



**Hennepin Health**  
your community health plan



## Medical Assistance List of Covered Drugs (Formulary)

**Families and Children (this is also known as the Prepaid Medical Assistance Programs (PMAP)), MinnesotaCare, and non-integrated Special Needs BasicCare (SNBC) in Hennepin County**

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](http://www.hennepinhealth.org).

The information printed in this list of covered drugs was correct as of 01/2025. To get the most current information, go to [www.hennepinhealth.org](http://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](http://hennepinhealth.org) below the "Product options" select "Member materials".

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

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

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

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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလီလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီၤဝဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຮມາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

## Civil Rights Notice

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

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

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

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

## Important information

### What is a list of covered drugs?

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

Most drugs and certain supplies are available up to a 30-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are identified on this List of Covered Drugs as 90DS under the Special Code column.

### Does the list of covered drugs ever change?

The Hennepin Health list of covered drugs can change during the course of a calendar year. If changes affect the coverage of a drug you are taking, Hennepin Health will make reasonable efforts to contact you and your prescriber to tell you about the change. Hennepin Health will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- 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 of covered drugs for safety reasons.
- Prior authorization requirements have changed. (Refer to “Are there any restrictions on my coverage?”)

### How are drugs listed in the list of covered drugs?

There are two ways to search for a drug within the formulary:

#### Alphabetical

The drugs on this list begin on page 5 and are grouped alphabetically.

#### By therapeutic class

The drugs on this list begin on page 45 and are grouped by therapeutic classification.

Generally, all applicable dosage forms and strengths of the drug cited 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 (most often an injectable prescription drug) that is highly similar to an already approved biological product. It has no clinically meaningful differences 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 nonbiosimilar version of the drug is medically necessary; OR
2. Hennepin Health may prefer the dispensing of certain brand name versions over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand name or non-biosimilar version of the drug.

Within the list of covered drugs, brand name drugs are listed in all capital letters and generic drugs in all lower case letters.

### **What are over-the-counter drugs?**

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, Hennepin Health may cover it. Within the list of covered drugs, OTC drugs and products are listed with a special code of OTC and are also grouped by the therapeutic classification “Over-the-Counter”.

### **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 on the Hennepin Health Specialty Drug List, your prescriber will need to send the prescription to one of Hennepin Health’s specialty pharmacies listed here.

Name of Specialty Pharmacy: HCMC CSC Pharmacy

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

Fax: 612-873-1535

Open hours:

8:00 a.m. to 6:00 p.m., Monday through Friday

9:00 a.m. to 1:00 p.m., Saturday

Closed on Sunday

Name of Specialty Pharmacy: Lumicera Health Services

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

Fax: 855-847-3558

Hours of operation:

8:00 a.m. to 7:00 p.m., Monday through Thursday

8:00 a.m. to 6:00 p.m., Friday

Closed Saturday and Sunday (pharmacist on call for questions only)

You will also need to call the specialty pharmacy where your prescription is sent 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 you want to take is not listed in the list of covered drugs, you can call Member Services at 612-596-1036 (800-647-0550, This call is free), TTY 711 and ask if the drug is covered. If not, it is considered a “non-formulary” drug. If you need a drug that is not included in the list of covered drugs, your doctor may request an exception. To file a request, your doctor can fax us at 612-321-3712 or mail a written request 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:** Some drugs have age requirements. 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 in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to Prescription Drugs in Section 7: Covered Services of your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by contacting Member Services at 612-596-1036 (800-647-0550, This call is free), TTY 711 or by visiting our website at [hennepinhealth.org](http://hennepinhealth.org). Also refer to “Can I ask for an exception to the coverage restrictions?”

- **Excluded drugs:** Some drugs are not on the list of covered drugs. This means they are not covered. Excluded drugs include the following:
  - 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 healthcare provider can get the drug reconsideration request from [www.hennepinhealth.org](http://www.hennepinhealth.org) or by contacting Member Services at 612-596-1036 (800-647-0550, This call is free). 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 healthcare provider receives 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 identified reason for failure (e.g. 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 (800-647-0550, This call is free), TTY: 711 or visit our website at [www.hennepinhealth.org](http://www.hennepinhealth.org).

## TABLE OF CONTENTS

Formulary alphabetical index .....	5
Formulary by category/class .....	45



**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 Formulary  
Alphabetical Index  
Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
abacavir soln	-	1	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	1	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	1	ANTIVIRALS
ABILIFY ASIMTUFII INJ	PA-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	PA-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
acamprosate calcium DR tab (CAMPRAL equiv)	PA	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	90DS-PDL	1	ANTIDIABETICS
ACCU-CHEK AVIVA PLUS METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC-PDL	\$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK CALIBRATION SOLUTION (QL= 1 bottle/365 days)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK COMPACT PLUS STRIPS	OTC-PDL	\$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE ME METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC-PDL	\$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC-PDL	\$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC-PDL	\$0	DIAGNOSTIC PRODUCTS
acetaminophen 500 liquid	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen chew tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen dispersible tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen elixir	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen liquid	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen soln	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen supp (QL= 100 supp/30 days)	OTC-QL	1	ANALGESICS - NONNARCOTIC
acetaminophen susp	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab 325mg (QL= 8 tabs/day)	OTC-QL	1	ANALGESICS - NONNARCOTIC
acetaminophen tab 500mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen/codeine tab 300mg-15mg (TYLENOL/CODEINE equiv) (QL= 13 tabs/day)	QL	1	ANALGESICS - OPIOID
acetaminophen/codeine tab 300mg-30mg (TYLENOL/CODEINE #3 equiv) (QL= 13 tabs/day)	QL	1	ANALGESICS - OPIOID
acetaminophen/codeine tab 300mg-60mg (TYLENOL/CODEINE #4 equiv) (QL= 10 tabs/day)	QL	1	ANALGESICS - OPIOID
acetazolamide ER cap (DIAMOX SEQUEL equiv)	90DS	1	DIURETICS
acetazolamide tab	90DS	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
acetic acid vaginal soln	OTC	1	VAGINAL PRODUCTS
acetic acid/aluminum acetate otic soln	-	1	OTIC AGENTS
acetylcysteine soln 20%	-	1	COUGH/COLD/ALLERGY
acid gone chew tab	OTC	1	ANTACIDS
acid gone susp	OTC	1	ANTACIDS
acyclovir cap (ZOVIRAX equiv)	PDL	1	ANTIVIRALS
acyclovir oint (ZOVIRAX equiv) (QL= 15gm/30 days)	PDL-QL	1	DERMATOLOGICALS

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
acyclovir susp (ZOVIRAX equiv)	PDL	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	PDL	1	ANTIVIRALS
ADACEL INJ, BOOSTRIX INJ	VAC	\$0	TOXOIDS
ADAKVEO INJ (Medical Benefit)	PA-PDL	MB	HEMATOPOIETIC AGENTS
adapalene gel (DIFFERIN equiv) (QL= 45gm/30 days)	PDL-QL	1	DERMATOLOGICALS
ADVAIR DISKUS (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
advair HFA inhaler (QL= 1 inhaler/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE INJ 1000UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 1500UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 2000UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 250UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 3000UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 4000UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 500UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ADYNOVATE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
AEROCHAMBER MV (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER PLUS (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER Z-STAT PLUS (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER/FLOWSIGNAL (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AEROVENT PLUS HOLDING CHAMBER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
AFSTYLA KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ	PA-PDL	2	MIGRAINE PRODUCTS
AJOVY AUTOINJECTOR	PA-PDL	2	MIGRAINE PRODUCTS
AJOVY INJ	PA-PDL	2	MIGRAINE PRODUCTS
albendazole tab (ALBENZA equiv)	PA	1	ANTHELMINTICS
albuterol neb soln 0.63mg (ACCUNEB equiv)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 100mg/20ml, 2.5mg/0.5ml (VENTOLIN equiv)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 2.5mg/3ml (PROVENTIL equiv) (QL= 125 vials/30 days)	90DS-PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol nebulizer soln	PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv) (QL= 180 nebs/30 days)	90DS-PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
alcohol swabs	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
alcohol wipes	OTC	\$0	DERMATOLOGICALS
alendronate soln	PDL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	90DS-PDL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab 40mg	PDL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
aler-dryl tab	OTC	1	ANTIHISTAMINES

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
alfuzosin SR tab (UROXATRAL equiv)	90DS-PDL	1	GENITOURINARY AGENTS - MISCELLANEOUS
allopurinol tab (ZYLOPRIM equiv)	90DS	1	GOUT AGENTS
almacone chew tab	OTC	1	ANTACIDS
ALPHAGAN P OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
ALPHANATE INJ VWF/HUM (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
alprazolam intensol conc (QL= 4ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANKXIETY AGENTS
alprazolam tab 0.25mg, 0.5mg, 1mg (XANAX equiv) (QL= 3 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANKXIETY AGENTS
alprazolam tab 2mg (QL= 2 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANKXIETY AGENTS
ALPROLIX INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ALREX OPHTH SUSPENSION (QL= 5ml/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
aluminum chloride soln (DRYSOL equiv) (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
aluminum hydroxide susp	OTC	1	ANTACIDS
aluminum hydroxide/magnesium trisilicate chew tab	OTC	1	ANTACIDS
aluminum/magnesium hydroxides susp	OTC	1	ANTACIDS
aluminum/magnesium/simethicone susp 200-200-20mg/5ml	OTC	1	ANTACIDS
aluminum/magnesium/simethicone susp 400-400-40mg/5ml	OTC	1	ANTACIDS
amantadine cap (SYMMETREL equiv)	90DS	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	90DS	1	ANTIPARKINSON AGENTS
ambrisentan tab	PA-PDL	1	CARDIOVASCULAR AGENTS - MISC.
amiloride tab (MIDAMOR equiv)	90DS	1	DIURETICS
amiodarone tab 200mg (CORDARONE equiv)	90DS	1	ANTIARRHYTHMICS
amitriptyline 10mg tab (QL= 1 tab/day)	90DS-QL	1	ANTIDEPRESSANTS
amitriptyline 25mg tab (QL= 1 tab/day)	90DS-QL	1	ANTIDEPRESSANTS
amitriptyline 50mg tab (QL= 1 tab/day)	90DS-QL	1	ANTIDEPRESSANTS
amitriptyline tab 100mg	90DS	1	ANTIDEPRESSANTS
amitriptyline tab 150mg	90DS	1	ANTIDEPRESSANTS
amitriptyline tab 75mg	90DS	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
amlodipine/benazepril cap (LOTREL equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	PDL	1	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion 12% (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion 5%	OTC	1	DERMATOLOGICALS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab	-	1	PENICILLINS
amoxicillin tab 875mg (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	PDL	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	PDL	1	PENICILLINS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 1 cap/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 10mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 12.5mg (ADDERALL equiv) (QL= 2 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 15mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
amphetamine/dextroamphetamine salt combo tab 20mg (ADDERALL equiv) (QL= 3 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 30mg (ADDERALL equiv) (QL= 2 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 5mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
amphetamine/dextroamphetamine salt combo tab 7.5mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp	-	1	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	90DS	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aprepitant cap 40mg (EMEND equiv) (QL= 3 caps/180 days)	QL	1	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/15 days)	QL	1	ANTIEMETICS
apri tab (DESOGEN equiv)	90DS	\$0	CONTRACEPTIVES
APRISO CAP	PDL	2	GASTROINTESTINAL AGENTS - MISC.
APTIVUS CAP	-	2	ANTIVIRALS
aranelle tab (TRI-NORINYL equiv)	90DS	\$0	CONTRACEPTIVES
ARANESP SYRINGE	MSP-PA-PDL	2	HEMATOPOIETIC AGENTS
ARANESP VIAL	MSP-PA-PDL	2	HEMATOPOIETIC AGENTS
ARIAL CHAMBER (QL= 1 spacer/365 days)	OTC-QL	2	MEDICAL DEVICES AND SUPPLIES
aripiprazole soln (ABILIFY equiv) (QL= 30ml/30 days)	PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 10mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 15mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 20mg (QL= 1 tab/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 2mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 30mg (QL= 1 tab/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 5mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
artificial tears ophth soln	OTC	1	OPHTHALMIC AGENTS
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin buffered tab	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin EC tab 325mg	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin EC tab 81mg	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN TAB	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/acetaminophen/caffeine 250-250-650mg	OTC	1	ANALGESICS - NONNARCOTIC
atazanavir cap 150mg, 200mg, 300mg	-	1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	90DS-PDL	1	BETA BLOCKERS
atomoxetine cap (STRATTERA equiv) (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
atorvastatin tab 10mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERTENSIVES
atorvastatin tab 20mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERTENSIVES
atorvastatin tab 40mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERTENSIVES

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
atorvastatin tab 80mg	90DS-PDL	\$0	ANTIHYPERTENSIVES
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 5ml/30 days)	90DS-QL	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aviane tab (ALESSE equiv)	90DS	\$0	CONTRACEPTIVES
AVONEX KIT	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVONEX PEN KIT	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVONEX PREFILLED SYRINGE KIT	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AYR NASAL DROPS	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azathioprine tab (IMURAN equiv)	PDL	1	ASSORTED CLASSES
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/30 days)	PDL-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	PDL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azithromycin powder pack	PDL	1	MACROLIDES
azithromycin susp (ZITHROMAX equiv)	PDL	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	PDL	1	MACROLIDES
bacitracin oint	OTC	1	DERMATOLOGICALS
bacitracin zinc oint	OTC	1	DERMATOLOGICALS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b oint	OTC	1	DERMATOLOGICALS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
baclofen tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	PDL	1	GASTROINTESTINAL AGENTS - MISC.
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	PDL-QL	2	ANTIDIABETICS
BARACLUDE SOLN	PDL	2	ANTIVIRALS
B-complex vitamin cap	OTC	1	MULTIVITAMINS
B-complex with C/E + Zn tab	OTC	1	MULTIVITAMINS
B-complex with vitamin C and folic acid tab	OTC	1	MULTIVITAMINS
B-D INSULIN SYRINGE	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D INSULIN SYRINGE U-500	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 29G x 12.7MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 30G x 5MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 31G x 5MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 31G x 8MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 32G x 4MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 32G x 6MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
BELBUCA FILM (QL= 2 films/day; Only one strength allowed per month)	PDL-QL	2	ANALGESICS - OPIOID
benazepril tab (LOTENSIN equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
BENEFIX KIT 1000UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
BENEFIX KIT 2000UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
BENEFIX KIT 250UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
BENEFIX KIT 3000UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
BENEFIX KIT 500UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzoyl peroxide cleanser/wash 3%, 5%, 6%, 9%, 10% only	OTC-PDL	1	DERMATOLOGICALS
benzoyl peroxide gel	OTC-PDL	1	DERMATOLOGICALS
benzoyl peroxide lotion	OTC-PDL	1	DERMATOLOGICALS
benztropine tab	90DS	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN (QL= 5ml/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
BERINERT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF equiv) (QL= 50gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE equiv) (QL= 50gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone dipropionate lotion (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone valerate cream (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone valerate lotion (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
betamethasone valerate oint (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
BETASERON PEN KIT	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	MSP-PA-PDL	2	AMINOGLYCOSIDES
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bicalutamide tab (CASODEX equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICARSIM TAB	OTC	2	GASTROINTESTINAL AGENTS - MISC.
BIKTARVY TAB	-	2	ANTIVIRALS
bisacodyl DR tab	OTC	1	LAXATIVES
bisacodyl supp	OTC	1	LAXATIVES
bismuth subsalicylate chew tab	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate susp	OTC	1	ANTIDIARRHEALS
bismuth subsalicylate tab	OTC	1	ANTIDIARRHEALS
bisoprolol tab (ZEBETA equiv)	90DS-PDL	1	BETA BLOCKERS
BLINK TEARS OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
BOSULIF TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRILINTA TAB (QL= 2 tabs/day)	PDL-QL	2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.2% (ALPHAGAN P equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
brimonidine tartrate ophth soln 0.1%	-	1	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	90DS	1	ANTIPARKINSON AGENTS
budesonide respules 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 60 vials/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide respules 1mg/2ml (QL= 30 vials/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUFFERIN EXTRA STRENGTH TAB	OTC	2	ANALGESICS - NONNARCOTIC
bumetanide tab (BUMEX equiv)	90DS	1	DIURETICS
buprenorphine/naloxone 2mg/0.5mg SL tablets (QL= 1 tab/day)	PDL-QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone 8mg/2mg SL tablets (QL= 3 tabs/day)	PDL-QL	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	90DS-PDL	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
bupropion tab (WELLBUTRIN equiv)	90DS-PDL	1	ANTIDEPRESSANTS
bupropion XL tab 150mg (WELLBUTRIN XL equiv)	90DS-PDL	1	ANTIDEPRESSANTS
bupropion XL tab 300mg (QL= 2 tabs/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
bupirone tab 30mg (BUSPAR equiv) (QL= 4 tabs/day)	QL	1	ANTIANKXIETY AGENTS
bupirone tab 5mg, 10mg, 15mg (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
bupirone tab 7.5mg	PA	1	ANTIANKXIETY AGENTS
bitalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 2 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
bitalbital/aspirin/caffeine cap (FIORINAL equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - NONNARCOTIC
bitalbital/aspirin/caffeine tab (QL= 2 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
BYDUREON BCISE AUTO INJ	PA-PDL	2	ANTIDIABETICS
BYETTA PEN	PA-PDL	2	ANTIDIABETICS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calamine lotion	OTC	1	DERMATOLOGICALS
calci-chew 1250mg	OTC	1	MINERALS & ELECTROLYTES
calcipotriene cream (DOVONEX equiv) (QL= 120gm/30 days)	QL	1	DERMATOLOGICALS
calcipotriene oint (QL= 120gm/30 days)	QL	1	DERMATOLOGICALS
calcipotriene soln (DOVONEX equiv) (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
CALCIPOTRIENE SOLN (QL= 60ml/30 days)	QL	2	DERMATOLOGICALS
calcitonin (salmon) inj 200unit/ml	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	PDL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	90DS	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	PDL	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	PDL	1	GASTROINTESTINAL AGENTS - MISC.
CALCIUM CARB SUSP	OTC	2	ANTACIDS
calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg	OTC	1	ANTACIDS
calcium carbonate susp 1250mg/5ml	OTC	1	ANTACIDS
calcium carbonate tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate with vitamin D chew tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate with vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/cholecalciferol tab 250-125, 250-250, 500-125, 500-200, 500-400, 600-200, 600-400	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/ergocalciferol tab	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate/magnesium hydroxide chew tab 700/300mg	OTC	1	ANTACIDS
calcium carbonate/magnesium hydroxide susp	OTC	1	ANTACIDS
calcium carbonate/simethicone chew tab	OTC	1	ANTACIDS
CALCIUM CHEW	OTC	2	MINERALS & ELECTROLYTES
calcium citrate plus vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium citrate/vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
CALCIUM CITRATE/VITAMIN D TAB	OTC	2	MINERALS & ELECTROLYTES
calcium polycarbophil tab	OTC	1	LAXATIVES
calcium w/vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
capecitabine tab (XELODA equiv)	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin cream (QL= 60gm/30 days)	OTC-QL	1	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	PDL	1	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab	PDL	1	ANTIHYPERTENSIVES

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
carbamazepine chew tab (TEGRETOL equiv)	90DS-PDL	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	90DS-PDL	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	PDL	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	90DS-PDL	1	ANTICONVULSANTS
carbamide peroxide otic soln	OTC	1	OTIC AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	90DS-PDL	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT	PDL	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	PDL	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	90DS-PDL	1	ANTIPARKINSON AGENTS
carbidopa/levodopa/entacapone tab	PDL	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carboxymethylcellulose sodium ophth soln	OTC	1	OPHTHALMIC AGENTS
carboxymethylcellulose/hypromellose ophth gel	OTC	1	OPHTHALMIC AGENTS
carboxymethylcellulose-glycerin ophth soln	OTC	1	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	90DS-PDL	1	BETA BLOCKERS
cefaclor cap (CECLOR equiv)	PDL	1	CEPHALOSPORINS
cefaclor susp	PDL	1	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	PDL	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	PDL	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	PDL	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	PDL	1	CEPHALOSPORINS
cefixime cap	PDL	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	PDL	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	PDL	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	PDL	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
CELLCEPT SUSP	PDL	2	ASSORTED CLASSES
CELONTIN CAP	PDL	2	ANTICONVULSANTS
cephalexin cap (KEFLEX equiv)	PDL	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	PDL	1	CEPHALOSPORINS
cesia tab (CYCLESSA equiv)	90DS	\$0	CONTRACEPTIVES
cetirizine soln (ZYRTEC equiv)	OTC-PDL	1	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC-PDL	1	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC-PDL	1	COUGH/COLD/ALLERGY
CHANTIX TAB	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
charcoal activated cap	OTC	1	ANTIDOTES
CHILD MULTI CHEW VITAMINS	OTC	2	MULTIVITAMINS
chlordiazepoxide cap (LIBRIUM equiv) (QL= 2 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANKXIETY AGENTS
chlorhexidine gluconate liq	OTC	1	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorpheniramine CR tab	OTC	1	ANTIHISTAMINES
chlorpheniramine liquid	OTC	1	ANTIHISTAMINES
chlorpheniramine maleate syrup	OTC	1	ANTIHISTAMINES
chlorpheniramine tab	OTC	1	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	90DS	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone 25mg (QL= 0.5 tab/day)	90DS-QL	1	DIURETICS
chlorthalidone 50mg (QL= 2 tabs/day)	90DS-QL	1	DIURETICS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
cholestyramine lite powder (QUESTRAN LITE equiv) (QL= 3 cans (718.2gm)/30 days)	PDL-QL	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	PDL	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv) (QL= 3 cans (1,134gm)/30 days)	PDL-QL	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	90DS-PDL	1	ANTIHYPERLIPIDEMICS
ciclopirox cream (LOPROX equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
ciclopirox soln (PENLAC equiv) (QL= 7ml/30 days)	PDL-QL	1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	90DS	1	HEMATOLOGICAL AGENTS - MISC.
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CINRYZE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	PDL	2	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	PDL	1	OPHTHALMIC AGENTS
ciprofloxacin tab (CIPRO equiv)	PDL	1	FLUOROQUINOLONES
ciprofloxacin tab 100mg	PDL	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (QL= 1 bottle/30 days)	PDL-QL	1	OTIC AGENTS
citalopram soln (CELEXA equiv)	PDL	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	90DS-PDL	1	ANTIDEPRESSANTS
citranatal harmony cap	-	1	MULTIVITAMINS
citranatal tab Rx	-	1	VITAMINS
clarithromycin tab (BIAXIN equiv)	PDL	1	MACROLIDES
clemastine fumarate tab	OTC	1	ANTIHISTAMINES
clemastine tab	OTC	1	ANTIHISTAMINES
CLEOCIN VAGINAL SUPP	-	2	VAGINAL PRODUCTS
clindamycin cap 150mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin cap 300mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN equiv) (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv) (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin swab (CLEOCIN-T equiv) (QL= 60 pads/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin topical soln (CLEOCIN-T equiv) (QL= 60ml/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (QL= 50gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC equiv) (QL= 45gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clobazam susp (QL= 240ml/30 days)	PDL-QL	1	ANTICONVULSANTS
clobazam tab	PDL	1	ANTICONVULSANTS
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv) (QL= 50ml/30 days)	QL	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv) (QL= 118ml/30 days)	QL	1	DERMATOLOGICALS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv) (QL= 4 patches/30 days)	QL	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	90DS	1	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 2 tab/fill per calendar year)	90DS-PDL-QL	1	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv) (QL= 1 tab/day)	90DS-PDL-QL	1	HEMATOLOGICAL AGENTS - MISC.
clotrimazole cream (LOTRIMIN AF equiv) (QL= 30gm/30 days)	OTC-PDL-QL	1	DERMATOLOGICALS
clotrimazole soln (Rx Only) (QL= 30ml/30 days)	PDL-QL	1	DERMATOLOGICALS
clotrimazole troches (MYCELEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole vaginal cream	OTC	1	VAGINAL PRODUCTS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
clotrimazole/betamethasone cream (LOTRISONE equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
clozapine ODT (FAZACLO equiv)	PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT (authorized generic)	PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COAGADEX INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
coal tar shampoo	OTC	1	DERMATOLOGICALS
COARTEM TAB	-	2	ANTIMALARIALS
colchicine tab	-	1	GOUT AGENTS
colestipol granule (COLESTID equiv)	PDL	1	ANTIHYPERTENSIVES
colestipol powder packet (COLESTID equiv)	PDL	1	ANTIHYPERTENSIVES
colestipol tab (COLESTID equiv)	PDL	1	ANTIHYPERTENSIVES
COMBIGAN OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
COMBIPATCH	-	2	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	\$0	VACCINES
COMPLERA TAB	-	2	ANTIVIRALS
COMPOUND W LIQUID (QL= 1 bottle/30 days)	OTC-QL	2	DERMATOLOGICALS
COMPUTER EYE DROPS	OTC	2	OPHTHALMIC AGENTS
CONTOUR METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR NEXT EZ METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR NEXT EZ METER KIT (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR NEXT METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR NEXT ONE METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0	MEDICAL DEVICES AND SUPPLIES
CONTOUR NEXT TEST STRIP	OTC-PDL	\$0	DIAGNOSTIC PRODUCTS
CONTOUR PLUS TEST STRIP	PDL	\$0	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP	OTC-PDL	\$0	DIAGNOSTIC PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
COPAXONE INJ 20MG/ML	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CORIFACT KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
CORTIFOAM	-	2	ANORECTAL AGENTS
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE INJ (MODERNA)	VAC	\$0	VACCINES
COVID-19 VACCINE INJ (PFIZER)	VAC	\$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML	VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML	VAC	\$0	VACCINES
CREON CAP	PDL	2	DIGESTIVE AIDS
CRIVAN CAP	-	2	ANTIVIRALS
cromolyn nasal spray	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
cromolyn ophth soln (CROLOM equiv)	PDL	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
cryselle tab (LO/OVRAL equiv)	90DS	\$0	CONTRACEPTIVES
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS

