitamin D tab 250 mg-125 unit	calcium carbonate/vitamin D tab 500 mg-125 unit	calcium carbonate/vitamin D tab 500 mg-200 unit
calcium carbonate/vitamin D tab 500 mg-400 unit	calcium carbonate/cholecalciferol tab 250 mg-125 unit	calcium carbonate/cholecalciferol tab 500 mg-125 unit	calcium carbonate/vitamin D tab 600 mg-400 unit
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit	calcium carbonate-cholecalciferol tab 600 mg-200 unit	calcium carbonate-cholecalciferol tab 600 mg-400 unit	calcium carbonate-cholecalciferol tab 500 mg-200 unit
calcium carbonate-cholecalciferol tab 500 mg-400 unit	calcium citrate/vitamin D tab 200 mg-250 unit	calcium citrate/vitamin D tab 250 mg-200 unit	CALCIUM CHEW TAB 500 MG-400 UNIT
calcium citrate plus vitamin d tab	calcium w/ vitamin D tab 600 mg-125 unit	calcium/D3 wafer	calcium citrate/vitamin D tab 315 mg-200 unit
calcium polycarbophil tab 625 mg	calcium/ergocalciferol tab 500 mg-200 unit	CALCIUM+D TAB 600 MG	calcium/ergocalciferol tab 250 mg-100 unit
calcium/ergocalciferol tab 250 mg-125 unit	capsaicin cream 0.035%	capsaicin cream 0.075%	CALIBRATION LIQUID
capsaicin cream 0.025%	capsicum oleoresin cream 0.075%	carbamide peroxide 6.5% otic soln	capsaicin cream 0.1%
capsicum oleoresin cream 0.025%	cetirizine hcl tab 10 mg	cetirizine hcl tab 5 mg	carboxymethylcellulose sodium ophth soln
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	CHEMSTRIP URINE TEST STRIPS	child-multi chew vitamins	charcoal activated cap 260 mg
charcoal activated tab 250 mg	chlorpheniramine maleate tab cr 12 mg	cholecalciferol cap 25000 unit	chlorpheniramine maleate syrup 2 mg/5ml
chlorpheniramine maleate tab 4 mg	cholecalciferol tab 4000 unit	clemastine fumarate tab 1.34 mg (1 mg base equiv)	cholecalciferol cap 400 unit
cholecalciferol tab 3000 unit	COMPOUND W LIQUID	CONDOMS	CLEMASTINE TAB 1.34 MG
clotrimazole cream 1%	CONDOMS LATEX	dextromethorphan ER liquid 30 mg/5ml	CONDOMS - MALE
CONDOMS LATEX LUBRICATED	diphenhydramine hcl (sleep) tab 25 mg	diphenhydramine hcl (sleep) tab disp 25 mg	dimethicone cream 1%
diphenhydramine (sleep) tab 50 mg	diphenhydramine hcl liquid 12.5 mg/5ml	diphenhydramine hcl tab 25 mg	diphenhydramine hcl cap 25 mg
diphenhydramine hcl elixir 12.5 mg/5ml	docusate sodium cap 100 mg	docusate sodium cap 50 mg	docosanol cream 10%
docusate calcium cap	docusate sodium liquid 150 mg/15ml	docusate sodium liquid 50 mg/15ml	docusate sodium enema 100 mg
docusate sodium enema 283 mg	doxylamine succinate (sleep) tab 25 mg	DUOFILM SOLN 17%	docusate sodium syrup 60 mg/15ml
docusate sodium tab 100 mg	famotidine tab 40 mg	fe gluconate tab 239 mg (27 mg elemental fe)	famotidine tab 10 mg
famotidine tab 20 mg	ferrous gluconate tab 324 mg (38 mg elemental iron)	ferrous gluconate tab 325 mg	ferrous fumarate tab
ferrous gluconate tab 324 mg	ferrous sulfate CR tab 142 mg (45 mg FE equivalent)	ferrous sulfate drops	ferrous gluconate tab 325 mg (37.5 mg elemental fe)
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe)	ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	fexofenadine susp 30 mg/5 ml	ferrous sulfate tab 325 mg (65 mg elemental fe)
ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	foam antacid chew	folic acid tab 1mg (folate)	fexofenadine tab 180 mg
fexofenadine tab 60 mg	GENTEAL MILD OPHTH SOLN 3%	GENTEAL OPHTH SOLN	folic acid tab 400mcg (folate)
folic acid tab 800mcg (folate)			glycerin enema adult 5.6 gm/average delivered dose

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

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

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

miconazole nitrate vaginal app 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 gm kit
mineral oil	mineral oil (bulk)	mineral oil light (bulk)	mineral oil light (topical)
multiple vitamin tab	multiple vitamins w/ iron tab	multiple vitamins w/ minerals cap	multiple vitamins w/ minerals liquid
multiple vitamins w/ minerals tab	multi-vitamin 50+ cap for her	multivitamin with iron drops	NEBULIZER
neomycin-bacitracin-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 mg	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR
nicotine td patch 24hr 14 mg/24hr	nicotine td patch 24hr 21 mg/24hr	nicotine td patch 24hr 7 mg/24hr	NONOXYNOL-9 FOAM 12.5%
nonoxynol-9 gel 2%	nonoxynol-9 gel 3%	nonoxynol-9 vaginal sponge 1000 mg	nonoxynol-9 vaginal suppos 100 mg
NOVOFINE PEN NEEDLES	omega-3 fatty acids cap 1000 mg	omega-3 fatty acids cap 1200 mg	OPTASE DROPS
OPTASE DRY SPRAY	oral electrolyte solution	oyster shell calcium tab 500 mg	oyster shell calcium/vitamin D (ergocalciferol) tab
OYSTER SHELL/D TAB	pediatric multiple vitamin w/ minerals chew tab	pediatric multiple vitamins w/ iron chew tab	pediatric multiple vitamins w/ iron chew tab 12 mg
pediatric multiple vitamins w/ iron chew tab 15 mg	pediatric multiple vitamins w/ iron chew tab 18 mg	pediatric multivitamin w/ C and FA chew tab	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	PREP H CREAM	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 28.3%	psyllium powder 30%
psyllium powder 30.9%	psyllium powder 33%	psyllium powder 43%	psyllium powder 49%
psyllium powder 50%	psyllium powder 51.7%	psyllium powder 52.3%	psyllium powder 53.8%
psyllium powder 55.46%	psyllium powder 58.6%	psyllium powder 60.3%	psyllium powder 68%
psyllium powder 71.67%	psyllium powder 92%	psyllium powder 95%	pyrantel pamoate susp
salicylic acid liquid 17%	salicylic acid soln 17%	saline nasal soln 0.65%	saline nasal spray 0.65%
selenium sulf 1% shampoo	senna tab	sennosides cap 8.6 mg	sennosides chew tab 10 mg
sennosides chew tab 15 mg	sennosides liquid 25 mg/15ml	sennosides liquid 8.8 mg/ml	sennosides syrup 8.8 mg/5ml
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"

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

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

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

Hennepin Health OTC Wrap Formulary
Last Updated 11/1/2025
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
fexofenadine susp 30 mg/5 ml	QL= 10 ml/day
fexofenadine tab 180 mg	QL= 1 tab/day
fexofenadine tab 60 mg	QL= 2 tabs/day
LANCET DEVICE	QL= 1 device/365 days
salicylic acid liquid 17%	QL= 1 bottle/30 days
salicylic acid soln 17%	QL= 1 bottle/30 days

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



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.

hennepinhealth.org