90DS 90 Day Supply Allowed  
OTC Over-the-Counter  
QL Quantity Limit  
VAC Vaccine Program

LD generic =small letters  
Limited Distribution  
PA Prior Authorization  
SF Limited to two 15 day fills per month for first 3 months

MSP BRANDS =CAPITAL LETTERS  
Mandatory Specialty Pharmacy Program  
PDL Preferred Drug  
SMKG Smoking Cessation

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
cyclopentolate ophth soln 1%	90DS	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine cap (SANDIMMUNE equiv)	PDL	1	ASSORTED CLASSES
cyclosporine modified cap, gengraf cap (NEORAL equiv)	90DS-PDL	1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	PDL	1	ASSORTED CLASSES
cyproheptadine tab	-	1	ANTIHISTAMINES
DAKRINA OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
danazol cap (DANOCRINE equiv)	-	1	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	90DS	1	ANTI-INFECTIVE AGENTS - MISC.
darunavir tab	-	1	ANTIVIRALS
dasatinib tab	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DENAVIR CREAM	PDL	2	DERMATOLOGICALS
DESCOVY ER TAB FOR TREATMENT (**DESCOVY ER TAB FOR PREVENTION (Tier \$0)**)	PA	2	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	90DS	1	ANTIDEPRESSANTS
desmopressin acetate nasal spray (DDAVP equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
desonide lotion (QL= 59ml/30 days)	QL	1	DERMATOLOGICALS
desonide oint (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
desoximetasone cream 0.25% (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
dexamethasone ophth soln	PA	1	OPHTHALMIC AGENTS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	90DS-PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/28 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 2 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 1 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 1 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dexmethylphenidate XR cap (FOCALIN XR equiv) (QL= 1 cap/day: only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine ER cap 15mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine tab 10mg (DEXEDRINE equiv) (QL= 4 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextroamphetamine tab 5mg (DEXEDRINE equiv) (QL= 0.5 tab/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
dextromethorphan ER liquid	90DS-OTC	1	COUGH/COLD/ALLERGY

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
dextromethorphan/guaifenesin ER tab 30/600mg	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan/guaifenesin ER tab 60/1200mg	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan/guaifenesin liquid 10-100mg/5ml	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan/guaifenesin liquid 10-200mg/5ml	OTC	1	COUGH/COLD/ALLERGY
dextromethorphan/guaifenesin liquid 5-100mg/5ml	OTC	1	COUGH/COLD/ALLERGY
diazepam conc (VALIUM equiv) (QL= 8ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIAXIETY AGENTS
diazepam rectal gel (QL= 2 inj/fill)	PDL-QL	1	ANTICONVULSANTS
diazepam soln (QL= 40ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIAXIETY AGENTS
diazepam tab (VALIUM equiv) (QL= 4 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIAXIETY AGENTS
dibucaine ointment 1% (QL= 1 tube/fill)	OTC-QL	1	DERMATOLOGICALS
DICLEGIS TAB (QL= 4 tabs/day)	PDL-QL	2	ANTIEMETICS
diclofenac gel 1% (VOLTAREN equiv) (QL= 100gm/30 days)	PDL-QL	1	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	90DS	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	PDL	1	OPHTHALMIC AGENTS
diclofenac sodium SR tab (VOLTAREN XR equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	1	ANTIVIRALS
DIFFERIN GEL 0.1% (OTC ONLY) (QL= 45gm/30 days)	OTC-QL	2	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
DI-GEL SUSP	OTC	2	ANTACIDS
digoxin soln (LANOXIN equiv)	90DS	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	90DS	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 12 inj/30 days)	QL	1	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (QL= 1 bottle/fill; 1 fill/month)	QL	1	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	PDL	2	ANTICONVULSANTS
DILANTIN CAP, PHENYTEK CAP	PDL	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
dimethicone cream 1%	OTC	1	DERMATOLOGICALS
dimethyl fumarate DR cap	MSP-PA-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
diphenhydramine (sleep) cap 50mg	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine (sleep) dispersible tab	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine (sleep) tab	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine cap 25mg	OTC	1	ANTIHISTAMINES
diphenhydramine cap 50mg (BENADRYL equiv)	OTC	1	ANTIHISTAMINES
diphenhydramine elixir	OTC	1	ANTIHISTAMINES
diphenhydramine liquid	OTC	1	ANTIHISTAMINES
diphenhydramine tab 25mg	OTC	1	ANTIHISTAMINES
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	PDL	1	HEMATOLOGICAL AGENTS - MISC.

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
divalproex ER tab (DEPAKOTE ER equiv)	90DS-PDL	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	90DS-PDL	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	PDL	1	ANTICONVULSANTS
docosanol cream	OTC	1	DERMATOLOGICALS
docusate calcium cap	OTC	1	LAXATIVES
docusate sodium cap	OTC	1	LAXATIVES
docusate sodium enema	OTC	1	LAXATIVES
docusate sodium liquid	OTC	1	LAXATIVES
docusate sodium syrup	OTC	1	LAXATIVES
docusate sodium tab	OTC	1	LAXATIVES
dofetilide cap	PA	1	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv)	PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv)	90DS-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dorzolamide ophth soln (TRUSOPT equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	PDL	1	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	90DS	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv) (QL= 0.6ml/day)	90DS-QL	1	ANTIDEPRESSANTS
doxercalciferol cap (HECTOROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab 20mg, 100mg (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxylamine succinate (sleep) tab	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	PA-QL	1	ANTIEMETICS
DROXIA CAP	PA-PDL	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN (QL= 60ml/30 days)	QL	2	DERMATOLOGICALS
DULERA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap 20mg, 60mg (CYMBALTA equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 1 cap/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
DUOFILM SOLN 17% (QL= 1 bottle/30 days)	OTC-QL	2	DERMATOLOGICALS
DUPIXENT INJ	PA-PDL	2	DERMATOLOGICALS
DUPIXENT PEN INJ	PA-PDL	2	DERMATOLOGICALS
dutasteride cap	90DS-PDL	1	GENITOURINARY AGENTS - MISCELLANEOUS
econazole cream (SPECTAZOLE equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
EDURANT TAB	-	2	ANTIVIRALS
EFAVIRENZ CAP	-	2	ANTIVIRALS
efavirenz tab	-	1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir tab	-	1	ANTIVIRALS
ELIPHOS TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS DOSE PACK (QL= 1 pack/fill, 1 fill/plan year)	PDL-QL	2	ANTICOAGULANTS

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ELIQUIS TAB (QL= 60 tabs/30 days)	PDL-QL	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB (QL= 4 fills/year)	QL	\$0	CONTRACEPTIVES
ELMIRON CAP (QL= 3 caps/day)	QL	2	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
eluryng vaginal ring	90DS	\$0	CONTRACEPTIVES
EMGALITY PEN 120MG/ML	PA-PDL	2	MIGRAINE PRODUCTS
EMGALITY SYRINGE 120MG/ML	PA-PDL	2	MIGRAINE PRODUCTS
emtricitabine cap	-	1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	90DS	\$0	ANTIVIRALS
enalapril tab (VASOTEC equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	PDL	1	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL KIT (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI CARTRIDGE (QL= 4 inj/28 days )	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK PEN (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SYRINGE (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL VIAL (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	PA-PDL	2	HEMATOPOIETIC AGENTS
ENFAMIL ENFALYTE SOLN	OTC	2	MINERALS & ELECTROLYTES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin syringe (LOVENOX equiv)	PDL	1	ANTICOAGULANTS
enoxaparin vial (LOVENOX equiv)	PDL	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	90DS	\$0	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	PDL	1	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv)	90DS-PDL	1	ANTIVIRALS
ENTRESTO TAB	PDL	2	CARDIOVASCULAR AGENTS - MISC.
epinephrine pen inj 0.15mg (mylan) (QL= 2 inj/fill)	PDL-QL	1	VASOPRESSORS
epinephrine pen inj 0.3mg (mylan) (QL= 2 inj/fill)	PDL-QL	1	VASOPRESSORS
EPIPEN INJ 0.3MG (QL= 2 inj/fill)	PDL-QL	2	VASOPRESSORS
EPIPEN JR INJ 0.15MG (QL= 2 inj/fill)	PDL-QL	2	VASOPRESSORS
EPIVIR HBV SOLN	PDL	2	ANTIVIRALS
EPIVIR HBV TAB	PDL	2	ANTIVIRALS
EPIVIR SOLN	-	2	ANTIVIRALS
EPIVIR TAB	-	2	ANTIVIRALS
eplerenone tab 25mg (QL= 0.5 tab/day)	90DS-QL	1	ANTIHYPERTENSIVES
eplerenone tab 50mg (QL= 1 tab/day)	90DS-QL	1	ANTIHYPERTENSIVES
EPOGEN INJ	MSP-PA-PDL	2	HEMATOPOIETIC AGENTS
epoprostenol inj	PA	1	CARDIOVASCULAR AGENTS - MISC.
ergotamine tartrate/caffeine tab (CAFERGOT equiv) (QL= 20 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
ERGOTAMINE/CAFFEINE TAB (QL= 20 tabs/30 days)	QL	2	MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erythromycin base DR cap	PDL	1	MACROLIDES
erythromycin base DR cap (ERYC equiv)	PDL	1	MACROLIDES
erythromycin gel (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
erythromycin med swab (QL= 60 pads/30 days)	PDL-QL	1	DERMATOLOGICALS

90DS 90 Day Supply Allowed  
OTC Over-the-Counter  
QL Quantity Limit  
VAC Vaccine Program

LD generic =small letters  
Limited Distribution  
PA Prior Authorization  
SF Limited to two 15 day fills per month for first 3 months

MSP BRANDS =CAPITAL LETTERS  
Mandatory Specialty Pharmacy Program  
PDL Preferred Drug  
SMKG Smoking Cessation

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin soln (QL= 60ml/30 days)	PDL-QL	1	DERMATOLOGICALS
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) (QL= 46.6gm/30 days)	PDL-QL	1	DERMATOLOGICALS
escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day; Only one strength allowed per month)	90DS-PDL-QL	1	ANTIDEPRESSANTS
esomeprazole cap (NEXIUM equiv)	90DS-PDL	1	ULCER DRUGS
ESPEROCT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
estradiol patch (CLIMARA equiv) (Prior Authorization required for members age 65 or older)	PA	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (Prior Authorization required for members age 65 or older)	PA	1	ESTROGENS
estradiol tab (ESTRACE equiv) (Prior Authorization required for members age 65 or older)	PA	1	ESTROGENS
estradiol vaginal cream (ESTRACE equiv)	90DS	1	VAGINAL PRODUCTS
estradiol vaginal tab, yuvaferm vaginal tab	-	1	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	90DS	1	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	PDL	1	ANTICONVULSANTS
ethosuximide syrup (ZARONTIN equiv)	PDL	1	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	90DS	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab	-	1	ANTIVIRALS
everolimus tab (AFINITOR TAB equiv)	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB	-	2	ANTIVIRALS
exemestane tab (AROMASIN equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ezetimibe tab	90DS-PDL	1	ANTIHYPERTENSIVES
famotidine susp (PEPCID equiv) (QL= 50ml/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	1	ULCER DRUGS
famotidine tab (PEPCID equiv)	90DS-OTC	1	ULCER DRUGS
FARXIGA TAB	PA-PDL	2	ANTIDIABETICS
FEIBA NF INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	PDL	1	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	PDL	1	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
FEMRING	-	2	VAGINAL PRODUCTS
fenofibrate cap 67mg, 134mg, 200mg (QL= 1 cap/day)	90DS-PDL-QL	1	ANTIHYPERTENSIVES
fenofibrate tab 48mg (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIHYPERTENSIVES
fenofibrate tab 54mg, 160mg (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIHYPERTENSIVES
fentanyl patch 25mcg (QL= 10 patches/30 days)	PDL-QL	1	ANALGESICS - OPIOID
fentanyl patch 50mcg (QL= 10 patches/30 days)	PDL-QL	1	ANALGESICS - OPIOID
ferrous fumarate tab 325mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous fumarate tab 90mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 225mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 239mg (27mg elemental iron)	OTC	1	HEMATOPOIETIC AGENTS
ferrous gluconate tab 324mg	OTC	1	HEMATOPOIETIC AGENTS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ferrous gluconate tab 325mg	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 325mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate drops (\$0 for members age 6-12 months)	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate EC tab	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate tab CR 142mg (45mg Fe equivalent)	OTC	1	HEMATOPOIETIC AGENTS
FEVERALL INFANTS SUPP (QL= 100 supp/30 days)	OTC-QL	2	ANALGESICS - NONNARCOTIC
finasteride tab (PROSCAR equiv)	90DS-PDL	1	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod cap (GILENYA equiv)	MSP-PA-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FIRMAGON INJ	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flecainide tab (TAMBOCOR equiv)	90DS	1	ANTIARRHYTHMICS
FLEET LIQUID GLYCERIN ENEMA	OTC	2	LAXATIVES
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUBLOK INJ (QL=1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUCELVAX INJ (QL=1 inj/28 days)	QL-VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	PDL	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	PDL	1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	90DS	1	CORTICOSTEROIDS
FLUMIST NASAL (QL=1 dose/28 days)	QL-VAC	\$0	VACCINES
fluocinolone acetonide cream 0.025% (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) (QL= 1 bottle/30 days)	QL	1	DERMATOLOGICALS
fluocinolone acetonide oint (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinolone acetonide soln (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
fluocinonide cream (LIDEX equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinonide emollient cream (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinonide gel (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinonide oint (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
fluocinonide soln (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
fluorometholone ophth soln (FML LIQUIFILM equiv)	PDL	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX equiv) (QL= 40gm/30 days)	QL	1	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	90DS-PDL	1	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	90DS-PDL	1	ANTIDEPRESSANTS
fluphenazine inj	PA	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurbiprofen tab (ANSAID equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone HFA (AG) (inhalation) (QL= 1 inhaler/30 days)	PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	PDL-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv) (QL= 30gm/30 days)	QL	1	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv) (QL= 30gm/30 days)	QL	1	DERMATOLOGICALS
FLUVIRIN INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
FLUVIRIN PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
fluvoxamine tab (LUVOX equiv)	90DS-PDL	1	ANTIDEPRESSANTS
FLUZONE HIGH-DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE INTRADERMAL (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FOAM ANTACID CHEW	OTC	2	ANTACIDS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folbic tab (FOLTX equiv)	-	1	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
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
folic acid/vitamin B6/vitamin B12 tab 2.2-25-0.5mg, 2.2-25-1mg, 2.5-25-1mg	OTC	1	HEMATOPOIETIC AGENTS
FORTEO INJ 620MCG/2.4ML	MSP-PA-PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA TAB equiv)	-	1	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	PDL	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	PDL	1	ANTIHYPERTENSIVES
FRAGMIN VIAL	PDL	2	ANTICOAGULANTS
FREESTYLE INSULIN SYRINGE	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 14 DAY RECEIVER (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 14 DAY SENSOR (QL= 2 sensors/28 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/30 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 RECEIVER (QL= 1 receiver/year)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/30 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days)	PDL-QL	2	MEDICAL DEVICES AND SUPPLIES
furosemide tab (LASIX equiv)	90DS	1	DIURETICS
gabapentin cap 100mg (QL= 36 caps/day)	PDL-QL	1	ANTICONVULSANTS
gabapentin cap 300mg (QL= 12 caps/day)	PDL-QL	1	ANTICONVULSANTS
gabapentin cap 400mg (QL= 9 caps/day)	PDL-QL	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	PDL	1	ANTICONVULSANTS
gabapentin tab 600mg (QL= 6 tabs/day)	PDL-QL	1	ANTICONVULSANTS
gabapentin tab 800mg (QL= 4.5 tabs/day)	PDL-QL	1	ANTICONVULSANTS
GAVILYTE-C SOLN	-	\$0	LAXATIVES
gemfibrozil tab (LOPID equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1	ANTIHYPERLIPIDEMICS
GENOTROPIN CARTRIDGE	MSP-PA-PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ	MSP-PA-PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
gentak ophth oint	-	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream (QL= 30gm/30 days)	QL	1	DERMATOLOGICALS
gentamicin sulfate oint (QL= 30gm/30 days)	QL	1	DERMATOLOGICALS
GENTEAL MILD OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
GENTEAL OPHTH GEL	OTC	2	OPHTHALMIC AGENTS
GENTEAL OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
GENVOYA TAB	-	2	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	90DS	\$0	CONTRACEPTIVES

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
GLEOSTINE CAP, LOMUSTINE CAP	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	90DS	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	90DS	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	90DS	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	PA	1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ (QL= 1 inj/fill)	QL	2	ANTIDIABETICS
glucagon emergency kit (amphastar equiv) (QL=2 inj/fill)	PDL-QL	1	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	90DS	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	PA	1	ANTIDIABETICS
glycerin supp 1g, 1.2g, 2g, 2.1g, 80.7%	OTC	1	LAXATIVES
glycerin/hypromellose/peg 400 ophth soln	OTC	1	OPHTHALMIC AGENTS
glycopyrrolate tab 1mg, 2mg (ROBINUL equiv)	-	1	ULCER DRUGS
GOLYTELY SOLN	-	\$0	LAXATIVES
guaifenesin ER tab (MUCINEX equiv)	OTC	1	COUGH/COLD/ALLERGY
guaifenesin liquid	OTC	1	COUGH/COLD/ALLERGY
guaifenesin syrup (ROBITUSSIN equiv)	OTC	1	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	OTC	1	COUGH/COLD/ALLERGY
guaifenesin/codeine soln 100-10mg/5ml	OTC	1	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan syrup	OTC	1	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	90DS-PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
guanfacine IR tab (TENEX equiv)	90DS	1	ANTIHYPERTENSIVES
haloperidol tab (HALDOL equiv)	90DS	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
HEMOPIL M INJ 1000UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEMOPIL M INJ 1700UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEMOPIL M INJ 250UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEMOPIL M INJ 401-800 (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEMOPIL M INJ 500UNIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	\$0	VACCINES
HEPSERA TAB	MSP-PDL	2	ANTIVIRALS
HEXALEN CAP	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HONEY BEARS CHEW TAB	OTC	2	MULTIVITAMINS
HUMALOG CARTRIDGE	PDL	2	ANTIDIABETICS
HUMALOG JUNIOR KWIKPEN	PDL	2	ANTIDIABETICS
HUMALOG MIX PEN	PDL	2	ANTIDIABETICS
HUMALOG MIX VIAL	PDL	2	ANTIDIABETICS
HUMALOG PEN	PDL	2	ANTIDIABETICS
HUMALOG VIAL	PDL	2	ANTIDIABETICS
HUMATE-P KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER KIT (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER KIT (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER KIT (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA KIT 10MG (QL= 2 syringes/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA KIT 20MG (QL= 2 syringes/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA KIT 40MG (QL= 2 syringes/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
HUMIRA PEN KIT 40MG (QL= 2 pens/28 days)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN 70/30 PEN	OTC-PDL	2	ANTIDIABETICS
HUMULIN 70/30 VIAL	OTC-PDL	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ, VIAL	PDL	2	ANTIDIABETICS
HUMULIN VIAL (R, N)	OTC-PDL	2	ANTIDIABETICS
hydralazine tab (APRESOLINE equiv)	90DS	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	90DS	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	90DS	1	DIURETICS
hydrocodone/acetaminophen tab 10mg/325mg (QL= 9 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg/325mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg/325mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/homatropine syrup	-	1	COUGH/COLD/ALLERGY
hydrocortisone acetate oint	OTC	1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	OTC	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone gel	OTC	1	DERMATOLOGICALS
hydrocortisone lotion 1%, 2.5% (HYTONE equiv) (QL= 118ml/30 days)	QL	1	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5% (QL= 118ml/30 days)	QL	2	DERMATOLOGICALS
hydrocortisone oint	OTC	1	DERMATOLOGICALS
hydrocortisone oint in absorbbase	OTC	1	DERMATOLOGICALS
hydrocortisone soln	OTC	1	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (QL= 15gm/30 days)	QL	1	DERMATOLOGICALS
hydrogen peroxide soln	OTC	1	ANTISEPTICS & DISINFECTANTS
hydromorphone tab 2mg (QL= 11.5 tabs/day)	QL	1	ANALGESICS - OPIOID
hydromorphone tab 4mg (QL= 5.5 tabs/day)	QL	1	ANALGESICS - OPIOID
hydromorphone tab 8mg (QL= 2.5 tabs/day)	QL	1	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	90DS	1	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTI-ANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTI-ANXIETY AGENTS
hyoscyamine sulfate CR tab (LEVBID equiv)	90DS	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	90DS	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	90DS	1	ULCER DRUGS
HYPOTEAR'S OPTH SOLN	OTC	2	OPHTHALMIC AGENTS
hypromellose ophth soln	OTC	1	OPHTHALMIC AGENTS
hypromellose ophth soln 0.4%	OTC	1	OPHTHALMIC AGENTS
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	90DS-PDL-QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ibuprofen chew tab	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (ADVIL/MOTRIN equiv)	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 200mg	90DS-OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 400mg	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 600mg	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 800mg	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
ICAPS PLUS TAB	OTC	2	MULTIVITAMINS
icatibant inj	MSP-PA-PDL	1	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Available only at AcariaHealth 1-800-511-5144)	LD-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	MSP	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	PDL	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
IDELVION INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
imatinib tab (GLEEVEC equiv)	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	90DS	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv) (QL= 12gm/30 days)	QL	1	DERMATOLOGICALS
IMITREX KIT (QL= 4 kits/30 days)	PDL-QL	2	MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 8 vials/30 days)	PDL-QL	2	MIGRAINE PRODUCTS
IMODIUM A-D CHEW TAB	OTC	2	ANTIDIARRHEALS
IMODIUM CHEW TAB	OTC	2	ANTIDIARRHEALS
IMPROVUE SOLN	OTC	2	OPHTHALMIC AGENTS
inatal ultra tab	-	1	VITAMINS
indapamide tab (LOZOL equiv)	90DS	1	DIURETICS
indomethacin cap (INDOCIN equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
INFLIXIMAB INJ (Medical Benefit)	PA-PDL	MB	GASTROINTESTINAL AGENTS - MISC.
INLYTA TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG FLEXPEN INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG PENFILL INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN ASPART VIAL (NOVOLOG INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN ASPART/INSULIN ASPART PROTAMINE MIX (AUTHORIZED GENERIC) PEN (NOVOLOG MIX FLEXPEN INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN ASPART/INSULIN ASPART PROTAMINE MIX (AUTHORIZED GENERIC) VIAL (NOVOLOG MIX INJ equiv)	PDL	2	ANTIDIABETICS
INSULIN LISPRO JUNIOR KWIKPEN	PDL	2	ANTIDIABETICS
INSULIN LISPRO PEN	PDL	2	ANTIDIABETICS
INSULIN LISPRO VIAL	PDL	2	ANTIDIABETICS
INSULIN SYRINGE	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INTRON-A INJ	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA HAFYERA INJ	PA-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA SUSTENNA INJ	PA-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TRINZA INJ	PA-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
INVIRASE TAB	-	2	ANTIVIRALS
INVOKANA TAB	PA-PDL	2	ANTIDIABETICS
ipratropium nasal spray (ATROVENT equiv)	90DS-PDL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv) (QL= 125 vials/30 days)	90DS-PDL-QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
ISENTRESS TAB	-	2	ANTIVIRALS
isoniazid tab	90DS	1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	90DS	1	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	90DS	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	90DS	1	ANTIANGINAL AGENTS
isotretinoin cap (AC CUTANE equiv)	PA	1	DERMATOLOGICALS

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ISTODAX INJ	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ITCH-X FOAM	OTC	2	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv) (QL= 10 tabs/30 days)	QL	1	ANTHELMINTICS
IXINITY INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB	PA-PDL	2	ANTIDIABETICS
JANUMET XR TAB	PA-PDL	2	ANTIDIABETICS
JANUVIA TAB	PA-PDL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	PA-PDL-QL	2	ANTIDIABETICS
JENTADUETO TAB	PA-PDL	2	ANTIDIABETICS
JENTADUETO XR TAB	PA-PDL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	90DS	1	ESTROGENS
JIVI INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	90DS	\$0	CONTRACEPTIVES
junel FE tab (LOESTRIN FE equiv)	90DS	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	90DS	\$0	CONTRACEPTIVES
JYNARQUE TAB	PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
kariva tab (MIRCETTE equiv)	90DS	\$0	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	90DS	\$0	CONTRACEPTIVES
ketoconazole cream (NIZORAL equiv) (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL equiv) (QL= 120ml/30 days)	PDL-QL	1	DERMATOLOGICALS
KETO-DIASTIX TEST STRIP	OTC	\$0	DIAGNOSTIC PRODUCTS
ketoprofen cap	PDL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR equiv)	PDL	1	OPHTHALMIC AGENTS
ketorolac ophth soln LS (ACULAR LS equiv)	PDL	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	PDL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	\$0	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC-PDL	1	OPHTHALMIC AGENTS
KITABIS PAK	PA-PDL	2	AMINOGLYCOSIDES
KLOXXADO NASAL SPRAY (QL= 2 sprays/fill)	PDL-QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOATE-DVI KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
KOATE-DVI VIAL (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
KOGENATE FS INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
KOVALTRY INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
labetalol tab (NORMODYNE equiv)	90DS-PDL	1	BETA BLOCKERS
lacosamide tab (QL= 2 tabs/day)	90DS-PDL-QL	1	ANTICONVULSANTS
LACTAID CHEW TAB	OTC	2	DIGESTIVE AIDS
lactase chew tab	OTC	1	DIGESTIVE AIDS
lactase tab	OTC	1	DIGESTIVE AIDS
LACTASE TAB	OTC	2	DIGESTIVE AIDS
LACTRASE CAP	OTC	2	DIGESTIVE AIDS
lactulose soln	90DS	1	LAXATIVES
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2	ANTIVIRALS
lamivudine HBV tab 100mg (EPIVIR HBV equiv)	PDL	1	ANTIVIRALS
lamivudine soln (EPIVIR equiv)	90DS	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	1	ANTIVIRALS

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
lamotrigine chew tab (LAMICTAL equiv)	PDL	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	PDL	1	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	90DS-PDL	1	ANTICONVULSANTS
LANCET DEVICE (QL= 1 device/365 days)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
lansoprazole DR cap (PREVACID equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ULCER DRUGS
LANTUS SOLOSTAR PEN	PDL	2	ANTIDIABETICS
LANTUS VIAL	PDL	2	ANTIDIABETICS
lapatinib ditosylate tab	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
latanoprost ophth soln (XALATAN equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
L-CARNITINE CAP	OTC	2	NUTRIENTS
L-CARNITINE TAB	OTC	2	NUTRIENTS
L-CARNITINE TAB 500MG	OTC	2	NUTRIENTS
leflunomide tab (ARAVA equiv)	90DS	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap	MSP-PA	1	MISCELLANEOUS THERAPEUTIC CLASSES
letrozole tab (FEMARA equiv)	90DS	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leuprolide inj (LUPRON equiv)	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam ER tab, roweepra ER tab (KEPPRA XR equiv)	90DS-PDL	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	90DS-PDL	1	ANTICONVULSANTS
levetiracetam tab, roweepra tab (KEPPRA equiv)	90DS-PDL	1	ANTICONVULSANTS
levocarnitine cap	OTC	1	NUTRIENTS
levocarnitine fumarate cap	OTC	1	NUTRIENTS
LEVOCARNITINE FUMARATE CAP	OTC	2	NUTRIENTS
levocarnitine tab	OTC	1	NUTRIENTS
levocetirizine soln (XYZAL equiv)	PDL	1	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	PDL	1	ANTIHISTAMINES
levofloxacin soln (LEVAQUIN equiv)	PDL	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	PDL	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv) (QL= 4 fills/year)	OTC-QL	\$0	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	90DS	1	THYROID AGENTS
LIALDA TAB	PDL	2	GASTROINTESTINAL AGENTS - MISC.
lidocaine cream 4% (QL= 1 tube/fill)	OTC-QL	1	DERMATOLOGICALS
lidocaine oint (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine viscous soln 2%	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
linezolid tab (ZYVOX equiv) (QL= 2 tabs/day)	QL	1	ANTI-INFECTION AGENTS - MISC.
LINZESS CAP	PA-PDL	2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	90DS	1	THYROID AGENTS
lisdexamfetamine dimesylate cap (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
LITEAIRE (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
lithium carbonate cap (ESKALITH ER equiv)	90DS	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
lithium carbonate ER tab (LITHOBID equiv)	90DS	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	90DS	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LOKELMA PAK (QL= 30 paks/30 days)	PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
loperamide cap (IMODIUM equiv)	OTC	1	ANTIDIARRHEALS
LOPERAMIDE HCL SOLN	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
loperamide hcl susp	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
loperamide tab	OTC	1	ANTIDIARRHEALS
loperamide/simethicone tab	OTC	1	ANTIDIARRHEALS
lopinavir-ritonavir tab	-	1	ANTIVIRALS
loratadine ODT (CLARITIN equiv)	OTC-PDL	1	ANTIHISTAMINES
loratadine soln (CLARITIN equiv)	OTC-PDL	1	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	OTC-PDL	1	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	OTC-PDL	1	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC-PDL	1	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC-PDL	1	COUGH/COLD/ALLERGY
lorazepam tab (ATIVAN equiv) (QL= 3 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTIANXIETY AGENTS
losartan tab (COZAAR equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
LOTRIMIN NITRATE SPRAY	OTC	2	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERLIPIDEMICS
lubiprostone cap	PA-PDL	1	GASTROINTESTINAL AGENTS - MISC.
lubricant eye drop 0.6%	OTC	1	OPHTHALMIC AGENTS
LUBRICANT EYE DROPS	OTC	2	OPHTHALMIC AGENTS
LUPRON DEPOT INJ	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lurasidone HCL tab 120mg (QL= 1 tab/day)	PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lurasidone HCL tab 20mg, 40mg, 60mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lurasidone HCL tab 80mg (QL= 1 tab/day)	PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAALOX TC SUSP	OTC	2	ANTACIDS
MAG-AL LIQUID	OTC	2	ANTACIDS
magnesium citrate soln	OTC	1	LAXATIVES
magnesium gluconate tab	OTC	1	MINERALS & ELECTROLYTES
magnesium hydroxide chew tab	OTC	1	LAXATIVES
magnesium hydroxide susp	OTC	1	LAXATIVES
magnesium oxide (laxative) tab	OTC	1	LAXATIVES
magnesium oxide cap 140mg, 400mg	OTC	1	ANTACIDS
MAGNESIUM OXIDE CHEW TAB	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab 400mg	OTC	1	ANTACIDS
magnesium/aluminum hydroxide/simethicone chew tab	OTC	1	ANTACIDS
MALE CONDOMS (QL= 24 units/30 days)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
maraviroc tab	-	1	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVYRET PELLETT PAK	MSP-PA-PDL	2	ANTIVIRALS
MAVYRET TAB	MSP-PA-PDL	2	ANTIVIRALS

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab 12.5mg, 25mg (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MEDROL TAB	-	2	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	90DS	1	PROGESTINS
mefloquine tab (LARIAM equiv)	90DS	1	ANTIMALARIALS
megestrol susp (MEGACE equiv) (QL= 20ml/day)	PDL-QL	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	PDL	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melatonin SL tab	OTC	1	ALTERNATIVE MEDICINES
melatonin tab	OTC	1	ALTERNATIVE MEDICINES
meloxicam tab (MOBIC equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine tab (NAMENDA equiv)	90DS-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mercaptopurine tab (PURINETHOL equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR tab (LIALDA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	PDL-QL	1	GASTROINTESTINAL AGENTS - MISC.
metaproterenol syrup	PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metformin ER tab (GLUCOPHAGE XR equiv)	90DS	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	90DS	1	ANTIDIABETICS
methadone soln 5mg/5ml	QL	1	ANALGESICS - OPIOID
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methimazole tab (TAPAZOLE equiv)	90DS	1	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylcellulose laxative powder	OTC	1	LAXATIVES
methyl dopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)	-	1	OXYTOCICS
METHYLIN SOLN (QL= 360ml/30 days)	PDL-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate ER tab (CONCERTA equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate ER tab 10mg (METADATE ER equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate ER tab 20mg (METADATE ER equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate soln (METHYLIN equiv) (QL= 360ml/30 days)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate tab (RITALIN equiv) (QL= 6 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylphenidate tab 20mg (QL= 3 tabs/day)	PDL-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
methylprednisolone dose pack	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
metipranolol ophth soln	-	1	OPHTHALMIC AGENTS
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	90DS	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	90DS-PDL	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	90DS-PDL	1	BETA BLOCKERS
metronidazole cream (METROCREAM equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
metronidazole gel 1% (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv) (QL= 59gm/30 days)	QL	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
MIACALCIN INJ 200UNIT/ML	PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
miconazole 3 supp 200mg	-	1	VAGINAL PRODUCTS
miconazole nitrate aerosol	OTC	1	DERMATOLOGICALS
miconazole nitrate aerosol powder	OTC-PDL	1	DERMATOLOGICALS
miconazole nitrate cream	OTC-PDL	1	DERMATOLOGICALS
miconazole nitrate oint	OTC	1	DERMATOLOGICALS
miconazole nitrate powder	OTC-PDL	1	DERMATOLOGICALS
miconazole nitrate vaginal kit	OTC	1	VAGINAL PRODUCTS
miconazole vaginal cream	OTC	1	VAGINAL PRODUCTS
miconazole vaginal kit	OTC	1	VAGINAL PRODUCTS
miconazole vaginal supp	OTC	1	VAGINAL PRODUCTS
MICROCHAMBER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
MICROSPACER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIFEPREX TAB (QL= 1 tab/dispense)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab 200mg (MIFIPREX equiv) (QL= 1 tab/dispense)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
mineral oil	OTC	1	LAXATIVES
mineral oil light	OTC	1	LAXATIVES
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minoxidil tab (LONITEN equiv)	90DS	1	ANTIHYPERTENSIVES
MIRANEL AF SOLN	OTC	2	DERMATOLOGICALS
mirtazapine ODT (REMERON equiv) (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
mirtazapine tab 15mg (QL= 0.5 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
mirtazapine tab 30mg (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
mirtazapine tab 45mg (QL= 1 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
mirtazapine tab 7.5mg (REMERON equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	90DS	1	ULCER DRUGS
modafinil tab (PROVIGIL equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
moexipril tab (UNIVASC equiv)	PDL	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv) (QL= 50gm/30 days)	QL	1	DERMATOLOGICALS
mometasone nasal spray	PDL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv) (QL= 60ml/30 days)	QL	1	DERMATOLOGICALS
MONOJECT SYRINGE	OTC	\$0	MEDICAL DEVICES AND SUPPLIES

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
mononessa tab (ORTHO-CYCLEN equiv)	90DS	\$0	CONTRACEPTIVES
MONONINE KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
montelukast chew tab 4mg (Only covered for members between 2-5 years old)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast chew tab 5mg (Only covered for members between 6-14 years old)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	90DS-PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER tab 100mg	PDL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 15mg (QL= 6 tabs/day)	PDL-QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 200mg	PDL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 30mg (QL= 3 tabs/day)	PDL-QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 60mg (QL= 1 tab/day)	PDL-QL	1	ANALGESICS - OPIOID
morphine sulfate supp 10mg (QL= 9 supp/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate supp 20mg (QL= 4 supp/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate supp 5mg (QL= 18 supp/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate tab 15mg (QL= 6 tabs/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate tab 30mg (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
moxifloxacin ophth soln	PDL	1	OPHTHALMIC AGENTS
multiple vitamin tab	OTC	1	MULTIVITAMINS
multiple vitamins w/iron tab	OTC	1	MULTIVITAMINS
multiple vitamins w/minerals liquid	OTC	1	MULTIVITAMINS
MULTIPLE VITAMINS W/MINERALS LIQUID	OTC	2	MULTIVITAMINS
multivitamin cap	OTC	1	MULTIVITAMINS
multivitamin drops	OTC	1	MULTIVITAMINS
multivitamin with iron drops	OTC	1	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	OTC	1	MULTIVITAMINS
mupirocin oint (BACTROBAN equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
mycophenolate mofetil cap (CELLCEPT equiv)	90DS-PDL	1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	PDL	1	ASSORTED CLASSES
MYLERAN TAB	MSP	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nabumetone tab (RELAFEN equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	90DS-PDL	1	BETA BLOCKERS
naloxone prefilled syringe (QL= 2 inj/30 days)	PDL-QL	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone vial (QL= 1 vial/fill)	PDL-QL	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
naproxen EC tab (NAPROSYN EC equiv) (QL= 3 tabs/day)	PDL-QL	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	PA-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	OTC-PDL-QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
nateglinide tab (STARLIX equiv)	-	1	ANTIDIABETICS
NATROBA SUSP (QL= 120ml/30 days)	PDL-QL	2	DERMATOLOGICALS
NAYZILAM SPRAY	PDL	2	ANTICONVULSANTS
NEBULIZER (QL= 1 unit/365 days)	OTC-QL	2	MEDICAL DEVICES AND SUPPLIES
nefazodone tab	PDL	1	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
neomycin/bacitracin/polymyxin oint	OTC	1	DERMATOLOGICALS
neomycin/polymixin/gramicidin ophth soln	-	1	OPHTHALMIC AGENTS

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
neomycin/polymyxin/hydrocortisone otic soln (CORTISPORIN equiv)	PDL	1	OTIC AGENTS
neomycin/polymyxin/hydrocortisone otic susp (CORTISPORIN equiv)	PDL	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone ophth soln	-	1	OPHTHALMIC AGENTS
NEULASTA INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
nevirapine ER tab	-	1	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	1	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXIUM GRANULE PACK FOR SUSP	PDL	2	ULCER DRUGS
niacin ER tab (NIASPAN equiv)	PDL	1	ANTIHYPERLIPIDEMICS
NIACIN TR CAP	OTC-PDL	2	VITAMINS
NIACIN TR TAB (RIBOFLAVIN)	OTC-PDL	2	VITAMINS
NIASPAN ER TAB	PDL	2	ANTIHYPERLIPIDEMICS
nicotine gum (NICORETTE equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	PDL	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap 50mg, 100mg (MACRODANTIN equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp	PA	1	ANTI-INFECTIVE AGENTS - MISC.
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	90DS	1	ANTIANGINAL AGENTS
nizatidine cap	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINE RGICS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NORDITROPIN FLEXPEN	MSP-PA-PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	90DS	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	90DS	1	PROGESTINS
NORGESIC FORTE TAB	-	2	MUSCULOSKELETAL THERAPY AGENTS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTEMP SUSP INFANTS	OTC	2	ANALGESICS - NONNARCOTIC
nortrel tab (OVCON 35 equiv)	90DS	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	90DS	1	ANTIDEPRESSANTS
nortriptyline soln	-	1	ANTIDEPRESSANTS
NORVIR CAP	-	2	ANTIVIRALS
NOVAVAX INJ	VAC	\$0	VACCINES
NOVOEIGHT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE 30G x 8MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
NOVOFINE PEN NEEDLE 32G x 6MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
NOVOLIN N INJ VIAL	OTC-PDL	2	ANTIDIABETICS

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
NOVOLIN R INJ VIAL	OTC-PDL	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	PDL	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	PDL	2	ANTIDIABETICS
NOVOLOG MIX VIAL	PDL	2	ANTIDIABETICS
NOVOLOG PENFILL CARTRIDGE	PDL	2	ANTIDIABETICS
NOVOLOG VIAL	PDL	2	ANTIDIABETICS
NOVOSEVEN RT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE 32G x 5MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE 30G x 8MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
NUEDEXTA CAP	PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	\$0	LAXATIVES
NUTROPIN AQ INJ	MSP-PA-PDL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUWIQ INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
nystatin cream (MYCOSTATIN equiv) (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
nystatin oint (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
nystatin powder	PDL	1	ANTIFUNGALS
nystatin susp	PDL	1	MOUTH/THROAT/DENTAL AGENTS
nystatin topical powder (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
nystatin/triamcinolone cream (QL= 30gm/30 days)	PDL-QL	1	DERMATOLOGICALS
OBIZUR INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
ODEFSEY TAB	-	2	ANTIVIRALS
ofloxacin ophth soln (OCUFLOX equiv)	PDL	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	PDL	1	OTIC AGENTS
OGESTREL TAB	90DS	\$0	CONTRACEPTIVES
olanzapine inj	PA-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	90DS-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olmesartan tab (BENICAR equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
olopatadine ophth soln (PATANOL equiv)	OTC-PDL	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2%	OTC-PDL	1	OPHTHALMIC AGENTS
omega-3 acid ethyl esters cap (LOVAZA equiv)	PDL	1	ANTIHYPERLIPIDEMICS
omega-3 fatty acids cap 1000mg	OTC	1	NUTRIENTS
omega-3 fatty acids cap 1200mg	OTC	1	NUTRIENTS
omeprazole DR cap 10mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ULCER DRUGS
omeprazole DR cap 20mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ULCER DRUGS
omeprazole DR cap 40mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1	ULCER DRUGS
OMNIFLEX DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
ondansetron ODT (ZOFTRAN equiv) (QL= 90 tabs/30 days)	PDL-QL	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv) (QL= 120ml/15 days)	PDL-QL	1	ANTIEMETICS
ondansetron tab 4mg, 8mg (ZOFTRAN equiv) (QL= 90 tabs/30 days)	PDL-QL	1	ANTIEMETICS
oral electrolytes soln	OTC	1	MINERALS & ELECTROLYTES
ORAPRED ODT TAB	-	2	CORTICOSTEROIDS
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30mg (QL= 20 caps/fill)	PDL-QL	1	ANTIVIRALS
oseltamivir cap 45mg, 75mg (QL= 10 caps/fill)	PDL-QL	1	ANTIVIRALS
oseltamivir susp (QL= 120ml/fill, 2 fills/year)	PDL-QL	1	ANTIVIRALS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
OTEZLA STARTER PACK (QL= 1 pack/year)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-PDL-QL	2	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (QL= 4 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTI-ANXIETY AGENTS
OXBRYTA TAB	PA-PDL	2	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	PDL	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	90DS-PDL	1	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	90DS-PDL	1	URINARY ANTISPASMODICS
oxybutynin syrup	90DS-PDL	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	90DS-PDL	1	URINARY ANTISPASMODICS
OXYCODONE TAB (QL=4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 10mg (QL= 6 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 15mg (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 20mg (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 30mg (QL= 2 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 5mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10/325mg (QL= 6 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5mg/325mg (ROXICET equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5/325mg (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
OXYTROL PATCH	PDL	2	URINARY ANTISPASMODICS
oyster shell calcium/vitamin D (ergocalciferol) tab	OTC	1	MINERALS & ELECTROLYTES
oyster shell tab	OTC	1	MINERALS & ELECTROLYTES
OZEMPIC INJ (QL= 1 pack/28 days)	PA-PDL-QL	2	ANTIDIABETICS
pantoprazole EC tab (PROTONIX equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine tab (PAXIL equiv)	90DS-PDL	1	ANTIDEPRESSANTS
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2	ANTIVIRALS
pazopanib hcl tab	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEDIA-LAX SUPP	OTC	2	LAXATIVES
pediatric multiple vitamin w/ minerals chew tab	OTC	1	MULTIVITAMINS
pediatric multiple vitamins w/iron chew tab	OTC	1	MULTIVITAMINS
pediatric multivitamin w/C/FA chew tab	OTC	1	MULTIVITAMINS
pediatric multivitamin w/minerals/C chew tab 60mg	OTC	1	MULTIVITAMINS
pediatric multivitamin/iron drops	OTC	1	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv)	-	\$0	LAXATIVES
PEGASYS PROCLICK	MSP-PA-PDL	2	ANTIVIRALS
PEGASYS SYRINGE	MSP-PA-PDL	2	ANTIVIRALS
PEGASYS VIAL	MSP-PA-PDL	2	ANTIVIRALS
PEN NEEDLE 31G x 6MM, 32G x 8MM	-	\$0	MEDICAL DEVICES AND SUPPLIES
penicillin vk soln	-	1	PENICILLINS
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENTASA CR CAP	PDL	2	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP 250MG	PDL	2	GASTROINTESTINAL AGENTS - MISC.
pentoxifylline ER tab (TRENAL equiv)	90DS	1	HEMATOLOGICAL AGENTS - MISC.

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
PEPCID AC CHEW TAB	OTC	2	ULCER DRUGS
perindopril tab (ACEON equiv)	PDL	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE equiv) (QL= 60gm/30 days)	PDL-QL	1	DERMATOLOGICALS
permethrin creme rinse 1%	OTC-PDL	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERSERIS INJ (Medical Benefit)	PA-PDL	MB	ANTIPSYCHOTICS/ANTIMANIC AGENTS
phenazopyridine tab 100mg, 200mg (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phentermine cap (ADIPEX equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
phentermine tab (ADIPEX equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
phenytoin cap, phenytoin ext cap (DILANTIN equiv)	90DS-PDL	1	ANTICONSULSANTS
phenytoin chew tab (DILANTIN equiv)	PDL	1	ANTICONSULSANTS
phenytoin susp (DILANTIN equiv)	90DS-PDL	1	ANTICONSULSANTS
phospha 250 neutral tab (K-PHOS equiv)	90DS	1	MINERALS & ELECTROLYTES
pilocarpine tab (SALAGEN equiv)	90DS	1	MOUTH/THROAT/DENTAL AGENTS
pindolol tab (VISKEN equiv)	PDL	1	BETA BLOCKERS
PIN-X CHEW TAB	-	2	ANTHELMINTICS
pioglitazone tab (ACTOS equiv)	90DS-PDL	1	ANTIDIABETICS
piperonyl butoxide/pyrethrins shampoo	OTC-PDL	1	DERMATOLOGICALS
POCKET CHAMBER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
POCKET SPACER (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
podofilox soln (CONDYLOX equiv) (QL= 3.5ml/30 days)	QL	1	DERMATOLOGICALS
PODOFILOX SOLN	QL--	2	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1	LAXATIVES
polyethylene glycol soln	OTC	1	OPHTHALMIC AGENTS
polyethylene glycol/propylene glycol ophth soln	OTC	1	OPHTHALMIC AGENTS
polyethylene glycol-propylene glycol ophth gel	OTC	1	OPHTHALMIC AGENTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
polyvinyl alcohol ophth soln	OTC	1	OPHTHALMIC AGENTS
polyvinyl alcohol/povidone ophth soln	OTC	1	OPHTHALMIC AGENTS
POMALYST CAP	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
potassium bicarbonate effer tab (K-LYTE equiv)	90DS	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	90DS	1	MINERALS & ELECTROLYTES
potassium chloride ER tab 10meq (KLOR-CON equiv)	90DS	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	90DS	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCI-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
povidone/iodine soln	OTC	1	ANTISEPTICS & DISINFECTANTS
PRADAXA CAP	PDL	2	ANTICOAGULANTS
pramipexole tab (MIRAPEX equiv)	90DS-PDL	1	ANTIPARKINSON AGENTS
prasugrel tab (EFFIENT equiv)	90DS-PDL	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERTENSIVES
prazosin cap (MINIPRESS equiv)	90DS	1	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
prednisolone acetate ophth soln (PRED FORTE equiv)	PDL	1	OPHTHALMIC AGENTS
prednisolone acetate ophth susp	PDL	1	OPHTHALMIC AGENTS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
prednisolone ODT (ORAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone sodium phosphate ophth soln	-	1	OPHTHALMIC AGENTS
prednisolone soln 15mg/5ml (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone soln 25mg/5ml	-	1	CORTICOSTEROIDS
prednisolone syrup	-	1	CORTICOSTEROIDS
prednisolone/sulfacetamide ophth soln	-	1	OPHTHALMIC AGENTS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
prednisone tab 50mg	-	1	CORTICOSTEROIDS
pregabalin cap (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1	ANTICONVULSANTS
pregen DHA cap	PA	1	MULTIVITAMINS
prenatabs FA tab	-	1	MULTIVITAMINS
prenatal 19 chew tab	-	1	VITAMINS
prenatal 19 tab	OTC	1	MULTIVITAMINS
prenatal plus tab	OTC	1	MULTIVITAMINS
prenatal tab 27-0.8mg	OTC	1	MULTIVITAMINS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
primidone tab (MYSOLINE equiv)	90DS-PDL	1	ANTICONVULSANTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine tab (COMPAZINE equiv)	90DS	\$0	ANTI PSYCHOTICS/ANTIMANIC AGENTS
proctosol HC cream (ANUSOL HC equiv)	OTC	1	ANORECTAL AGENTS
PROFILNINE SD (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
progesterone cap (PROMETRIUM equiv)	90DS	1	PROGESTINS
PROMACTA TAB	MSP-PA	2	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine tab (PHENERGAN equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC SYRUP	-	2	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
propranolol ER cap (INDERAL LA equiv)	90DS-PDL	1	BETA BLOCKERS
propranolol oral soln 20mg/5ml	90DS-PDL	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	90DS-PDL	1	BETA BLOCKERS
propylene glycol/glycerin ophth soln	OTC	1	OPHTHALMIC AGENTS
propylthiouracil tab	-	1	THYROID AGENTS
pseudoephedrine ER tab	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine syrup	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/brompheniramine elixir	OTC	1	COUGH/COLD/ALLERGY
pseudoephedrine/guaifenesin syrup 30-100mg/5ml	OTC	1	COUGH/COLD/ALLERGY
psyllium powder	OTC	1	LAXATIVES
PULMICORT FLEXHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	MSP-PA	2	RESPIRATORY AGENTS - MISC.
pyrantel pamoate susp	OTC	1	ANTHELMINTICS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	MSP	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	PDL	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine/leucovorin compounded capsules	PA	1	ANTIMALARIALS
QUDEXY XR CAP 200MG (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	2	ANTICONVULSANTS
QUDEXY XR CAP 25MG, 50MG, 100MG, 150MG (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	90DS-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab	PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinapril tab (ACCUPRIL equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	PDL	1	ANTIHYPERTENSIVES
QUINAPRIL/HYDROCHLOROTHIAZIDE TAB	PDL	2	ANTIHYPERTENSIVES
QVAR REDIHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	90DS-PDL	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
RANEXA TAB	-	2	ANTIANGINAL AGENTS
ranolazine tab	90DS	1	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	PA	1	ANTIPARKINSON AGENTS
REBIF INJ	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF REBIDOSE PEN	MSP-PA-PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
RECOMBINATE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
REFRESH LIQUIGEL OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
REFRESH OPTIVE ADVANCED OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
RELENZA DISKHALER (QL= 2 inhalers/180 days)	PDL-QL	2	ANTIVIRALS
RELPAK TAB (QL= 6 tabs/fill; 3 fills/30 days)	PDL-QL	2	MIGRAINE PRODUCTS
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
REVELA PACKET 0.8GM (QL= 6 packets/day)	PDL-QL	2	GASTROINTESTINAL AGENTS - MISC.
REVELA PACKET 2.4GM (QL= 3 packets/day)	PDL-QL	2	GASTROINTESTINAL AGENTS - MISC.
REVELA TAB	PDL	2	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESTASIS MULTI-DOSE (QL= 5.5ml/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (QL= 60 vials/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
RETACRIT INJ	MSP-PA-PDL	2	HEMATOPOIETIC AGENTS
RETAIN MGD OPHTH EMULSION	OTC	2	OPHTHALMIC AGENTS
RETIN-A CREAM (QL= 45gm/30 days)	PDL-QL	2	DERMATOLOGICALS
RETIN-A GEL (QL= 45gm/30 days)	PDL-QL	2	DERMATOLOGICALS
REXTOVY NASAL SPRAY (QL= 2 sprays/fill)	PDL-QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ribavirin cap (REBETOL equiv)	PDL	1	ANTIVIRALS
ribavirin tab 200mg	MSP-PDL	1	ANTIVIRALS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	1	NEUROMUSCULAR AGENTS
RISPERDAL CONSTA	PA-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone microspheres inj	PA	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	90DS-PDL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
risperidone tab (RISPERDAL equiv)	90DS-PDL	\$0	ANTIpsychOTICS/ANTImanIC AGENTS
RITALIN LA CAP (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
ritonavir tab (NORVIR TAB equiv)	-	1	ANTIVIRALS
RIXUBIS INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 18 tabs/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 18 tabs/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
roflumilast tab	90DS-PDL	1	ANTIasthmATIC AND BRONCHODILATOR AGENTS
romidepsin for IV inj	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole tab (REQUIP equiv)	90DS-PDL	1	ANTIPARKINSON AGENTS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERLIPIDEMICS
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERLIPIDEMICS
ROWASA KIT	PDL	2	GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB (QL= 1 tab/day)	PDL-QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
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 spray	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
SANTYL OINT	PA	2	DERMATOLOGICALS
sapropterin dihydrochloride tab	MSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAVELLA DOSE PACK	PDL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	PDL-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAXENDA INJ	PA-PDL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulf 1% shampoo	OTC	1	DERMATOLOGICALS
selenium sulfide lotion (QL= 120gm/30 days)	QL	1	DERMATOLOGICALS
SELZENTRY ORAL SOLN	-	2	ANTIVIRALS
SELZENTRY TAB	-	2	ANTIVIRALS
sennosides cap	OTC	1	LAXATIVES
sennosides chew tab	OTC	1	LAXATIVES
sennosides syrup	OTC	1	LAXATIVES
sennosides tab 8.6mg	OTC	1	LAXATIVES
sennosides/docusate sodium tab	OTC	1	LAXATIVES
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIasthmATIC AND BRONCHODILATOR AGENTS
sertraline conc (ZOLOFT equiv)	PDL	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	90DS-PDL	1	ANTIDEPRESSANTS
sevelamer carbonate tab (RENVELA equiv)	PDL	1	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
SFROWASA ENEMA	PDL	2	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Only covered for members 50 years of age and older)	VAC	\$0	VACCINES
sildenafil susp/sildenafil susp (authorized generic)	PA-PDL	1	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA-PDL	1	CARDIOVASCULAR AGENTS - MISC.

90DS	NC =Not Covered 90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	BRANDS =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
silver sulfadiazine cream (SILVADENE equiv) (QL= 50gm/30 days)	QL	1	DERMATOLOGICALS
simethicone chew tab	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone susp	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simvastatin tab (ZOCOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	\$0	ANTIHYPERTENSIVES
sirolimus soln (QL= 2ml/day)	PDL-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab 0.5mg (QL= 1 tab/day)	PDL-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab 1mg (QL= 6 tabs/day)	PDL-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab 2mg (QL= 1 tab/day)	PDL-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
skin protectants cream	OTC	1	DERMATOLOGICALS
skin protectants lotion	OTC	1	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv) (COVERED FOR MEMBERS 11 YEARS OF AGE AND YOUNGER)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium bicarbonate tab	OTC	1	ANTACIDS
sodium chloride hypertonic ophth soln	OTC	1	OPHTHALMIC AGENTS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium chloride neb soln 0.9%	OTC	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv)	-	1	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv)	90DS	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	90DS	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	90DS	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv)	-	1	MINERALS & ELECTROLYTES
sodium fluoride tab	-	1	MINERALS & ELECTROLYTES
sodium phosphates enema	OTC	1	LAXATIVES
sodium phosphates soln	OTC	1	LAXATIVES
sodium polystyrene soln 15gm/60ml (SPS equiv)	-	1	ASSORTED CLASSES
SODIUM POLYSTYRENE SOLN 15GM/60ML (SPS equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
sodium sulfacetamide susp (KLARON equiv) (QL= 118gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide susp (OVACE equiv)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur (topical) (PLEXION equiv) (QL= 57gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur (topical) (ROSAC equiv) (QL= 177gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur (topical) (SULFACET R equiv) (QL= 57gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur (topical) (SUMAXIN equiv) (QL= 473gm/30 days)	PDL-QL	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash/cleanser (SUMAXIN equiv) (QL= 340.2ml/30days)	PDL-QL	1	DERMATOLOGICALS
solifenacin tab	90DS-PDL	1	URINARY ANTISPASMODICS
SOLIRIS INJ	PA	2	HEMATOLOGICAL AGENTS - MISC.
SOOTHE OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
sorafenib tosylate tab	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORBITOL SOLN	OTC	2	PHARMACEUTICAL ADJUVANTS
SORBITOL SOLN 70%	OTC	2	LAXATIVES
sotalol AF tab (BETAPACE AF equiv)	PDL	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	90DS-PDL	1	BETA BLOCKERS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
SPIKEVAX INJ	VAC	\$0	VACCINES
SPIRIVA HANDIHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	90DS	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	90DS	1	DIURETICS
stavudine cap (ZERIT equiv)	-	1	ANTIVIRALS
STAVUDINE CAP	-	2	ANTIVIRALS
STERILE LUBRICANT OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
STIOLTO INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRIBILD TAB	-	2	ANTIVIRALS
SUBOXONE FILM 12MG-3MG (QL= 0.5 film/day)	PDL-QL	2	ANALGESICS - OPIOID
SUBOXONE FILM 2-0.5MG (QL= 1 film/day)	PDL-QL	2	ANALGESICS - OPIOID
SUBOXONE FILM 4MG-1MG (QL= 0.5 film/day)	PDL-QL	2	ANALGESICS - OPIOID
SUBOXONE FILM 8-2MG (QL= 3 films/day)	PDL-QL	2	ANALGESICS - OPIOID
sucrafate tab (CARAFATE equiv)	90DS	1	ULCER DRUGS
SUDAFED SR TAB	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
sulfadiazine tab	-	1	SULFONAMIDES
sulfasalazine DR tab (AZULFIDINE equiv)	90DS-PDL	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	90DS-PDL	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	90DS-PDL	1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan tab (IMITREX equiv) (QL= 18 tabs/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
sunitinib malate cap	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUPARTZ INJ 25MG/2.5ML	PA	2	MUSCULOSKELETAL THERAPY AGENTS
SYMBICORT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMJEPI INJ (QL= 2 inj/fill)	PDL-QL	2	VASOPRESSORS
SYMLIN PEN INJ	PA-PDL	2	ANTI-DIABETICS
SYNAGIS INJ	PA	2	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
tacrolimus cap (PROGRAF equiv)	PDL	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
TAFINLAR CAP	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv)	90DS	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	90DS-PDL	1	GENITOURINARY AGENTS - MISCELLANEOUS
TARCEVA TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
taron-bc tab	-	1	VITAMINS
TASIGNA CAP	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEARS AGAIN NIGHT/DAY OPHTH GEL	OTC	2	OPHTHALMIC AGENTS
TECHLITE PEN NEEDLE 32G x 4MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	MSP	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	PDL	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
TEKURNA HCT TAB	PDL	2	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab	90DS	1	ANTIVIRALS
terazosin cap (HYTRIN equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
terbinafine cream	OTC-PDL	1	DERMATOLOGICALS
terbinafine tab (LAMISIL equiv)	PDL	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole vaginal cream	-	1	VAGINAL PRODUCTS
teriflunomide tab	MSP-PA-PDL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	MSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
TESTIM GEL 1%	PA-PDL	2	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	1	ANDROGENS-ANABOLIC
testosterone enanthate inj	PA	1	ANDROGENS-ANABOLIC
testosterone pump	PA-PDL	1	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0	TOXOIDS
THALOMID CAP	MSP-PA	2	ASSORTED CLASSES
THEO-24 CAP	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOCHRON TAB	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiothixene cap (NAVANE equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
throat lozenges	OTC	1	MOUTH/THROAT/DENTAL AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	90DS-PDL	1	OPHTHALMIC AGENTS
tinidazole tab 500mg (QL= 4 tabs/fill)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv)	MSP-PA-PDL	1	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
tolnaftate aerosol powder	OTC	1	DERMATOLOGICALS
tolnaftate cream	OTC-PDL	1	DERMATOLOGICALS
tolnaftate powder	OTC	1	DERMATOLOGICALS
tolnaftate spray	OTC	1	DERMATOLOGICALS
tolterodine ER cap (DETROL LA equiv) (QL= 1 cap/day)	90DS-PDL-QL	1	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1	URINARY ANTISPASMODICS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
tolvaptan tab (SAMSCA equiv)	PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOLVAPTAN TAB	PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate sprinkle cap (TOPAMAX equiv)	PDL	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	90DS-PDL	1	ANTICONVULSANTS
toremifene tab	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torseamide tab (DEMADEX equiv)	90DS	1	DIURETICS
TOVIAZ TAB	PDL	2	URINARY ANTISPASMODICS
TRACLEER TAB (QL= 2 tabs/day)	PA-PDL-QL	2	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	PA-PDL	2	ANTIDIABETICS
tramadol tab 100mg (ULTRAM equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
tramadol tab 50mg (ULTRAM equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	PDL	1	ANTIHYPERTENSIVES
TRANSDERM-SCOP PATCH (QL= 10 patches/month)	PDL-QL	2	ANTIEMETICS
tranlycypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
TRAVATAN Z OPHTH SOLN	PDL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	90DS-PDL	1	ANTIDEPRESSANTS
TRELSTAR INJ	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	1	CARDIOVASCULAR AGENTS - MISC.
tretinoin cap (VESANOID equiv)	MSP	\$0	ANTINEOPLASTICS
TRETTEN INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
triamcinolone cream 0.025% (QL= 80gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone cream 0.1% (QL= 80gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone cream 0.5% (QL= 20gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv) (QL= 1 tube/30 days)	QL	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint 0.025% (QL= 80gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone oint 0.1% (QL= 90gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone oint 0.5% (QL= 15gm/30 days)	QL	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT AQ equiv) (QL= 1 bottle/30 days)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	90DS	1	DIURETICS
triamterene/hydrochlorothiazide cap 50/25mg	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	90DS	1	DIURETICS
TRIESENCE INJ (Medical Benefit)	PA-PDL	MB	OPHTHALMIC AGENTS
trifluoperazine tab (STELAZINE equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln	-	1	OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	1	OPHTHALMIC AGENTS
trihexyphenidyl tab (ARTANE equiv)	90DS	1	ANTIPARKINSON AGENTS
trilyte soln (NULYTELY equiv)	-	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tri-nessa (LO) tab (ORTHO TRI-CYCLEN equiv)	90DS	\$0	CONTRACEPTIVES
triprolidine/pseudoephedrine liquid	OTC	1	COUGH/COLD/ALLERGY
TRIUMEQ PD TAB	-	2	ANTIVIRALS
TRIUMEQ TAB	-	2	ANTIVIRALS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
TRIXAICIN CREAM 0.025%	OTC	2	DERMATOLOGICALS
tropicamide ophth soln (MYDRIACYL equiv) (QL= 10ml/30 days)	QL	1	OPHTHALMIC AGENTS
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
tussigon tab	-	1	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	\$0	VACCINES
TYBLUME TAB	90DS	\$0	CONTRACEPTIVES
TYLENOL GO EXTRA STRENGTH CHEW TAB	OTC	2	ANALGESICS - NONNARCOTIC
UBRELVY TAB (QL= 10 tabs/30 days)	PA-PDL-QL	2	MIGRAINE PRODUCTS
urea cream 20% (QL= 1 bottle/30 days)	OTC-QL	1	DERMATOLOGICALS
urea lotion 10% (QL= 1 bottle/fill)	OTC-QL	1	DERMATOLOGICALS
urea lotion 40% (QL= 1 bottle/fill)	QL	1	DERMATOLOGICALS
URINE TEST STRIPS (QL= 100 strips/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
ursodiol cap (ACTIGALL equiv)	90DS	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	90DS	1	GASTROINTESTINAL AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	PDL	1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	90DS-PDL	1	ANTICONVULSANTS
valproic acid soln (DEPAKENE equiv)	90DS-PDL	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	90DS-PDL	1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY	PDL	2	ANTICONVULSANTS
vancomycin cap (VANCOCIN equiv)	PA	1	ANTI-INFECTIVE AGENTS - MISC.
varenicline tab	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VELIVET PAK	90DS	\$0	CONTRACEPTIVES
VELTASSA POWDER (QL= 30 packets/30 days)	PA-QL	2	ASSORTED CLASSES
venlafaxine ER cap (EFFEXOR XR equiv)	90DS-PDL	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	90DS-PDL	1	ANTIDEPRESSANTS
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
verapamil ER cap	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
verapamil ER tab (CALAN SR, ISOPTIN SR equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	90DS-PDL	1	CALCIUM CHANNEL BLOCKERS
VICKS WATERLESS VAPORIZER (QL= 1 unit/365 days)	OTC-QL	2	MEDICAL DEVICES AND SUPPLIES
VICTOZA INJ (QL= 9 ml/30 days)	PA-PDL-QL	2	ANTIDIABETICS
VIDEX SOLN	-	2	ANTIVIRALS
VIIBRYD TAB 10MG (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	2	ANTIDEPRESSANTS
VIIBRYD TAB 20MG (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	2	ANTIDEPRESSANTS
VIIBRYD TAB 40MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2	ANTIDEPRESSANTS
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VISINE TEARS OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
vitamin A cap 1000unit (retinol/retinoic acid)	OTC	1	VITAMINS
vitamin B1 tab (thiamine)	OTC	1	VITAMINS
VITAMIN B1 TAB (THIAMINE)	OTC	2	VITAMINS
vitamin B12 inj (cyanocobalamin) (QL= 1 inj/30 days)	90DS-QL	1	HEMATOPOIETIC AGENTS
vitamin B12 tab (cyanocobalamin)	OTC	1	HEMATOPOIETIC AGENTS
vitamin B2 cap (niacin/riboflavin)	OTC-PDL	1	VITAMINS

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
vitamin B2 CR tab (niacin/riboflavin) (SLO-NIACIN equiv)	OTC-PDL	1	VITAMINS
vitamin B2 tab (niacin/riboflavin)	OTC-PDL	1	VITAMINS
vitamin B6 tab 25mg, 50mg, 100mg (pyridoxine)	OTC	1	VITAMINS
vitamin C chew tab 500mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 1000mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 250mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 500mg (ascorbic acid)	OTC	1	VITAMINS
vitamin C tab 500mg (calcium ascorbate)	OTC	1	VITAMINS
vitamin D cap (calciferol) 2000unit, 5000unit, 10000unit	OTC	1	VITAMINS
vitamin D cap (calciferol) 400unit	OTC	1	VITAMINS
vitamin D cap (calciferol)1000unit	OTC	1	VITAMINS
vitamin D cap 50,000 units (high potency) (QL= 12 caps/28 days)	90DS-OTC-QL	1	VITAMINS
vitamin D drops (calciferol)	OTC	1	VITAMINS
VITAMIN D2 TAB (calciferol)	OTC	2	VITAMINS
VITAMIN D3 CAP	OTC	2	VITAMINS
vitamin D3 liquid (calciferol) 400unit	OTC	1	VITAMINS
vitamin D3 tab (calciferol)	OTC	1	VITAMINS
vitamin E cap (tocopherol)	OTC	1	VITAMINS
VITAMIN E CAP (TOCOPHEROL)	OTC	2	VITAMINS
vitamin E tab (tocopherol)	OTC	1	VITAMINS
vitamin K tab (phytonadione)	-	1	VITAMINS
VITA-RESPA TAB	-	2	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
VIVA DROPS 1%	OTC	2	OPHTHALMIC AGENTS
vol-tab	-	1	MULTIVITAMINS
VONVENDI INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
voriconazole tab (VFEND equiv)	PA	1	ANTIFUNGALS
VYVANSE CAP (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
warfarin tab, jantoven tab (COUMADIN equiv)	90DS-PDL	1	ANTICOAGULANTS
WEGOVY INJ	PA-PDL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY /ANOREXIANTS
white petrolatum/mineral oil ophth oint	OTC	1	OPHTHALMIC AGENTS
WILATE INJ (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
XARELTO STARTER PACK (QL= 1 pack/fill per calendar year)	PDL-QL	2	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 1 tab/day)	PDL-QL	2	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 42 tab/fill per calendar year)	PDL-QL	2	ANTICOAGULANTS
XARELTO TAB 2.5MG (QL= 2 tabs/day)	PDL-QL	2	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 1 tab/day)	PDL-QL	2	ANTICOAGULANTS
XELJANZ TAB	MSP-PA-PDL	2	ANALGESICS - ANTI-INFLAMMATORY
XIIDRA OPHTH SOLN (QL= 60 vials/30 days)	PDL-QL	2	OPHTHALMIC AGENTS
XOLAIR AUTOINJECTOR	MSP-PA-PDL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (Medical Benefit)	PA-PDL	MB	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE	MSP-PA-PDL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOPENEX HFA INHALER (QL= 2 inhalers/30 days)	PDL-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XYNTHA KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
XYNTHA SOLOFUSE KIT (Medical Benefit)	PA-PDL	MB	HEMATOLOGICAL AGENTS - MISC.
zafemy patch	90DS	\$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	PDL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zaleplon cap 5mg (SONATA equiv) (QL= 1 cap/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZEASORB-AF LOTION	OTC	2	DERMATOLOGICALS
ZELBORAF TAB	MSP-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENPEP CAP	PDL	2	DIGESTIVE AIDS
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
zinc sulfate cap	OTC	1	MINERALS & ELECTROLYTES
ziprasidone cap 20mg (QL= 10 caps/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 40mg (QL= 5 caps/day)	90DS-PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 60mg (QL= 3 caps/day)	PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 80mg (QL= 2 caps/day)	PDL-QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZOLADEX IMP	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLINZA CAP	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan tab (ZOMIG equiv) (QL= 18 tabs/30 days)	PDL-QL	1	MIGRAINE PRODUCTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	PDL-QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMIG SPRAY (QL= 1 box/fill; 3 fills/30 days)	PDL-QL	2	MIGRAINE PRODUCTS
zonisamide cap (ZONEGRAN equiv)	90DS-PDL	1	ANTICONVULSANTS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 1 cap/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 10mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 12.5mg (ADDERALL equiv) (QL= 2 tabs/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 15mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 20mg (ADDERALL equiv) (QL= 3 tabs/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 30mg (ADDERALL equiv) (QL= 2 tabs/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 5mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1
amphetamine/dextroamphetamine salt combo tab 7.5mg (ADDERALL equiv) (QL= 0.5 tab/day)	PDL-QL	1
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1
dextroamphetamine ER cap 15mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1
dextroamphetamine tab 10mg (DEXEDRINE equiv) (QL= 4 tabs/day)	PDL-QL	1
dextroamphetamine tab 5mg (DEXEDRINE equiv) (QL= 0.5 tab/day)	PDL-QL	1
lisdexamfetamine dimesylate cap (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1
VYVANSE CAP (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
phentermine cap (ADIPEX equiv)	PA	1
phentermine tab (ADIPEX equiv)	PA	1
<b>ANTI-OBESITY AGENTS</b>		
SAXENDA INJ	PA-PDL	2
WEGOVY INJ	PA-PDL	2
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
atomoxetine cap (STRATTERA equiv) (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	1
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	90DS-PDL-QL	1
<b>STIMULANTS - MISC.</b>		
armodafinil tab (NUVIGIL equiv)	PA	1
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 2 tabs/day)	PDL-QL	1
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 1 tab/day)	PDL-QL	1
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 1 tab/day)	PDL-QL	1
dexmethylphenidate XR cap (FOCALIN XR equiv) (QL= 1 cap/day: only one strength allowed per month)	PDL-QL	1
METHYLPHENIDATE ER TAB (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate ER tab (CONCERTA equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate ER tab 10mg (METADATE ER equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate ER tab 20mg (METADATE ER equiv) (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	1
methylphenidate soln (METHYLIN equiv) (QL= 360ml/30 days)	PDL-QL	1
methylphenidate tab (RITALIN equiv) (QL= 6 tabs/day)	PDL-QL	1
methylphenidate tab 20mg (QL= 3 tabs/day)	PDL-QL	1
modafinil tab (PROVIGIL equiv)	PA	1
METHYLIN SOLN (QL= 360ml/30 days)	PDL-QL	2
RITALIN LA CAP (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - M'S</b>		
melatonin SL tab	OTC	1
melatonin tab	OTC	1
<b>AMINOGLYCOSIDES</b>		

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

<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
90DS 90 Day Supply Allowed	Limited Distribution	MSP	Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA	Prior Authorization	PDL Preferred Drug
QL Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program			

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>AMINOGLYCOSIDES Cont.</b>		
<b>AMINOGLYCOSIDES</b>		
neomycin tab	-	1
tobramycin neb soln (TOBI equiv)	MSP-PA-PDL	1
BETHKIS NEB SOLN	MSP-PA-PDL	2
KITABIS PAK	PA-PDL	2
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
XELJANZ TAB	MSP-PA-PDL	2
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER KIT (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-PDL-QL	2
HUMIRA INJ PEDIATRIC CROHNS STARTER KIT (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-PDL-QL	2
HUMIRA INJ PEDIATRIC UC STARTER KIT (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-PDL-QL	2
HUMIRA KIT 10MG (QL= 2 syringes/28 days)	MSP-PA-PDL-QL	2
HUMIRA KIT 20MG (QL= 2 syringes/28 days)	MSP-PA-PDL-QL	2
HUMIRA KIT 40MG (QL= 2 syringes/28 days)	MSP-PA-PDL-QL	2
HUMIRA PEN KIT 40MG (QL= 2 pens/28 days)	MSP-PA-PDL-QL	2
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
celecoxib cap (CELEBREX equiv)	90DS-PDL	1
diclofenac potassium tab (CATAFLAM equiv)	90DS	1
diclofenac sodium EC tab (VOLTAREN equiv)	90DS-PDL	1
diclofenac sodium SR tab (VOLTAREN XR equiv)	90DS-PDL	1
etodolac cap (LODINE equiv)	-	1
etodolac ER tab (LODINE XL equiv)	-	1
etodolac tab	90DS	1
flurbiprofen tab (ANSAID equiv)	90DS-PDL	1
ibuprofen chew tab	OTC	1
ibuprofen susp (ADVIL/MOTRIN equiv)	OTC	1
ibuprofen tab 200mg	90DS-OTC	1
ibuprofen tab 400mg	90DS-PDL	1
ibuprofen tab 600mg	90DS-PDL	1
ibuprofen tab 800mg	90DS-PDL	1
indomethacin cap (INDOCIN equiv)	90DS-PDL	1
ketoprofen cap	PDL	1
ketorolac tab (TORADOL equiv)	PDL	1
meloxicam tab (MOBIC equiv)	90DS-PDL	1
nabumetone tab (RELAFEN equiv)	90DS-PDL	1
naproxen EC tab (NAPROSYN EC equiv) (QL= 3 tabs/day)	PDL-QL	1
naproxen sodium tab (ANAPROX equiv)	PA-PDL	1
naproxen tab (NAPROSYN equiv)	90DS-PDL	1
sulindac tab (CLINORIL equiv)	90DS-PDL	1
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA STARTER PACK (QL= 1 pack/year)	MSP-PA-PDL-QL	2
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-PDL-QL	2
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	90DS	1
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2

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

<b>NC</b> =Not Covered	<b>LD</b> =Limited Distribution	<b>MSP</b> =Mandatory Specialty Pharmacy Program
90DS 90 Day Supply Allowed	<b>PA</b> =Prior Authorization	<b>PDL</b> =Preferred Drug
OTC Over-the-Counter	<b>SF</b> =Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> =Smoking Cessation
QL Quantity Limit		
VAC Vaccine Program		

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
ENBREL KIT (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2
ENBREL MINI CARTRIDGE (QL= 4 inj/28 days )	MSP-PA-PDL-QL	2
ENBREL SURECLICK PEN (QL= 4 inj/28 days)	MSP-PA-PDL-QL	2
ENBREL SYRINGE (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2
ENBREL VIAL (QL= 8 inj/28 days)	MSP-PA-PDL-QL	2

**ANALGESICS - NONNARCOTIC**

**ANALGESIC COMBINATIONS**

aspirin/acetaminophen/caffeine 250-250-650mg	OTC	1
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 2 tabs/day)	QL	1
butalbital/aspirin/caffeine cap (FIORINAL equiv) (QL= 2 caps/day)	QL	1
butalbital/aspirin/caffeine tab (QL= 2 tabs/day)	QL	1

**ANALGESICS OTHER**

acetaminophen 500 liquid	OTC	1
acetaminophen chew tab	OTC	1
acetaminophen dispersible tab	OTC	1
acetaminophen elixir	OTC	1
acetaminophen liquid	OTC	1
acetaminophen soln	OTC	1
acetaminophen supp (QL= 100 supp/30 days)	OTC-QL	1
acetaminophen susp	OTC	1
acetaminophen tab	OTC	1
acetaminophen tab 325mg (QL= 8 tabs/day)	OTC-QL	1
acetaminophen tab 500mg	OTC	1
FEVERALL INFANTS SUPP (QL= 100 supp/30 days)	OTC-QL	2
NORTEMP SUSP INFANTS	OTC	2
TYLENOL GO EXTRA STRENGTH CHEW TAB	OTC	2

**SALICYLATES**

aspirin buffered tab	OTC	\$0
aspirin chew tab 81mg	OTC	\$0
aspirin EC tab 325mg	OTC	\$0
aspirin EC tab 81mg	OTC	\$0
ASPIRIN TAB	OTC	\$0
aspirin tab 325mg	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	1
BUFFERIN EXTRA STRENGTH TAB	OTC	2

**ANALGESICS - OPIOID**

**OPIOID AGONISTS**

fentanyl patch 25mcg (QL= 10 patches/30 days)	PDL-QL	1
fentanyl patch 50mcg (QL= 10 patches/30 days)	PDL-QL	1
hydromorphone tab 2mg (QL= 11.5 tabs/day)	QL	1
hydromorphone tab 4mg (QL= 5.5 tabs/day)	QL	1
hydromorphone tab 8mg (QL= 2.5 tabs/day)	QL	1
methadone soln 5mg/5ml	QL	1
morphine sulfate ER tab 100mg	PDL	1
morphine sulfate ER tab 15mg (QL= 6 tabs/day)	PDL-QL	1
morphine sulfate ER tab 200mg	PDL	1
morphine sulfate ER tab 30mg (QL= 3 tabs/day)	PDL-QL	1

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

<b>90DS</b> 90 Day Supply Allowed	<b>LD</b> Limited Distribution	<b>MSP</b> Mandatory Specialty Pharmacy Program
<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization	<b>PDL</b> Preferred Drug
<b>QL</b> Quantity Limit	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>VAC</b> Vaccine Program	<b>NC</b> =Not Covered	<b>BRANDS</b> =CAPITAL LETTERS

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - OPIOID Cont.</b>		
morphine sulfate ER tab 60mg (QL= 1 tab/day)	PDL-QL	1
morphine sulfate supp 10mg (QL= 9 supp/day)	QL	1
morphine sulfate supp 20mg (QL= 4 supp/day)	QL	1
morphine sulfate supp 5mg (QL= 18 supp/day)	QL	1
morphine sulfate tab 15mg (QL= 6 tabs/day)	QL	1
morphine sulfate tab 30mg (QL= 3 tabs/day)	QL	1
OXYCODONE TAB (QL=4 tabs/day)	QL	1
oxycodone tab 10mg (QL= 6 tabs/day)	QL	1
oxycodone tab 15mg (QL= 4 tabs/day)	QL	1
oxycodone tab 20mg (QL= 3 tabs/day)	QL	1
oxycodone tab 30mg (QL= 2 tabs/day)	QL	1
oxycodone tab 5mg (QL= 12 tabs/day)	QL	1
tramadol tab 100mg (ULTRAM equiv) (QL= 4 tabs/day)	QL	1
tramadol tab 50mg (ULTRAM equiv) (QL= 8 tabs/day)	QL	1
<b>OPIOID COMBINATIONS</b>		
acetaminophen/codeine tab 300mg-15mg (TYLENOL/CODEINE equiv) (QL= 13 tabs/day)	QL	1
acetaminophen/codeine tab 300mg-30mg (TYLENOL/CODEINE #3 equiv) (QL= 13 tabs/day)	QL	1
acetaminophen/codeine tab 300mg-60mg (TYLENOL/CODEINE #4 equiv) (QL= 10 tabs/day)	QL	1
hydrocodone/acetaminophen tab 10mg/325mg (QL= 9 tabs/day)	QL	1
hydrocodone/acetaminophen tab 5mg/325mg (QL= 12 tabs/day)	QL	1
hydrocodone/acetaminophen tab 7.5mg/325mg (QL= 12 tabs/day)	QL	1
oxycodone/acetaminophen tab 10/325mg (QL= 6 tabs/day)	QL	1
oxycodone/acetaminophen tab 5mg/325mg (ROXICET equiv) (QL= 12 tabs/day)	QL	1
oxycodone/acetaminophen tab 7.5/325mg (QL= 8 tabs/day)	QL	1
oxycodone/aspirin tab (QL= 12 tabs/day)	QL	1
oxycodone/aspirin tab (PERCODAN equiv) (QL= 12 tabs/day)	QL	1
<b>OPIOID PARTIAL AGONISTS</b>		
buprenorphine/naloxone 2mg/0.5mg SL tablets (QL= 1 tab/day)	PDL-QL	1
buprenorphine/naloxone 8mg/2mg SL tablets (QL= 3 tabs/day)	PDL-QL	1
BELBUCA FILM (QL= 2 films/day; Only one strength allowed per month)	PDL-QL	2
SUBOXONE FILM 12MG-3MG (QL= 0.5 film/day)	PDL-QL	2
SUBOXONE FILM 2-0.5MG (QL= 1 film/day)	PDL-QL	2
SUBOXONE FILM 4MG-1MG (QL= 0.5 film/day)	PDL-QL	2
SUBOXONE FILM 8-2MG (QL= 3 films/day)	PDL-QL	2
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
danazol cap (DANOCRINE equiv)	-	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	1
testosterone enanthate inj	PA	1
testosterone pump	PA-PDL	1
TESTIM GEL 1%	PA-PDL	2
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	1
CORTIFOAM	-	2
<b>RECTAL STEROIDS</b>		
proctosol HC cream (ANUSOL HC equiv)	OTC	1

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

<b>90DS</b> 90 Day Supply Allowed	<b>LD</b> Limited Distribution	<b>MSP</b> Mandatory Specialty Pharmacy Program
<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization	<b>PDL</b> Preferred Drug
<b>QL</b> Quantity Limit	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>VAC</b> Vaccine Program	<b>NC</b> =Not Covered	<b>BRANDS</b> =CAPITAL LETTERS

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
acid gone chew tab	OTC	1
acid gone susp	OTC	1
almacone chew tab	OTC	1
aluminum hydroxide/magnesium trisilicate chew tab	OTC	1
aluminum/magnesium hydroxides susp	OTC	1
aluminum/magnesium/simethicone susp 200-200-20mg/5ml	OTC	1
aluminum/magnesium/simethicone susp 400-400-40mg/5ml	OTC	1
calcium carbonate/magnesium hydroxide chew tab 700/300mg	OTC	1
calcium carbonate/magnesium hydroxide susp	OTC	1
calcium carbonate/simethicone chew tab	OTC	1
magnesium/aluminum hydroxide/simethicone chew tab	OTC	1
DI-GEL SUSP	OTC	2
FOAM ANTACID CHEW	OTC	2
MAALOX TC SUSP	OTC	2
MAG-AL LIQUID	OTC	2
<b>ANTACIDS - ALUMINUM SALTS</b>		
aluminum hydroxide susp	OTC	1
<b>ANTACIDS - BICARBONATE</b>		
sodium bicarbonate tab	OTC	1
<b>ANTACIDS - CALCIUM SALTS</b>		
calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg	OTC	1
calcium carbonate susp 1250mg/5ml	OTC	1
calcium carbonate tab	OTC	1
CALCIUM CARB SUSP	OTC	2
<b>ANTACIDS - MAGNESIUM SALTS</b>		
magnesium oxide cap 140mg, 400mg	OTC	1
magnesium oxide tab 400mg	OTC	1
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
albendazole tab (ALBENZA equiv)	PA	1
ivermectin tab (STROMEKTOL equiv) (QL= 10 tabs/30 days)	QL	1
pyrantel pamoate susp	OTC	1
PIN-X CHEW TAB	-	2
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
ranolazine tab	90DS	1
RANEXA TAB	-	2
<b>NITRATES</b>		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	90DS	1
isosorbide mononitrate ER tab (IMDUR equiv)	90DS	1
isosorbide mononitrate tab (MONOKET equiv)	90DS	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	90DS	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIANGINAL AGENTS Cont.</b>		
NITRO-BID OINT	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
<b>ANTIANGIETY AGENTS</b>		
<b>ANTIANGIETY AGENTS - MISC.</b>		
bupirone tab 30mg (BUSPAR equiv) (QL= 4 tabs/day)	QL	1
bupirone tab 5mg, 10mg, 15mg (BUSPAR equiv)	-	1
bupirone tab 7.5mg	PA	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
<b>BENZODIAZEPINES</b>		
alprazolam intensol conc (QL= 4ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1
alprazolam tab 0.25mg, 0.5mg, 1mg (XANAX equiv) (QL= 3 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1
alprazolam tab 2mg (QL= 2 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1
chlordiazepoxide cap (LIBRIUM equiv) (QL= 2 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1
diazepam conc (VALIUM equiv) (QL= 8ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1
diazepam soln (QL= 40ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1
diazepam tab (VALIUM equiv) (QL= 4 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1
lorazepam tab (ATIVAN equiv) (QL= 3 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1
oxazepam cap (SERAX equiv) (QL= 4 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
disopyramide cap (NORPACE equiv)	-	1
disopyramide ER cap (NORPACE CR equiv)	-	1
NORPACE CR CAP	-	2
<b>ANTIARRHYTHMICS TYPE I-C</b>		
flecainide tab (TAMBOCOR equiv)	90DS	1
propafenone ER cap (RYTHMOL SR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone tab 200mg (CORDARONE equiv)	90DS	1
dofetilide cap	PA	1
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
XOLAIR AUTOINJECTOR	MSP-PA-PDL	2
XOLAIR SYRINGE	MSP-PA-PDL	2
XOLAIR INJ (Medical Benefit)	PA-PDL	MB
<b>BRONCHODILATORS - ANTICHLINERGICS</b>		
ipratropium neb soln (ATROVENT equiv) (QL= 125 vials/30 days)	90DS-PDL-QL	1
ATROVENT HFA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SPIRIVA HANDHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SPIRIVA RESPIMAT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
<b>LEUKOTRIENE MODULATORS</b>		
montelukast chew tab 4mg (Only covered for members between 2-5 years old)	90DS-PDL	1
montelukast chew tab 5mg (Only covered for members between 6-14 years old)	90DS-PDL	1

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary**  
**Category/Class**  
**Last Updated 1/1/2025**

DrugName	Special Code	Tier
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
montelukast tab (SINGULAIR equiv)	90DS-PDL	1
zafirlukast tab (ACCOLATE equiv)	PDL	1
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
roflumilast tab	90DS-PDL	1
<b>STEROID INHALANTS</b>		
budesonide respules 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 60 vials/30 days)	PDL-QL	1
budesonide respules 1mg/2ml (QL= 30 vials/30 days)	PDL-QL	1
fluticasone HFA (AG) (inhalation) (QL= 1 inhaler/30 days)	PDL-QL	1
ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
ASMANEX INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
PULMICORT FLEXHALER (QL= 1 inhaler/30 days)	PDL-QL	2
QVAR REDHALER (QL= 1 inhaler/30 days)	PDL-QL	2
<b>SYMPATHOMIMETICS</b>		
advair HFA inhaler (QL= 1 inhaler/30 days)	PDL-QL	1
albuterol neb soln 0.63mg (ACCUNEB equiv)	90DS-PDL	1
albuterol neb soln 1.25mg (ACCUNEB equiv)	90DS-PDL	1
albuterol neb soln 100mg/20ml, 2.5mg/0.5ml (VENTOLIN equiv)	90DS-PDL	1
albuterol neb soln 2.5mg/3ml (PROVENTIL equiv) (QL= 125 vials/30 days)	90DS-PDL-QL	1
albuterol nebulizer soln	PDL	1
albuterol sulfate syrup	PDL	1
albuterol/ipratropium neb soln (DUONEB equiv) (QL= 180 nebs/30 days)	90DS-PDL-QL	1
metaproterenol syrup	PDL	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS (QL= 1 inhaler/30 days)	PDL-QL	2
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	PDL-QL	2
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
DULERA INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
STIOLTO INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
SYMBICORT INHALER (QL= 1 inhaler/30 days)	PDL-QL	2
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	PDL-QL	2
XOPENEX HFA INHALER (QL= 2 inhalers/30 days)	PDL-QL	2
<b>XANTHINES</b>		
theophylline ER tab	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEO-24 CAP	-	2
THEOCHRON TAB	-	2
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
warfarin tab, jantoven tab (COUMADIN equiv)	90DS-PDL	1
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS DOSE PACK (QL= 1 pack/fill, 1 fill/plan year)	PDL-QL	2
ELIQUIS TAB (QL= 60 tabs/30 days)	PDL-QL	2
XARELTO STARTER PACK (QL= 1 pack/fill per calendar year)	PDL-QL	2

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

<b>NC</b> =Not Covered	<b>LD</b> =small letters Limited Distribution	<b>MSP</b> =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
90DS 90 Day Supply Allowed	PA Prior Authorization	PDL Preferred Drug
OTC Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
QL Quantity Limit		
VAC Vaccine Program		

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICOAGULANTS Cont.</b>		
XARELTO TAB 10MG (QL= 1 tab/day)	PDL-QL	2
XARELTO TAB 15MG (QL= 42 tab/fill per calendar year)	PDL-QL	2
XARELTO TAB 2.5MG (QL= 2 tabs/day)	PDL-QL	2
XARELTO TAB 20MG (QL= 1 tab/day)	PDL-QL	2
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
enoxaparin syringe (LOVENOX equiv)	PDL	1
enoxaparin vial (LOVENOX equiv)	PDL	1
FRAGMIN VIAL	PDL	2
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP	PDL	2
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
clobazam susp (QL= 240ml/30 days)	PDL-QL	1
clobazam tab	PDL	1
clonazepam tab (KLONOPIN equiv)	-	1
diazepam rectal gel (QL= 2 inj/fill)	PDL-QL	1
NAYZILAM SPRAY	PDL	2
VALTOCO NASAL SPRAY	PDL	2
<b>ANTICONVULSANTS - MISC.</b>		
carbamazepine chew tab (TEGRETOL equiv)	90DS-PDL	1
carbamazepine ER tab (TEGRETOL XR equiv)	90DS-PDL	1
carbamazepine susp (TEGRETOL equiv)	PDL	1
carbamazepine tab (TEGRETOL equiv)	90DS-PDL	1
gabapentin cap 100mg (QL= 36 caps/day)	PDL-QL	1
gabapentin cap 300mg (QL= 12 caps/day)	PDL-QL	1
gabapentin cap 400mg (QL= 9 caps/day)	PDL-QL	1
gabapentin soln (NEURONTIN equiv)	PDL	1
gabapentin tab 600mg (QL= 6 tabs/day)	PDL-QL	1
gabapentin tab 800mg (QL= 4.5 tabs/day)	PDL-QL	1
lacosamide tab (QL= 2 tabs/day)	90DS-PDL-QL	1
lamotrigine chew tab (LAMICTAL equiv)	PDL	1
lamotrigine ER tab (LAMICTAL XR equiv)	PDL	1
lamotrigine tab (LAMICTAL equiv)	90DS-PDL	1
levetiracetam ER tab, roweepra ER tab (KEPPRA XR equiv)	90DS-PDL	1
levetiracetam soln (KEPPRA equiv)	90DS-PDL	1
levetiracetam tab, roweepra tab (KEPPRA equiv)	90DS-PDL	1
oxcarbazepine susp (TRILEPTAL equiv)	PDL	1
oxcarbazepine tab (TRILEPTAL equiv)	90DS-PDL	1
pregabalin cap (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	1
primidone tab (MYSOLINE equiv)	90DS-PDL	1
topiramate sprinkle cap (TOPAMAX equiv)	PDL	1
topiramate tab (TOPAMAX equiv)	90DS-PDL	1
zonisamide cap (ZONEGRAN equiv)	90DS-PDL	1
QUDEXY XR CAP 200MG (QL= 2 caps/day; Only one strength allowed per month)	PDL-QL	2
QUDEXY XR CAP 25MG, 50MG, 100MG, 150MG (QL= 1 cap/day; Only one strength allowed per month)	PDL-QL	2
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	PDL	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
felbamate tab (FELBATOL equiv)	PDL	1
<b>HYDANTOINS</b>		
phenytoin cap, phenytoin ext cap (DILANTIN equiv)	90DS-PDL	1
phenytoin chew tab (DILANTIN equiv)	PDL	1
phenytoin susp (DILANTIN equiv)	90DS-PDL	1
DILANTIN CAP 30MG	PDL	2
DILANTIN CAP, PHENYTEK CAP	PDL	2
<b>SUCCINIMIDES</b>		
ethosuximide cap (ZARONTIN equiv)	PDL	1
ethosuximide syrup (ZARONTIN equiv)	PDL	1
CELONTIN CAP	PDL	2
<b>VALPROIC ACID</b>		
divalproex ER tab (DEPAKOTE ER equiv)	90DS-PDL	1
divalproex sodium DR tab (DEPAKOTE equiv)	90DS-PDL	1
divalproex sprinkle cap (DEPAKOTE equiv)	PDL	1
valproic acid cap (DEPAKENE equiv)	90DS-PDL	1
valproic acid soln (DEPAKENE equiv)	90DS-PDL	1
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv) (QL= 1 tab/day)	90DS-PDL-QL	1
mirtazapine tab 15mg (QL= 0.5 tab/day)	90DS-PDL-QL	1
mirtazapine tab 30mg (QL= 1 tab/day)	90DS-PDL-QL	1
mirtazapine tab 45mg (QL= 1 tab/day)	90DS-PDL-QL	1
mirtazapine tab 7.5mg (REMERON equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	1
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion ER tab (WELLBUTRIN equiv)	90DS-PDL	1
bupropion tab (WELLBUTRIN equiv)	90DS-PDL	1
bupropion XL tab 150mg (WELLBUTRIN XL equiv)	90DS-PDL	1
bupropion XL tab 300mg (QL= 2 tabs/day)	90DS-PDL-QL	1
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
citalopram soln (CELEXA equiv)	PDL	1
citalopram tab (CELEXA equiv)	90DS-PDL	1
escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day; Only one strength allowed per month)	90DS-PDL-QL	1
fluoxetine cap (PROZAC equiv)	90DS-PDL	1
fluoxetine soln (PROZAC equiv)	90DS-PDL	1
fluvoxamine tab (LUVOX equiv)	90DS-PDL	1
paroxetine tab (PAXIL equiv)	90DS-PDL	1
sertraline conc (ZOLOFT equiv)	PDL	1
sertraline tab (ZOLOFT equiv)	90DS-PDL	1
<b>SEROTONIN MODULATORS</b>		
nefazodone tab	PDL	1
trazodone tab (DESYREL equiv)	90DS-PDL	1

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

<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
90DS 90 Day Supply Allowed	Limited Distribution	MSP	Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA	Prior Authorization	PDL Preferred Drug
QL Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program			

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDEPRESSANTS Cont.</b>		
VIIBRYD TAB 10MG (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	2
VIIBRYD TAB 20MG (QL= 0.5 tab/day; Only one strength allowed per month)	PDL-QL	2
VIIBRYD TAB 40MG (QL= 1 tab/day; Only one strength allowed per month)	PDL-QL	2
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
duloxetine EC cap 20mg, 60mg (CYMBALTA equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
duloxetine EC cap 30mg (QL= 1 cap/day)	90DS-PDL-QL	1
venlafaxine ER cap (EFFEXOR XR equiv)	90DS-PDL	1
venlafaxine tab (EFFEXOR equiv)	90DS-PDL	1
<b>TRICYCLIC AGENTS</b>		
amitriptyline 10mg tab (QL= 1 tab/day)	90DS-QL	1
amitriptyline 25mg tab (QL= 1 tab/day)	90DS-QL	1
amitriptyline 50mg tab (QL= 1 tab/day)	90DS-QL	1
amitriptyline tab 100mg	90DS	1
amitriptyline tab 150mg	90DS	1
amitriptyline tab 75mg	90DS	1
desipramine tab (NORPRAMIN equiv)	90DS	1
doxepin cap (SINEQUAN equiv)	90DS	1
doxepin conc (SINEQUAN equiv) (QL= 0.6ml/day)	90DS-QL	1
imipramine tab (TOFRANIL equiv)	90DS	1
nortriptyline cap (PAMELOR equiv)	90DS	1
nortriptyline soln	-	1
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	90DS-PDL	1
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLIN PEN INJ	PA-PDL	2
<b>ANTIDIABETIC COMBINATIONS</b>		
glipizide/metformin tab (METAGLIP equiv)	PA	1
glyburide/metformin tab (GLUCOVANCE equiv)	PA	1
JANUMET TAB	PA-PDL	2
JANUMET XR TAB	PA-PDL	2
JENTADUETO TAB	PA-PDL	2
JENTADUETO XR TAB	PA-PDL	2
<b>BIGUANIDES</b>		
metformin ER tab (GLUCOPHAGE XR equiv)	90DS	1
metformin tab (GLUCOPHAGE equiv)	90DS	1
<b>DIABETIC OTHER</b>		
glucagon emergency kit (amphastar equiv) (QL=2 inj/fill)	PDL-QL	1
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	PDL-QL	2
GLUCAGEN HYPOKIT INJ (QL= 1 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB	PA-PDL	2
TRADJENTA TAB	PA-PDL	2
<b>INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ (QL= 1 pack/28 days)	PA-PDL-QL	2

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
VICTOZA INJ (QL= 9 ml/30 days)	PA-PDL-QL	2
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ	PA-PDL	2
BYETTA PEN	PA-PDL	2
OZEMPIC INJ (QL= 1 pack/28 days)	PA-PDL-QL	2
<b>INSULIN</b>		
HUMALOG CARTRIDGE	PDL	2
HUMALOG JUNIOR KWIKPEN	PDL	2
HUMALOG MIX PEN	PDL	2
HUMALOG MIX VIAL	PDL	2
HUMALOG PEN	PDL	2
HUMALOG VIAL	PDL	2
HUMULIN 70/30 PEN	OTC-PDL	2
HUMULIN 70/30 VIAL	OTC-PDL	2
HUMULIN R U-500 KWIKPEN INJ, VIAL	PDL	2
HUMULIN VIAL (R, N)	OTC-PDL	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG FLEXPEN INJ equiv)	PDL	2
INSULIN ASPART PENFILL INJ (NOVOLOG PENFILL INJ equiv)	PDL	2
INSULIN ASPART VIAL (NOVOLOG INJ equiv)	PDL	2
INSULIN ASPART/INSULIN ASPART PROTAMINE MIX (AUTHORIZED GENERIC) PEN (NOVOLOG MIX FLEXPEN INJ equiv)	PDL	2
INSULIN ASPART/INSULIN ASPART PROTAMINE MIX (AUTHORIZED GENERIC) VIAL (NOVOLOG MIX INJ equiv)	PDL	2
INSULIN LISPRO JUNIOR KWIKPEN	PDL	2
INSULIN LISPRO PEN	PDL	2
INSULIN LISPRO VIAL	PDL	2
LANTUS SOLOSTAR PEN	PDL	2
LANTUS VIAL	PDL	2
NOVOLIN N INJ VIAL	OTC-PDL	2
NOVOLIN R INJ VIAL	OTC-PDL	2
NOVOLOG FLEXPEN INJ	PDL	2
NOVOLOG MIX FLEXPEN INJ	PDL	2
NOVOLOG MIX VIAL	PDL	2
NOVOLOG PENFILL CARTRIDGE	PDL	2
NOVOLOG VIAL	PDL	2
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	90DS-PDL	1
<b>MEGLITINIDE ANALOGUES</b>		
nateglinide tab (STARLIX equiv)	-	1
repaglinide tab (PRANDIN equiv)	-	1
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB	PA-PDL	2
INVOKANA TAB	PA-PDL	2
JARDIANCE TAB (QL= 1 tab/day)	PA-PDL-QL	2
<b>SULFONYLUREAS</b>		
glimepiride tab (AMARYL equiv)	90DS	1
glipizide ER tab (GLUCOTROL XL equiv)	90DS	1
glipizide tab (GLUCOTROL equiv)	90DS	1

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
glyburide tab (MICRONASE equiv)	90DS	1
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
LOPERAMIDE HCL SOLN	OTC	1
loperamide hcl susp	OTC	1
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
bismuth subsalicylate chew tab	OTC	1
bismuth subsalicylate susp	OTC	1
bismuth subsalicylate tab	OTC	1
<b>ANTIDIARRHEAL COMBINATIONS</b>		
loperamide/simethicone tab	OTC	1
IMODIUM CHEW TAB	OTC	2
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv)	OTC	1
loperamide tab	OTC	1
IMODIUM A-D CHEW TAB	OTC	2
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
charcoal activated cap	OTC	1
<b>OPIOID ANTAGONISTS</b>		
naltrexone tab (REVIA equiv)	-	1
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>OPIOID ANTAGONISTS</b>		
naloxone prefilled syringe (QL= 2 inj/30 days)	PDL-QL	1
naloxone vial (QL= 1 vial/fill)	PDL-QL	1
KLOXXADO NASAL SPRAY (QL= 2 sprays/fill)	PDL-QL	2
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	OTC-PDL-QL	2
REXTOVY NASAL SPRAY (QL= 2 sprays/fill)	PDL-QL	2
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ondansetron ODT (ZOFTRAN equiv) (QL= 90 tabs/30 days)	PDL-QL	1
ondansetron soln (ZOFTRAN equiv) (QL= 120ml/15 days)	PDL-QL	1
ondansetron tab 4mg, 8mg (ZOFTRAN equiv) (QL= 90 tabs/30 days)	PDL-QL	1
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab 12.5mg, 25mg (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
TRANSDERM-SCOP PATCH (QL= 10 patches/month)	PDL-QL	2
<b>ANTIEMETICS - MISCELLANEOUS</b>		
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	PA-QL	1
DICLEGIS TAB (QL= 4 tabs/day)	PDL-QL	2
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
aprepitant cap 40mg (EMEND equiv) (QL= 3 caps/180 days)	QL	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIEMETICS Cont.</b>		
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/15 days)	QL	1
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
nystatin powder	PDL	1
terbinafine tab (LAMISIL equiv)	PDL	1
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
fluconazole susp (DIFLUCAN equiv)	PDL	1
fluconazole tab (DIFLUCAN equiv)	PDL	1
voriconazole tab (VFEND equiv)	PA	1
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
chlorpheniramine CR tab	OTC	1
chlorpheniramine liquid	OTC	1
chlorpheniramine maleate syrup	OTC	1
chlorpheniramine tab	OTC	1
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
aler-dryl tab	OTC	1
clemastine fumarate tab	OTC	1
clemastine tab	OTC	1
diphenhydramine cap 25mg	OTC	1
diphenhydramine cap 50mg (BENADRYL equiv)	OTC	1
diphenhydramine elixir	OTC	1
diphenhydramine liquid	OTC	1
diphenhydramine tab 25mg	OTC	1
<b>ANTIHISTAMINES - NON-SEDATING</b>		
cetirizine soln (ZYRTEC equiv)	OTC-PDL	1
cetirizine tab (ZYRTEC equiv)	OTC-PDL	1
levocetirizine soln (XYZAL equiv)	PDL	1
levocetirizine tab (XYZAL equiv)	PDL	1
loratadine ODT (CLARITIN equiv)	OTC-PDL	1
loratadine soln (CLARITIN equiv)	OTC-PDL	1
loratadine syrup (CLARITIN equiv)	OTC-PDL	1
loratadine tab (CLARITIN equiv)	OTC-PDL	1
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
promethazine tab (PHENERGAN equiv) (Prior Authorization required for members age 65 or older)	PA	1
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine tab	-	1
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
omega-3 acid ethyl esters cap (LOVAZA equiv)	PDL	1
<b>BILE ACID SEQUESTRANTS</b>		
cholestyramine lite powder (QUESTRAN LITE equiv) (QL= 3 cans (718.2gm)/30 days)	PDL-QL	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	PDL	1
cholestyramine powder (QUESTRAN equiv) (QL= 3 cans (1,134gm)/30 days)	PDL-QL	1
cholestyramine powder pack (QUESTRAN equiv)	90DS-PDL	1
colestipol granule (COLESTID equiv)	PDL	1

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

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	PDL	Mandatory Specialty Pharmacy Program
QL	Over-the-Counter	SF	Prior Authorization	SMKG	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERTENSIVES Cont.</b>		
colestipol powder packet (COLESTID equiv)	PDL	1
colestipol tab (COLESTID equiv)	PDL	1
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibrate cap 67mg, 134mg, 200mg (QL= 1 cap/day)	90DS-PDL-QL	1
fenofibrate tab 48mg (QL= 1 tab/day)	90DS-PDL-QL	1
fenofibrate tab 54mg, 160mg (QL= 1 tab/day)	90DS-PDL-QL	1
gemfibrozil tab (LOPID equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab 10mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
atorvastatin tab 20mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
atorvastatin tab 40mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
atorvastatin tab 80mg	90DS-PDL	\$0
lovastatin tab (MEVACOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	\$0
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day)	90DS-PDL-QL	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
simvastatin tab (ZOCOR equiv) (QL= 1 tab/day)	90DS-PDL-QL	\$0
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab	90DS-PDL	1
<b>NICOTINIC ACID DERIVATIVES</b>		
niacin ER tab (NIASPAN equiv)	PDL	1
NIASPAN ER TAB	PDL	2
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
benazepril tab (LOTENSIN equiv)	90DS-PDL	1
captopril tab (CAPOTEN equiv)	PDL	1
enalapril tab (VASOTEC equiv)	90DS-PDL	1
fosinopril tab (MONOPRIL equiv)	PDL	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	90DS-PDL	1
moexipril tab (UNIVASC equiv)	PDL	1
perindopril tab (ACEON equiv)	PDL	1
quinapril tab (ACCUPRIL equiv)	90DS-PDL	1
ramipril cap (ALTACE equiv)	90DS-PDL	1
trandolapril tab (MAVIK equiv)	PDL	1
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
irbesartan tab (AVAPRO equiv)	90DS-PDL	1
losartan tab (COZAAR equiv)	90DS-PDL	1
olmesartan tab (BENICAR equiv)	90DS-PDL	1
valsartan tab (DIOVAN equiv)	90DS-PDL	1
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
clonidine patch (CATAPRES-TTS equiv) (QL= 4 patches/30 days)	QL	1
clonidine tab (CATAPRES equiv)	90DS	1
doxazosin tab (CARDURA equiv)	90DS-PDL	1
guanfacine IR tab (TENEX equiv)	90DS	1
methyl dopa tab (ALDOMET equiv)	-	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERTENSIVES Cont.</b>		
prazosin cap (MINIPRESS equiv)	90DS	1
terazosin cap (HYTRIN equiv)	90DS-PDL	1
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
amlodipine/benazepril cap (LOTREL equiv)	90DS-PDL	1
amlodipine/valsartan tab (EXFORGE equiv)	90DS-PDL	1
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	PDL	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	90DS-PDL	1
captopril/hydrochlorothiazide tab	PDL	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	PDL	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	PDL	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	90DS-PDL	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	90DS-PDL	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	90DS-PDL	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	90DS-PDL	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	PDL	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	90DS-PDL	1
QUINAPRIL/HYDROCHLOROTHIAZIDE TAB	PDL	2
TEKTURNA HCT TAB	PDL	2
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab 25mg (QL= 0.5 tab/day)	90DS-QL	1
eplerenone tab 50mg (QL= 1 tab/day)	90DS-QL	1
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	90DS	1
minoxidil tab (LONITEN equiv)	90DS	1
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole tab (FLAGYL equiv)	-	1
tinidazole tab 500mg (QL= 4 tabs/fill)	QL	1
trimethoprim tab (PROLOPRIM equiv)	-	1
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv) (COVERED FOR MEMBERS 11 YEARS OF AGE AND YOUNGER)	-	1
<b>GLYCOPEPTIDES</b>		
vancomycin cap (VANCOCIN equiv)	PA	1
<b>LEPROSTATICS</b>		
dapsone tab	90DS	1
<b>LINCOSAMIDES</b>		
clindamycin cap 150mg (CLEOCIN equiv)	-	1
clindamycin cap 300mg (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1
<b>OXAZOLIDINONES</b>		
linezolid tab (ZYVOX equiv) (QL= 2 tabs/day)	QL	1
<b>URINARY ANTI-INFECTIVES</b>		
nitrofurantoin macrocrystals cap 50mg, 100mg (MACRODANTIN equiv) (Prior Authorization required for members age 65 or older)	PA	1
nitrofurantoin monohydrate cap (MACROBID equiv) (Prior Authorization required for members age 65 or older)	PA	1

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class

Last Updated 1/1/2025

DrugName	Special Code	Tier
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
nitrofurantoin susp	PA	1
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	1
COARTEM TAB	-	2
<b>ANTIMALARIALS</b>		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	90DS	1
mefloquine tab (LARIAM equiv)	90DS	1
pyrimethamine/leucovorin compounded capsules	PA	1
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
pyridostigmine tab (MESTINON equiv)	-	1
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid tab	90DS	1
pyrazinamide tab	-	1
rifampin cap (RIFADIN equiv)	-	1
<b>ANTINEOPLASTICS</b>		
<b>ANTINEOPLASTICS MISC.</b>		
tretinoin cap (VESANOID equiv)	MSP	\$0
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
cyclophosphamide cap	-	\$0
cyclophosphamide tab (CYTOXAN equiv)	-	\$0
GLEOSTINE CAP, LOMUSTINE CAP	PA	\$0
HEXALEN CAP	-	\$0
LEUKERAN TAB	-	\$0
MELPHALAN TAB	-	\$0
MYLERAN TAB	MSP	\$0
temozolomide cap (TEMODAR equiv)	MSP-PA	\$0
<b>ANTIMETABOLITES</b>		
capecitabine tab (XELODA equiv)	MSP-PA	\$0
mercaptopurine tab (PURINETHOL equiv)	-	\$0
methotrexate tab	-	\$0
methotrexate inj	PA	1
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB	MSP-PA-SF	\$0
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
erlotinib tab	MSP-PA-SF	\$0
TARCEVA TAB	MSP-PA-SF	\$0
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP	MSP-PA-SF	\$0
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
anastrozole tab (ARIMIDEX equiv)	90DS	\$0
bicalutamide tab (CASODEX equiv)	-	\$0
exemestane tab (AROMASIN equiv)	-	\$0
FIRMAGON INJ	PA	\$0
FLUTAMIDE CAP	-	\$0
flutamide cap (EULEXIN equiv)	-	\$0
letrozole tab (FEMARA equiv)	90DS	\$0
leuprolide inj (LUPRON equiv)	MSP-PA	\$0
LUPRON DEPOT INJ	MSP-PA	\$0
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	\$0
megestrol susp (MEGACE equiv) (QL= 20ml/day)	PDL-QL	\$0
megestrol tab (MEGACE equiv)	PDL	\$0
tamoxifen tab (NOLVADEX equiv)	90DS	\$0
toremifene tab	-	\$0
TRELSTAR INJ	PA	\$0
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	\$0
ZOLADEX IMP	PA	\$0
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP	PA	\$0
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
BOSULIF TAB	MSP-PA-SF	\$0
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	\$0
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	\$0
dasatinib tab	MSP-PA-SF	\$0
everolimus tab (AFINITOR TAB equiv)	MSP-PA-SF	\$0
ICLUSIG TAB (Available only at AcariaHealth 1-800-511-5144)	LD-PA-SF	\$0
imatinib tab (GLEEVEC equiv)	MSP-PA-SF	\$0
ISTODAX INJ	PA	\$0
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	\$0
lapatinib ditosylate tab	MSP-PA	\$0
MEKINIST TAB	MSP-PA	\$0
pazopanib hcl tab	MSP-PA-SF	\$0
romidepsin for IV inj	PA	\$0
sorafenib tosylate tab	MSP-PA-SF	\$0
STIVARGA TAB	MSP-PA-SF	\$0
sunitinib malate cap	MSP-PA-SF	\$0
TAFINLAR CAP	MSP-PA-SF	\$0
TASIGNA CAP	MSP-PA-SF	\$0
ZELBORAF TAB	MSP-SF	\$0
ZOLINZA CAP	MSP-PA-SF	\$0
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	\$0
ZYKADIA CAP	PA	\$0
ZYKADIA TAB	PA	\$0
<b>ANTINEOPLASTICS MISC.</b>		
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	\$0
hydroxyurea cap (HYDREA equiv)	-	\$0
INTRON-A INJ	MSP-PA	\$0
MATULANE CAP	PA	\$0

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	<b>PDL</b>	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class

Last Updated 1/1/2025

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
LEUCOVORIN TAB	-	\$0
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE CAP	MSP-PA	\$0
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine tab	90DS	1
trihexyphenidyl tab (ARTANE equiv)	90DS	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
entacapone tab (COMTAN equiv)	PDL	1
<b>ANTIPARKINSON DOPAMINERGICS</b>		
amantadine cap (SYMMETREL equiv)	90DS	1
amantadine syrup (SYMMETREL equiv)	90DS	1
bromocriptine cap (PARLODEL equiv)	-	1
bromocriptine tab (PARLODEL equiv)	90DS	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	90DS-PDL	1
carbidopa/levodopa ODT (PARCOPA equiv)	PDL	1
carbidopa/levodopa tab (SINEMET equiv)	90DS-PDL	1
pramipexole tab (MIRAPEX equiv)	90DS-PDL	1
ropinirole tab (REQUIP equiv)	90DS-PDL	1
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
rasagiline tab (AZILECT equiv)	PA	1
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON DOPAMINERGICS</b>		
carbidopa/levodopa ODT	PDL	1
carbidopa/levodopa/entacapone tab	PDL	1
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
lithium carbonate cap (ESKALITH ER equiv)	90DS	\$0
lithium carbonate ER tab (LITHOBID equiv)	90DS	\$0
lithium carbonate tab	90DS	\$0
<b>ANTIPSYCHOTICS - MISC.</b>		
lurasidone HCL tab 120mg (QL= 1 tab/day)	PDL-QL	\$0
lurasidone HCL tab 20mg, 40mg, 60mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
lurasidone HCL tab 80mg (QL= 1 tab/day)	PDL-QL	\$0
ziprasidone cap 20mg (QL= 10 caps/day)	90DS-PDL-QL	\$0
ziprasidone cap 40mg (QL= 5 caps/day)	90DS-PDL-QL	\$0
ziprasidone cap 60mg (QL= 3 caps/day)	PDL-QL	\$0
ziprasidone cap 80mg (QL= 2 caps/day)	PDL-QL	\$0
<b>BENZISOXAZOLES</b>		
INVEGA HAFYERA INJ	PA-PDL	\$0
INVEGA SUSTENNA INJ	PA-PDL	\$0
INVEGA TRINZA INJ	PA-PDL	\$0
RISPERDAL CONSTA	PA-PDL	\$0

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

90DS	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	90 Day Supply Allowed	PA	Limited Distribution	Mandatory Specialty Pharmacy Program	
QL	Over-the-Counter	SF	Prior Authorization	PDL	Preferred Drug
VAC	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
risperidone microspheres inj	PA	\$0
risperidone ODT (RISPERDAL M equiv)	PDL	\$0
risperidone soln (RISPERDAL equiv)	90DS-PDL	\$0
risperidone tab (RISPERDAL equiv)	90DS-PDL	\$0
PERSERIS INJ (Medical Benefit)	PA-PDL	MB
<b>BUTYROPHENONES</b>		
haloperidol tab (HALDOL equiv)	90DS	\$0
<b>DIBENZAPINES</b>		
clozapine ODT (FAZACLO equiv)	PDL	\$0
clozapine ODT (authorized generic)	PDL	\$0
clozapine tab (CLOZARIL equiv)	PDL	\$0
olanzapine inj	PA-PDL	\$0
olanzapine tab (ZYPREXA equiv)	90DS-PDL	\$0
quetiapine tab (SEROQUEL equiv)	90DS-PDL	\$0
quetiapine XR tab	PDL	\$0
<b>PHENOTHIAZINES</b>		
chlorpromazine tab (THORAZINE equiv)	90DS	\$0
fluphenazine inj	PA	\$0
fluphenazine tab (PROLIXIN equiv)	-	\$0
perphenazine tab (TRILAFON equiv)	-	\$0
prochlorperazine tab (COMPAZINE equiv)	90DS	\$0
trifluoperazine tab (STELAZINE equiv)	-	\$0
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII INJ	PA-PDL	\$0
ABILIFY MAINTENA INJ	PA-PDL	\$0
aripiprazole soln (ABILIFY equiv) (QL= 30ml/30 days)	PDL-QL	\$0
aripiprazole tab 10mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
aripiprazole tab 15mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
aripiprazole tab 20mg (QL= 1 tab/day)	90DS-PDL-QL	\$0
aripiprazole tab 2mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
aripiprazole tab 30mg (QL= 1 tab/day)	90DS-PDL-QL	\$0
aripiprazole tab 5mg (QL= 0.5 tab/day)	90DS-PDL-QL	\$0
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	\$0
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
hydrogen peroxide soln	OTC	1
<b>CHLORINE ANTISEPTICS</b>		
chlorhexidine gluconate liq	OTC	1
<b>IODINE ANTISEPTICS</b>		
povidone/iodine soln	OTC	1
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	90DS	\$0
abacavir soln	-	1
abacavir tab (ZIAGEN equiv)	-	1

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
abacavir/lamivudine tab (EPZICOM equiv)	-	1
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	1
atazanavir cap 150mg, 200mg, 300mg	-	1
darunavir tab	-	1
didanosine DR cap (VIDEX EC equiv)	-	1
efavirenz tab	-	1
efavirenz/emtricitabine/tenofovir tab	-	1
emtricitabine cap	-	1
etravirine tab	-	1
fosamprenavir tab (LEXIVA TAB equiv)	-	1
lamivudine soln (EPIVIR equiv)	90DS	1
lamivudine tab (EPIVIR equiv)	-	1
lamivudine/zidovudine tab (COMBIVIR equiv)	-	1
lopinavir-ritonavir tab	-	1
maraviroc tab	-	1
nevirapine ER tab	-	1
nevirapine ER tab (VIRAMUNE XR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
ritonavir tab (NORVIR TAB equiv)	-	1
stavudine cap (ZERIT equiv)	-	1
tenofovir disoproxil fumarate tab	90DS	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
APTIVUS CAP	-	2
BIKTARVY TAB	-	2
COMPLERA TAB	-	2
CRIXIVAN CAP	-	2
DESCOVY ER TAB FOR TREATMENT (**DESCOVY ER TAB FOR PREVENTION (Tier \$0)**)	PA	2
EDURANT TAB	-	2
EFAVIRENZ CAP	-	2
EPIVIR SOLN	-	2
EPIVIR TAB	-	2
EVOTAZ TAB	-	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2
ISENTRESS POWDER PACK	-	2
ISENTRESS TAB	-	2
NORVIR CAP	-	2
ODEFSEY TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
SELZENTRY ORAL SOLN	-	2
SELZENTRY TAB	-	2
STAVUDINE CAP	-	2
STRIBILD TAB	-	2

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
TIVICAY TAB	-	2
TRIUMEQ PD TAB	-	2
TRIUMEQ TAB	-	2
VIDEX SOLN	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2
<b>CMV AGENTS</b>		
valganciclovir tab (VALCYTE equiv)	-	1
<b>HEPATITIS AGENTS</b>		
entecavir tab (BARACLUDE equiv)	90DS-PDL	1
lamivudine HBV tab 100mg (EPIVIR HBV equiv)	PDL	1
ribavirin cap (REBETOL equiv)	PDL	1
ribavirin tab 200mg	MSP-PDL	1
BARACLUDE SOLN	PDL	2
EPIVIR HBV SOLN	PDL	2
EPIVIR HBV TAB	PDL	2
HEPSERA TAB	MSP-PDL	2
MAVYRET PELLETT PAK	MSP-PA-PDL	2
MAVYRET TAB	MSP-PA-PDL	2
PEGASYS PROCLICK	MSP-PA-PDL	2
PEGASYS SYRINGE	MSP-PA-PDL	2
PEGASYS VIAL	MSP-PA-PDL	2
<b>HERPES AGENTS</b>		
acyclovir cap (ZOVIRAX equiv)	PDL	1
acyclovir susp (ZOVIRAX equiv)	PDL	1
acyclovir tab (ZOVIRAX equiv)	PDL	1
valacyclovir tab (VALTREX equiv)	PDL	1
<b>INFLUENZA AGENTS</b>		
oseltamivir cap 30mg (QL= 20 caps/fill)	PDL-QL	1
oseltamivir cap 45mg, 75mg (QL= 10 caps/fill)	PDL-QL	1
oseltamivir susp (QL= 120ml/fill, 2 fills/year)	PDL-QL	1
RELENZA DISKHALER (QL= 2 inhalers/180 days)	PDL-QL	2
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2

**ASSORTED CLASSES**

<b>IMMUNOMODULATORS</b>		
THALOMID CAP	MSP-PA	2
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine tab (IMURAN equiv)	PDL	1
cyclosporine cap (SANDIMMUNE equiv)	PDL	1
cyclosporine modified cap, gengraf cap (NEORAL equiv)	90DS-PDL	1
cyclosporine modified soln (NEORAL equiv)	PDL	1
mycophenolate mofetil cap (CELLCEPT equiv)	90DS-PDL	1

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

<b>NC</b> =Not Covered	<b>LD</b> =small letters Limited Distribution	<b>MSP</b> =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
90DS 90 Day Supply Allowed	PA Prior Authorization	PDL Preferred Drug
OTC Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
QL Quantity Limit		
VAC Vaccine Program		

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 Formulary  
Category/Class**

Last Updated 1/1/2025

DrugName	Special Code	Tier
<b>ASSORTED CLASSES Cont.</b>		
mycophenolate mofetil tab (CELLCEPT equiv)	PDL	1
tacrolimus cap (PROGRAF equiv)	PDL	1
CELLCEPT SUSP	PDL	2
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene soln 15gm/60ml (SPS equiv)	-	1
VELTASSA POWDER (QL= 30 packets/30 days)	PA-QL	2
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol tab (COREG equiv)	90DS-PDL	1
labetalol tab (NORMODYNE equiv)	90DS-PDL	1
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
atenolol tab (TENORMIN equiv)	90DS-PDL	1
bisoprolol tab (ZEBETA equiv)	90DS-PDL	1
metoprolol ER tab (TOPROL XL equiv)	90DS-PDL	1
metoprolol tab (LOPRESSOR equiv)	90DS-PDL	1
<b>BETA BLOCKERS NON-SELECTIVE</b>		
nadolol tab (CORGARD equiv)	90DS-PDL	1
pindolol tab (VISKEN equiv)	PDL	1
propranolol ER cap (INDERAL LA equiv)	90DS-PDL	1
propranolol oral soln 20mg/5ml	90DS-PDL	1
propranolol tab (INDERAL equiv)	90DS-PDL	1
sotalol AF tab (BETAPACE AF equiv)	PDL	1
sotalol tab (BETAPACE equiv)	90DS-PDL	1
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine tab (NORVASC equiv)	90DS-PDL	1
diltiazem ER cap (CARDIZEM CD equiv)	90DS-PDL	1
diltiazem ER cap (DILACOR XR equiv)	90DS-PDL	1
diltiazem ER cap (TIAZAC equiv)	90DS-PDL	1
diltiazem tab (CARDIZEM equiv)	90DS-PDL	1
felodipine ER tab (PLENDIL equiv)	90DS-PDL	1
nifedipine cap (PROCARDIA equiv)	PDL	1
nifedipine ER tab (ADALAT CC equiv)	90DS-PDL	1
verapamil ER cap	90DS-PDL	1
verapamil ER tab (CALAN SR, ISOPTIN SR equiv)	90DS-PDL	1
verapamil tab (CALAN equiv)	90DS-PDL	1
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
digoxin soln (LANOXIN equiv)	90DS	1
digoxin tab (LANOXIN equiv)	90DS	1
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
ENTRESTO TAB	PDL	2
<b>PROSTAGLANDIN VASODILATORS</b>		
epoprostenol inj	PA	1
treprostinil inj	PA	1

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

<b>NC</b> =Not Covered	<b>LD</b> =Limited Distribution	<b>MSP</b> =Mandatory Specialty Pharmacy Program
90DS 90 Day Supply Allowed	PA Prior Authorization	PDL Preferred Drug
OTC Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
QL Quantity Limit		
VAC Vaccine Program		

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 Formulary  
Category/Class**

Last Updated 1/1/2025

DrugName	Special Code	Tier
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
ambrisentan tab	PA-PDL	1
TRACLEER TAB (QL= 2 tabs/day)	PA-PDL-QL	2
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil susp/sildenafil susp (authorized generic)	PA-PDL	1
sildenafil tab 20mg (REVATIO equiv)	PA-PDL	1
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefadroxil cap (DURICEF equiv)	PDL	1
cefadroxil susp (DURICEF equiv)	PDL	1
cephalexin cap (KEFLEX equiv)	PDL	1
cephalexin susp (KEFLEX equiv)	PDL	1
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefaclor cap (CECLOR equiv)	PDL	1
cefaclor susp	PDL	1
cefprozil susp (CEFZIL equiv)	PDL	1
cefprozil tab (CEFZIL equiv)	PDL	1
cefuroxime tab (CEFTIN equiv)	PDL	1
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir cap (OMNICEF equiv)	PDL	1
cefdinir susp (OMNICEF equiv)	PDL	1
cefixime cap	PDL	1
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
apri tab (DESOGEN equiv)	90DS	\$0
aranelle tab (TRI-NORINYL equiv)	90DS	\$0
aviane tab (ALESSE equiv)	90DS	\$0
cesia tab (CYCLESSA equiv)	90DS	\$0
cryselle tab (LO/OVRAL equiv)	90DS	\$0
enpresse tab (TRI-LEVELLEN equiv)	90DS	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	90DS	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	90DS	\$0
junel FE tab (LOESTRIN FE equiv)	90DS	\$0
junel tab (LOESTRIN equiv)	90DS	\$0
kariva tab (MIRCETTE equiv)	90DS	\$0
kelnor tab (DEMULEN equiv)	90DS	\$0
mononessa tab (ORTHO-CYCLEN equiv)	90DS	\$0
nortrel tab (OVCON 35 equiv)	90DS	\$0
OGESTREL TAB	90DS	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN equiv)	90DS	\$0
TYBLUME TAB	90DS	\$0
VELIVET PAK	90DS	\$0
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
zafemy patch	90DS	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
eluryng vaginal ring	90DS	\$0

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CONTRACEPTIVES Cont.</b>		
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB (QL= 4 fills/year)	QL	\$0
levonorgestrel tab (PLAN B equiv) (QL= 4 fills/year)	OTC-QL	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	90DS	\$0
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone ODT (ORAPRED equiv)	-	1
prednisolone soln 15mg/5ml (PEDIAPRED equiv)	-	1
prednisolone soln 25mg/5ml	-	1
prednisolone syrup	-	1
prednisone tab (DELTAONE equiv)	-	1
prednisone tab 50mg	-	1
MEDROL TAB	-	2
ORAPRED ODT TAB	-	2
<b>MINERALOCORTICIDS</b>		
fludrocortisone tab (FLORINEF equiv)	90DS	1
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON equiv)	-	1
dextromethorphan ER liquid	90DS-OTC	1
hydrocodone/homatropine syrup	-	1
tussigon tab	-	1
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC-PDL	1
dextromethorphan/guaifenesin ER tab 30/600mg	OTC	1
dextromethorphan/guaifenesin ER tab 60/1200mg	OTC	1
dextromethorphan/guaifenesin liquid 10-100mg/5ml	OTC	1
dextromethorphan/guaifenesin liquid 10-200mg/5ml	OTC	1
dextromethorphan/guaifenesin liquid 5-100mg/5ml	OTC	1
guaifenesin/codeine soln 100-10mg/5ml	OTC	1
guaifenesin/dextromethorphan syrup	OTC	1
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC-PDL	1
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC-PDL	1
promethazine DM syrup	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
pseudoephedrine/brompheniramine elixir	OTC	1
pseudoephedrine/guaifenesin syrup 30-100mg/5ml	OTC	1
triprolidine/pseudoephedrine liquid	OTC	1
PROMETHAZINE VC SYRUP	-	2

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

DrugName	Special Code	Tier
<b>COUGH/COLD/ALLERGY Cont.</b>		
<b>EXPECTORANTS</b>		
guaifenesin ER tab (MUCINEX equiv)	OTC	1
guaifenesin liquid	OTC	1
guaifenesin syrup (ROBITUSSIN equiv)	OTC	1
guaifenesin tab (ALLFEN JR equiv)	OTC	1
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
sodium chloride neb soln 0.9%	OTC	1
<b>MUCOLYTICS</b>		
acetylcysteine soln 20%	-	1
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
adapalene gel (DIFFERIN equiv) (QL= 45gm/30 days)	PDL-QL	1
benzoyl peroxide cleanser/wash 3%, 5%, 6%, 9%, 10% only	OTC-PDL	1
benzoyl peroxide gel	OTC-PDL	1
benzoyl peroxide lotion	OTC-PDL	1
clindamycin gel (CLEOCIN equiv) (QL= 60gm/30 days)	PDL-QL	1
clindamycin lotion (CLEOCIN- T equiv) (QL= 60gm/30 days)	PDL-QL	1
clindamycin swab (CLEOCIN-T equiv) (QL= 60 pads/30 days)	PDL-QL	1
clindamycin topical soln (CLEOCIN-T equiv) (QL= 60ml/30 days)	PDL-QL	1
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (QL= 50gm/30 days)	PDL-QL	1
clindamycin/benzoyl peroxide gel (DUAC equiv) (QL= 45gm/30 days)	PDL-QL	1
erythromycin gel (QL= 60gm/30 days)	PDL-QL	1
erythromycin med swab (QL= 60 pads/30 days)	PDL-QL	1
erythromycin soln (QL= 60ml/30 days)	PDL-QL	1
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) (QL= 46.6gm/30 days)	PDL-QL	1
isotretinoin cap (ACCUANE equiv)	PA	1
sodium sulfacetamide susp (KLARON equiv) (QL= 118gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur (topical) (PLEXION equiv) (QL= 57gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur (topical) (ROSAC equiv) (QL= 177gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur (topical) (SULFACET R equiv) (QL= 57gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur (topical) (SUMAXIN equiv) (QL= 473gm/30 days)	PDL-QL	1
sodium sulfacetamide/sulfur wash/cleanser (SUMAXIN equiv) (QL= 340.2ml/30days)	PDL-QL	1
DIFFERIN GEL 0.1% (OTC ONLY) (QL= 45gm/30 days)	OTC-QL	2
RETIN-A CREAM (QL= 45gm/30 days)	PDL-QL	2
RETIN-A GEL (QL= 45gm/30 days)	PDL-QL	2
<b>ANTIBIOTICS - TOPICAL</b>		
bacitracin oint	OTC	1
bacitracin zinc oint	OTC	1
bacitracin/polymyxin b oint	OTC	1
gentamicin sulfate cream (QL= 30gm/30 days)	QL	1
gentamicin sulfate oint (QL= 30gm/30 days)	QL	1
mupirocin oint (BACTROBAN equiv) (QL= 30gm/30 days)	PDL-QL	1
neomycin/bacitracin/polymyxin oint	OTC	1
<b>ANTIFUNGALS - TOPICAL</b>		
ciclopirox cream (LOPROX equiv) (QL= 30gm/30 days)	PDL-QL	1
ciclopirox soln (PENLAC equiv) (QL= 7ml/30 days)	PDL-QL	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
ciclopirox topical susp (LOPROX equiv) (QL= 30gm/30 days)	PDL-QL	1
clotrimazole cream (LOTRIMIN AF equiv) (QL= 30gm/30 days)	OTC-PDL-QL	1
clotrimazole soln (Rx Only) (QL= 30ml/30 days)	PDL-QL	1
clotrimazole/betamethasone cream (LOTRISONE equiv) (QL= 30gm/30 days)	PDL-QL	1
econazole cream (SPECTAZOLE equiv) (QL= 30gm/30 days)	PDL-QL	1
ketoconazole cream (NIZORAL equiv) (QL= 60gm/30 days)	PDL-QL	1
ketoconazole shampoo (NIZORAL equiv) (QL= 120ml/30 days)	PDL-QL	1
miconazole nitrate aerosol	OTC	1
miconazole nitrate aerosol powder	OTC-PDL	1
miconazole nitrate cream	OTC-PDL	1
miconazole nitrate oint	OTC	1
miconazole nitrate powder	OTC-PDL	1
nystatin cream (MYCOSTATIN equiv) (QL= 30gm/30 days)	PDL-QL	1
nystatin oint (QL= 30gm/30 days)	PDL-QL	1
nystatin topical powder (QL= 60gm/30 days)	PDL-QL	1
nystatin/triamcinolone cream (QL= 30gm/30 days)	PDL-QL	1
terbinafine cream	OTC-PDL	1
tolnaftate aerosol powder	OTC	1
tolnaftate cream	OTC-PDL	1
tolnaftate powder	OTC	1
tolnaftate spray	OTC	1
LOTRIMIN NITRATE SPRAY	OTC	2
MIRANEL AF SOLN	OTC	2
ZEASORB-AF LOTION	OTC	2
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
diclofenac gel 1% (VOLTAREN equiv) (QL= 100gm/30 days)	PDL-QL	1
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
fluorouracil cream (EFUDEX equiv) (QL= 40gm/30 days)	QL	1
<b>ANTIPSORIATICS</b>		
calcipotriene cream (DOVONEX equiv) (QL= 120gm/30 days)	QL	1
calcipotriene oint (QL= 120gm/30 days)	QL	1
calcipotriene soln (DOVONEX equiv) (QL= 60ml/30 days)	QL	1
CALCIPOTRIENE SOLN (QL= 60ml/30 days)	QL	2
<b>ANTISEBORRHEIC PRODUCTS</b>		
selenium sulf 1% shampoo	OTC	1
selenium sulfide lotion (QL= 120gm/30 days)	QL	1
sodium sulfacetamide susp (OVACE equiv)	PDL	1
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir oint (ZOVIRAX equiv) (QL= 15gm/30 days)	PDL-QL	1
docosanol cream	OTC	1
DENAVIR CREAM	PDL	2
<b>BURN PRODUCTS</b>		
silver sulfadiazine cream (SILVADENE equiv) (QL= 50gm/30 days)	QL	1
<b>CORTICOSTEROIDS - TOPICAL</b>		
alclometasone cream (ACLOVATE equiv) (QL= 45gm/30 days)	QL	1
alclometasone oint (ACLOVATE equiv) (QL= 45gm/30 days)	QL	1
betamethasone augmented cream (DIPROLENE AF equiv) (QL= 50gm/30 days)	QL	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
betamethasone augmented lotion (DIPROLENE equiv) (QL= 60gm/30 days)	QL	1
betamethasone augmented oint (DIPROLENE equiv) (QL= 50gm/30 days)	QL	1
betamethasone dipropionate cream (DIPROSONE equiv) (QL= 45gm/30 days)	QL	1
betamethasone dipropionate lotion (QL= 60gm/30 days)	QL	1
betamethasone dipropionate oint (DIPROSONE equiv) (QL= 45gm/30 days)	QL	1
betamethasone valerate cream (QL= 45gm/30 days)	QL	1
betamethasone valerate lotion (QL= 60gm/30 days)	QL	1
betamethasone valerate oint (QL= 45gm/30 days)	QL	1
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/30 days)	QL	1
clobetasol propionate gel (TEMOVATE equiv) (QL= 60gm/30 days)	QL	1
clobetasol propionate oint (TEMOVATE equiv) (QL= 45gm/30 days)	QL	1
clobetasol propionate soln (TEMOVATE equiv) (QL= 50ml/30 days)	QL	1
clobetasol shampoo (CLOBEX equiv) (QL= 118ml/30 days)	QL	1
desonide cream (QL= 60gm/30 days)	QL	1
desonide lotion (QL= 59ml/30 days)	QL	1
desonide oint (QL= 60gm/30 days)	QL	1
desoximetasone cream 0.25% (QL= 60gm/30 days)	QL	1
fluocinolone acetonide cream 0.025% (QL= 60gm/30 days)	QL	1
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) (QL= 1 bottle/30 days)	QL	1
fluocinolone acetonide oint (QL= 60gm/30 days)	QL	1
fluocinolone acetonide soln (QL= 60ml/30 days)	QL	1
fluocinonide cream (LIDEX equiv) (QL= 60gm/30 days)	QL	1
fluocinonide emollient cream (QL= 60gm/30 days)	QL	1
fluocinonide gel (QL= 60gm/30 days)	QL	1
fluocinonide oint (QL= 60gm/30 days)	QL	1
fluocinonide soln (QL= 60ml/30 days)	QL	1
fluticasone propionate cream (CUTIVATE equiv) (QL= 30gm/30 days)	QL	1
fluticasone propionate oint (CUTIVATE equiv) (QL= 30gm/30 days)	QL	1
hydrocortisone acetate oint	OTC	1
hydrocortisone cream (PROCTOCORT equiv)	OTC	1
hydrocortisone gel	OTC	1
hydrocortisone lotion 1%, 2.5% (HYTONE equiv) (QL= 118ml/30 days)	QL	1
hydrocortisone oint	OTC	1
hydrocortisone oint in absorbbase	OTC	1
hydrocortisone soln	OTC	1
hydrocortisone valerate cream (QL= 15gm/30 days)	QL	1
mometasone cream (ELOCON equiv) (QL= 50gm/30 days)	QL	1
mometasone oint (ELOCON equiv) (QL= 45gm/30 days)	QL	1
mometasone soln (ELOCON equiv) (QL= 60ml/30 days)	QL	1
triamcinolone cream 0.025% (QL= 80gm/30 days)	QL	1
triamcinolone cream 0.1% (QL= 80gm/30 days)	QL	1
triamcinolone cream 0.5% (QL= 20gm/30 days)	QL	1
triamcinolone lotion (QL= 60gm/30 days)	QL	1
triamcinolone oint 0.025% (QL= 80gm/30 days)	QL	1
triamcinolone oint 0.1% (QL= 90gm/30 days)	QL	1
triamcinolone oint 0.5% (QL= 15gm/30 days)	QL	1
HYDROCORTISONE LOTION 2.5% (QL= 118ml/30 days)	QL	2
ITCH-X FOAM	OTC	2

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

<b>90DS</b>	<b>NC</b> =Not Covered 90 Day Supply Allowed	<b>LD</b>	<b>generic</b> =small letters Limited Distribution	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization	<b>PDL</b>	Preferred Drug
<b>QL</b>	Quantity Limit	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ	PA-PDL	2
DUPIXENT PEN INJ	PA-PDL	2
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
urea cream 20% (QL= 1 bottle/30 days)	OTC-QL	1
urea lotion 10% (QL= 1 bottle/fill)	OTC-QL	1
urea lotion 40% (QL= 1 bottle/fill)	QL	1
<b>EMOLLIENTS</b>		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion 12% (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion 5%	OTC	1
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT	PA	2
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv) (QL= 12gm/30 days)	QL	1
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
tacrolimus oint (PROTOPIC equiv) (QL= 60gm/30 days)	QL	1
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
podofilox soln (CONDYLOX equiv) (QL= 3.5ml/30 days)	QL	1
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
PODOFILOX SOLN	-	2
<b>LINIMENTS</b>		
TRIXAICIN CREAM 0.025%	OTC	2
<b>LOCAL ANESTHETICS - TOPICAL</b>		
capsaicin cream (QL= 60gm/30 days)	OTC-QL	1
dibucaine ointment 1% (QL= 1 tube/fill)	OTC-QL	1
lidocaine cream 4% (QL= 1 tube/fill)	OTC-QL	1
lidocaine oint (QL= 60gm/30 days)	QL	1
lidocaine/prilocaine cream (EMLA equiv) (QL= 60gm/30 days)	QL	1
<b>MISC. TOPICAL</b>		
alcohol wipes	OTC	\$0
aluminum chloride soln (DRYSOL equiv) (QL= 60ml/30 days)	QL	1
calamine lotion	OTC	1
dimethicone cream 1%	OTC	1
mineral oil light	OTC	1
skin protectants cream	OTC	1
skin protectants lotion	OTC	1
DRYSOL SOLN (QL= 60ml/30 days)	QL	2
<b>ROSACEA AGENTS</b>		
metronidazole cream (METROCREAM equiv) (QL= 45gm/30 days)	QL	1
metronidazole gel 0.75% (METROGEL equiv) (QL= 45gm/30 days)	QL	1
metronidazole gel 1% (QL= 60gm/30 days)	QL	1
metronidazole lotion (METROLOTION equiv) (QL= 59gm/30 days)	QL	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
<b>SCABICIDES &amp; PEDICULICIDES</b>		
permethrin cream (ELIMITE equiv) (QL= 60gm/30 days)	PDL-QL	1
permethrin creme rinse 1%	OTC-PDL	1
piperonyl butoxide/pyrethrins shampoo	OTC-PDL	1
NATROBA SUSP (QL= 120ml/30 days)	PDL-QL	2
<b>TAR PRODUCTS</b>		
coal tar shampoo	OTC	1
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC-PDL	\$0
ACCU-CHEK COMPACT PLUS STRIPS	OTC-PDL	\$0
ACCU-CHEK GUIDE TEST STRIP	OTC-PDL	\$0
ACCU-CHEK SMARTVIEW TEST STRIP	OTC-PDL	\$0
ACCU-CHEK TEST STRIP	OTC-PDL	\$0
CONTOUR NEXT TEST STRIP	OTC-PDL	\$0
CONTOUR PLUS TEST STRIP	PDL	\$0
CONTOUR TEST STRIP	OTC-PDL	\$0
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0
KETO-DIASTIX TEST STRIP	OTC	\$0
KETOSTIX	OTC	\$0
URINE TEST STRIPS (QL= 100 strips/30 days)	OTC-QL	\$0
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
folbic tab (FOLTX equiv)	-	1
VITA-RESPA TAB	-	2
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
lactase chew tab	OTC	1
lactase tab	OTC	1
CREON CAP	PDL	2
LACTAID CHEW TAB	OTC	2
LACTASE TAB	OTC	2
LACTRASE CAP	OTC	2
ZENPEP CAP	PDL	2
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	90DS	1
acetazolamide tab	90DS	1
methazolamide tab (NEPTAZANE equiv)	-	1
<b>DIURETIC COMBINATIONS</b>		
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	90DS	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	90DS	1
triamterene/hydrochlorothiazide cap 50/25mg	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	90DS	1
<b>LOOP DIURETICS</b>		
bumetanide tab (BUMEX equiv)	90DS	1

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DIURETICS Cont.</b>		
furosemide tab (LASIX equiv)	90DS	1
torsemide tab (DEMADEX equiv)	90DS	1
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride tab (MIDAMOR equiv)	90DS	1
spironolactone tab (ALDACTONE equiv)	90DS	1
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorthalidone 25mg (QL= 0.5 tab/day)	90DS-QL	1
chlorthalidone 50mg (QL= 2 tabs/day)	90DS-QL	1
hydrochlorothiazide cap (MICROZIDE equiv)	90DS	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	90DS	1
indapamide tab (LOZOL equiv)	90DS	1
metolazone tab (ZAROXOLYN equiv)	90DS	1
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
alendronate soln	PDL	1
alendronate tab (FOSAMAX equiv)	90DS-PDL	1
alendronate tab 40mg	PDL	1
calcitonin (salmon) inj 200unit/ml	-	1
calcitonin nasal spray (MIACALCIN equiv)	PDL	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	90DS-PDL-QL	1
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	MSP-PA	1
FORTEO INJ 620MCG/2.4ML	MSP-PA-PDL	2
MIACALCIN INJ 200UNIT/ML	PDL	2
MIACALCIN NASAL SPRAY	PDL	2
<b>GROWTH HORMONES</b>		
GENOTROPIN CARTRIDGE	MSP-PA-PDL	2
GENOTROPIN INJ	MSP-PA-PDL	2
NORDITROPIN FLEXPRO PEN	MSP-PA-PDL	2
NUTROPIN AQ INJ	MSP-PA-PDL	2
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	90DS-PDL	\$0
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL NASAL SOLN	-	2
<b>METABOLIC MODIFIERS</b>		
calcitriol cap (ROCALTROL equiv)	90DS	1
doxercalciferol cap (HECTOROL equiv)	-	1
paricalcitol cap (ZEMPLAR equiv)	-	1
sapropterin dihydrochloride tab	MSP-PA	1
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate nasal spray (DDAVP equiv)	PA	1
desmopressin acetate tab (DDAVP equiv)	PA	1
desmopressin nasal soln (DDAVP equiv)	PA	1
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
mifepristone tab 200mg (MIFIPREX equiv) (QL= 1 tab/dispense)	QL	1
MIFEPREX TAB (QL= 1 tab/dispense)	QL	2
<b>PROLACTIN INHIBITORS</b>		

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
cabergoline tab (DOSTINEX equiv)	-	1
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
tolvaptan tab (SAMSCA equiv)	PA	1
JYNARQUE TAB	PA	2
TOLVAPTAN TAB	PA	2
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
estradiol/norethindrone tab (ACTIVEVELLA equiv)	90DS	1
jinteli tab (FEMHRT equiv)	90DS	1
COMBIPATCH	-	2
<b>ESTROGENS</b>		
estradiol patch (CLIMARA equiv) (Prior Authorization required for members age 65 or older)	PA	1
estradiol patch (VIVELLE-DOT equiv) (Prior Authorization required for members age 65 or older)	PA	1
estradiol tab (ESTRACE equiv) (Prior Authorization required for members age 65 or older)	PA	1
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
ciprofloxacin tab (CIPRO equiv)	PDL	1
ciprofloxacin tab 100mg	PDL	1
levofloxacin soln (LEVAQUIN equiv)	PDL	1
levofloxacin tab (LEVAQUIN equiv)	PDL	1
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
simethicone chew tab	OTC	1
simethicone liquid	OTC	1
simethicone susp	OTC	1
BICARSIM TAB	OTC	2
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	90DS	1
ursodiol tab (URSO (FORTE) equiv)	90DS	1
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
lubiprostone cap	PA-PDL	1
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide tab (REGLAN equiv)	-	1
<b>INFLAMMATORY BOWEL AGENTS</b>		
balsalazide cap (COLAZAL equiv)	PDL	1
mesalamine DR tab (LIALDA equiv)	-	1
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	PDL-QL	1
sulfasalazine DR tab (AZULFIDINE equiv)	90DS-PDL	1
sulfasalazine tab (AZULFIDINE equiv)	90DS-PDL	1
APRISO CAP	PDL	2
LIALDA TAB	PDL	2
PENTASA CR CAP	PDL	2
PENTASA CR CAP 250MG	PDL	2
ROWASA KIT	PDL	2
SFROWASA ENEMA	PDL	2
INFLIXIMAB INJ (Medical Benefit)	PA-PDL	MB

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

Last Updated 1/1/2025

DrugName	Special Code	Tier
<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	90DS	1
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
LINZESS CAP	PA-PDL	2
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate cap (PHOSLO equiv)	PDL	1
calcium acetate tab (ELIPHOS equiv)	PDL	1
sevelamer carbonate tab (REVELA equiv)	PDL	1
ELIPHOS TAB	-	2
REVELA PACKET 0.8GM (QL= 6 packets/day)	PDL-QL	2
REVELA PACKET 2.4GM (QL= 3 packets/day)	PDL-QL	2
REVELA TAB	PDL	2
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
potassium citrate CR tab (UROKIT-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP (QL= 3 caps/day)	QL	2
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin SR tab (UROXATRAL equiv)	90DS-PDL	1
dutasteride cap	90DS-PDL	1
finasteride tab (PROSCAR equiv)	90DS-PDL	1
tamsulosin cap (FLOMAX equiv)	90DS-PDL	1
<b>URINARY ANALGESICS</b>		
phenazopyridine tab 100mg, 200mg (PYRIDIUM equiv)	-	1
<b>GOUT AGENTS</b>		
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	90DS	1
colchicine tab	-	1
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	1
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE INJ 1000UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 1500UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 2000UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 250UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 3000UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 4000UNIT (Medical Benefit)	PA-PDL	MB
ADVATE INJ 500UNIT (Medical Benefit)	PA-PDL	MB
ADYNOVATE INJ (Medical Benefit)	PA-PDL	MB
AFSTYLA KIT (Medical Benefit)	PA-PDL	MB
ALPHANATE INJ VWF/HUM (Medical Benefit)	PA-PDL	MB
ALPHANINE SD INJ (Medical Benefit)	PA-PDL	MB
ALPROLIX INJ (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 1000UNIT (Medical Benefit)	PA-PDL	MB

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

<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
90DS 90 Day Supply Allowed	LD Limited Distribution	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization	PDL Preferred Drug
QL Quantity Limit	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
BENEFIX KIT 2000UNIT (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 250UNIT (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 3000UNIT (Medical Benefit)	PA-PDL	MB
BENEFIX KIT 500UNIT (Medical Benefit)	PA-PDL	MB
COAGADEX INJ (Medical Benefit)	PA-PDL	MB
CORIFACT KIT (Medical Benefit)	PA-PDL	MB
ELOCTATE INJ (Medical Benefit)	PA-PDL	MB
ESPEROCT INJ (Medical Benefit)	PA-PDL	MB
FEIBA NF INJ (Medical Benefit)	PA-PDL	MB
HEMOPIL M INJ 1000UNIT (Medical Benefit)	PA-PDL	MB
HEMOPIL M INJ 1700UNIT (Medical Benefit)	PA-PDL	MB
HEMOPIL M INJ 250UNIT (Medical Benefit)	PA-PDL	MB
HEMOPIL M INJ 401-800 (Medical Benefit)	PA-PDL	MB
HEMOPIL M INJ 500UNIT (Medical Benefit)	PA-PDL	MB
HUMATE-P KIT (Medical Benefit)	PA-PDL	MB
IDELVION INJ (Medical Benefit)	PA-PDL	MB
IXINITY INJ (Medical Benefit)	PA-PDL	MB
JIVI INJ (Medical Benefit)	PA-PDL	MB
KOATE-DVI KIT (Medical Benefit)	PA-PDL	MB
KOATE-DVI VIAL (Medical Benefit)	PA-PDL	MB
KOGENATE FS INJ (Medical Benefit)	PA-PDL	MB
KOVALTRY INJ (Medical Benefit)	PA-PDL	MB
MONONINE KIT (Medical Benefit)	PA-PDL	MB
NOVOEIGHT INJ (Medical Benefit)	PA-PDL	MB
NOVOSEVEN RT INJ (Medical Benefit)	PA-PDL	MB
NUWIQ INJ (Medical Benefit)	PA-PDL	MB
OBIZUR INJ (Medical Benefit)	PA-PDL	MB
PROFILNINE SD (Medical Benefit)	PA-PDL	MB
REBINYN INJ (Medical Benefit)	PA-PDL	MB
RECOMBINATE INJ (Medical Benefit)	PA-PDL	MB
RIXUBIS INJ (Medical Benefit)	PA-PDL	MB
SEVENFACT INJ (Medical Benefit)	PA-PDL	MB
TRETTEN INJ (Medical Benefit)	PA-PDL	MB
VONVENDI INJ (Medical Benefit)	PA-PDL	MB
WILATE INJ (Medical Benefit)	PA-PDL	MB
XYNTHA KIT (Medical Benefit)	PA-PDL	MB
XYNTHA SOLOFUSE KIT (Medical Benefit)	PA-PDL	MB
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
icatibant inj	MSP-PA-PDL	1
<b>COMPLEMENT INHIBITORS</b>		
SOLIRIS INJ	PA	2
BERINERT INJ (Medical Benefit)	PA-PDL	MB
CINRYZE INJ (Medical Benefit)	PA-PDL	MB
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	90DS	1
<b>PLATELET AGGREGATION INHIBITORS</b>		
anagrelide cap (AGRYLIN equiv)	-	1

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

<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
90DS 90 Day Supply Allowed	Limited Distribution	MSP	Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA	PDL	Preferred Drug
QL Quantity Limit	SF	SMKG	Smoking Cessation
VAC Vaccine Program			

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
cilostazol tab (PLETAL equiv)	90DS	1
clopidogrel tab 300mg (PLAVIX equiv) (QL= 2 tab/fill per calendar year)	90DS-PDL-QL	1
clopidogrel tab 75mg (PLAVIX equiv) (QL= 1 tab/day)	90DS-PDL-QL	1
dipyridamole tab (PERSANTINE equiv)	PDL	1
prasugrel tab (EFFIENT equiv)	90DS-PDL	1
BRILINTA TAB (QL= 2 tabs/day)	PDL-QL	2
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	PA-PDL	2
OXBRYTA TAB	PA-PDL	2
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ENDARI POWDER PACK	PA-PDL	2
ADAKVEO INJ (Medical Benefit)	PA-PDL	MB
<b>COBALAMINS</b>		
vitamin B12 inj (cyanocobalamin) (QL= 1 inj/30 days)	90DS-QL	1
vitamin B12 tab (cyanocobalamin)	OTC	1
<b>FOLIC ACID/FOLATES</b>		
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
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP SYRINGE	MSP-PA-PDL	2
ARANESP VIAL	MSP-PA-PDL	2
EPOGEN INJ	MSP-PA-PDL	2
NEULASTA INJ	MSP-PA	2
NEUPOGEN INJ	MSP-PA	2
PROMACTA TAB	MSP-PA	2
RETACRIT INJ	MSP-PA-PDL	2
<b>HEMATOPOIETIC MIXTURES</b>		
folbee tab	-	1
folic acid/vitamin B6/vitamin B12 tab 2.2-25-0.5mg, 2.2-25-1mg, 2.5-25-1mg	OTC	1
<b>IRON</b>		
ferrous fumarate tab 325mg	OTC	1
ferrous fumarate tab 90mg	OTC	1
ferrous gluconate tab 225mg	OTC	1
ferrous gluconate tab 239mg (27mg elemental iron)	OTC	1
ferrous gluconate tab 324mg	OTC	1
ferrous gluconate tab 325mg	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 325mg	OTC	1
ferrous sulfate drops (\$0 for members age 6-12 months)	OTC	1
ferrous sulfate EC tab	OTC	1
ferrous sulfate tab CR 142mg (45mg Fe equivalent)	OTC	1
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
diphenhydramine (sleep) cap 50mg	OTC	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	<b>PDL</b>	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

Last Updated 1/1/2025

DrugName	Special Code	Tier
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
diphenhydramine (sleep) dispersible tab	OTC	1
diphenhydramine (sleep) tab	OTC	1
doxylamine succinate (sleep) tab	OTC	1
<b>BARBITURATE HYPNOTICS</b>		
phenobarbital tab	-	1
<b>NON-BARBITURATE HYPNOTICS</b>		
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	PDL-QL	1
temazepam cap 15mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1
temazepam cap 30mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	PDL-QL	1
zaleplon cap 5mg (SONATA equiv) (QL= 1 cap/day)	PDL-QL	1
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	PDL-QL	1
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
ROZEREM TAB (QL= 1 tab/day)	PDL-QL	2
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
calcium polycarbophil tab	OTC	1
methylcellulose laxative powder	OTC	1
psyllium powder	OTC	1
<b>LAXATIVE COMBINATIONS</b>		
GAVILYTE-C SOLN	-	\$0
GOLYTELY SOLN	-	\$0
NULYTELY SOLN	-	\$0
peg 3350/electrolytes soln (COLYTE equiv)	-	\$0
trilyte soln (NULYTELY equiv)	-	\$0
sennosides/docusate sodium tab	OTC	1
<b>LAXATIVES - MISCELLANEOUS</b>		
glycerin supp 1g, 1.2g, 2g, 2.1g, 80.7%	OTC	1
lactulose soln	90DS	1
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1
FLEET LIQUID GLYCERIN ENEMA	OTC	2
PEDIA-LAX SUPP	OTC	2
SORBITOL SOLN 70%	OTC	2
<b>LUBRICANT LAXATIVES</b>		
mineral oil	OTC	1
mineral oil light	OTC	1
<b>SALINE LAXATIVES</b>		
magnesium citrate soln	OTC	1
magnesium hydroxide chew tab	OTC	1
magnesium hydroxide susp	OTC	1
magnesium oxide (laxative) tab	OTC	1
sodium phosphates enema	OTC	1
sodium phosphates soln	OTC	1
<b>STIMULANT LAXATIVES</b>		
bisacodyl DR tab	OTC	1
bisacodyl supp	OTC	1

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

<b>NC</b> =Not Covered	<b>LD</b> =Limited Distribution	<b>MSP</b> =Mandatory Specialty Pharmacy Program
90DS 90 Day Supply Allowed	PA Prior Authorization	PDL Preferred Drug
OTC Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
QL Quantity Limit		
VAC Vaccine Program		

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>LAXATIVES Cont.</b>		
sennosides cap	OTC	1
sennosides chew tab	OTC	1
sennosides syrup	OTC	1
sennosides tab 8.6mg	OTC	1
<b>SURFACTANT LAXATIVES</b>		
docusate calcium cap	OTC	1
docusate sodium cap	OTC	1
docusate sodium enema	OTC	1
docusate sodium liquid	OTC	1
docusate sodium syrup	OTC	1
docusate sodium tab	OTC	1
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin powder pack	PDL	1
azithromycin susp (ZITHROMAX equiv)	PDL	1
azithromycin tab (ZITHROMAX equiv)	PDL	1
<b>CLARITHROMYCIN</b>		
clarithromycin tab (BIAXIN equiv)	PDL	1
<b>ERYTHROMYCINS</b>		
erythromycin base DR cap	PDL	1
erythromycin base DR cap (ERYC equiv)	PDL	1
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
MALE CONDOMS (QL= 24 units/30 days)	OTC-QL	\$0
OMNIFLEX DIAPHRAGM	-	\$0
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
ACCU-CHEK CALIBRATION SOLUTION (QL= 1 bottle/365 days)	OTC-QL	\$0
ACCU-CHEK GUIDE ME METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
ACCU-CHEK GUIDE METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
ACCU-CHEK NANO METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
CONTOUR METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
CONTOUR NEXT EZ METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
CONTOUR NEXT EZ METER KIT (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
CONTOUR NEXT METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
CONTOUR NEXT ONE METER (QL= 1 meter/365 days)	OTC-PDL-QL	\$0
LANCET DEVICE (QL= 1 device/365 days)	OTC-QL	\$0
LANCETS	OTC	\$0
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PDL-QL	2
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PDL-QL	2
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	90DS-PDL-QL	2
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PDL-QL	2
DEXCOM G7 SENSOR (QL= 3 sensors/28 days)	PDL-QL	2
FREESTYLE LIBRE 14 DAY RECEIVER (QL= 1 receiver/year)	PDL-QL	2
FREESTYLE LIBRE 14 DAY SENSOR (QL= 2 sensors/28 days)	PDL-QL	2
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PDL-QL	2
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/30 days)	PDL-QL	2

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

<b>90DS</b> 90 Day Supply Allowed	<b>LD</b> Limited Distribution	<b>MSP</b> Mandatory Specialty Pharmacy Program
<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization	<b>PDL</b> Preferred Drug
<b>QL</b> Quantity Limit	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>VAC</b> Vaccine Program		
<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
FREESTYLE LIBRE 3 RECEIVER (QL= 1 receiver/year)	PDL-QL	2
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/30 days)	PDL-QL	2
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days)	PDL-QL	2
<b>MISC. DEVICES</b>		
alcohol swabs	OTC	\$0
<b>PARENTERAL THERAPY SUPPLIES</b>		
B-D INSULIN SYRINGE	OTC	\$0
B-D INSULIN SYRINGE U-500	OTC	\$0
B-D PEN NEEDLE 29G x 12.7MM	OTC	\$0
B-D PEN NEEDLE 30G x 5MM	OTC	\$0
B-D PEN NEEDLE 31G x 5MM	OTC	\$0
B-D PEN NEEDLE 31G x 8MM	OTC	\$0
B-D PEN NEEDLE 32G x 4MM	OTC	\$0
B-D PEN NEEDLE 32G x 6MM	OTC	\$0
FREESTYLE INSULIN SYRINGE	OTC	\$0
INSULIN SYRINGE	OTC	\$0
LANCETS	OTC	\$0
MONOJECT SYRINGE	OTC	\$0
NOVOFINE PEN NEEDLE 30G x 8MM	OTC	\$0
NOVOFINE PEN NEEDLE 32G x 6MM	OTC	\$0
NOVOTWIST PEN NEEDLE 32G x 5MM	OTC	\$0
NOVOTWIST/NOVOFINE PEN NEEDLE 30G x 8MM	OTC	\$0
PEN NEEDLE 31G x 6MM, 32G x 8MM	-	\$0
PRECISION INSULIN SYRINGE	OTC	\$0
TECHLITE PEN NEEDLE 32G x 4MM	OTC	\$0
<b>RESPIRATORY THERAPY SUPPLIES</b>		
AEROCHAMBER MV (QL= 1 spacer/365 days)	QL	2
AEROCHAMBER PLUS (QL= 1 spacer/365 days)	QL	2
AEROCHAMBER Z-STAT PLUS (QL= 1 spacer/365 days)	QL	2
AEROCHAMBER/FLOWSIGNAL (QL= 1 spacer/365 days)	QL	2
AEROVENT PLUS HOLDING CHAMBER (QL= 1 spacer/365 days)	QL	2
ARIAL CHAMBER (QL= 1 spacer/365 days)	OTC-QL	2
LITEAIRE (QL= 1 spacer/365 days)	QL	2
MICROCHAMBER (QL= 1 spacer/365 days)	QL	2
MICROSPACER (QL= 1 spacer/365 days)	QL	2
NEBULIZER (QL= 1 unit/365 days)	OTC-QL	2
POCKET CHAMBER (QL= 1 spacer/365 days)	QL	2
POCKET SPACER (QL= 1 spacer/365 days)	QL	2
VICKS WATERLESS VAPORIZER (QL= 1 unit/365 days)	OTC-QL	2
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AJOVY AUTOINJECTOR	PA-PDL	2
<b>MIGRAINE COMBINATIONS</b>		
ergotamine tartrate/caffeine tab (CAFERGOT equiv) (QL= 20 tabs/30 days)	QL	1
ERGOTAMINE/CAFFEINE TAB (QL= 20 tabs/30 days)	QL	2
<b>MIGRAINE PRODUCTS</b>		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 12 inj/30 days)	QL	1

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

<b>90DS</b> 90 Day Supply Allowed	<b>LD</b> Limited Distribution	<b>MSP</b> Mandatory Specialty Pharmacy Program
<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization	<b>PDL</b> Preferred Drug
<b>QL</b> Quantity Limit	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>VAC</b> Vaccine Program		
<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MIGRAINE PRODUCTS Cont.</b>		
dihydroergotamine mesylate nasal spray (QL= 1 bottle/fill; 1 fill/month)	QL	1
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG INJ	PA-PDL	2
AJOVY INJ	PA-PDL	2
EMGALITY PEN 120MG/ML	PA-PDL	2
EMGALITY SYRINGE 120MG/ML	PA-PDL	2
UBRELVY TAB (QL= 10 tabs/30 days)	PA-PDL-QL	2
<b>SEROTONIN AGONISTS</b>		
rizatriptan ODT (MAXALT equiv) (QL= 18 tabs/30 days)	PDL-QL	1
rizatriptan tab (MAXALT equiv) (QL= 18 tabs/30 days)	PDL-QL	1
sumatriptan tab (IMITREX equiv) (QL= 18 tabs/30 days)	PDL-QL	1
zolmitriptan tab (ZOMIG equiv) (QL= 18 tabs/30 days)	PDL-QL	1
IMITREX KIT (QL= 4 kits/30 days)	PDL-QL	2
IMITREX VIAL INJ (QL= 8 vials/30 days)	PDL-QL	2
RELPAK TAB (QL= 6 tabs/fill; 3 fills/30 days)	PDL-QL	2
ZOMIG SPRAY (QL= 1 box/fill; 3 fills/30 days)	PDL-QL	2
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>CALCIUM</b>		
calci-chew 1250mg	OTC	1
calcium carbonate susp 1250mg/5ml	OTC	1
calcium carbonate tab	OTC	1
calcium carbonate with vitamin D chew tab	OTC	1
calcium carbonate with vitamin D tab	OTC	1
calcium carbonate/cholecalciferol tab 250-125, 250-250, 500-125, 500-200, 500-400, 600-200, 600-400	OTC	1
calcium carbonate/ergocalciferol tab	OTC	1
calcium citrate plus vitamin D tab	OTC	1
calcium citrate/vitamin D tab	OTC	1
calcium w/vitamin D tab	OTC	1
oyster shell calcium/vitamin D (ergocalciferol) tab	OTC	1
oyster shell tab	OTC	1
CALCIUM CHEW	OTC	2
CALCIUM CITRATE/VITAMIN D TAB	OTC	2
<b>ELECTROLYTE MIXTURES</b>		
oral electrolytes soln	OTC	1
ENFAMIL ENFALYTE SOLN	OTC	2
<b>FLUORIDE</b>		
sodium fluoride chew tab (LURIDE equiv)	-	1
sodium fluoride soln (LURIDE equiv)	-	1
sodium fluoride tab	-	1
<b>MAGNESIUM</b>		
magnesium gluconate tab	OTC	1
MAGNESIUM OXIDE CHEW TAB	OTC	1
magnesium oxide tab	OTC	1
<b>PHOSPHATE</b>		
phospha 250 neutral tab (K-PHOS equiv)	90DS	1
<b>POTASSIUM</b>		

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

Last Updated 1/1/2025

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
potassium bicarbonate effer tab (K-LYTE equiv)	90DS	1
potassium chloride ER cap (MICRO-K equiv)	90DS	1
potassium chloride ER tab 10meq (KLOR-CON equiv)	90DS	1
potassium chloride micro tab (K-DUR equiv)	90DS	1
<b>ZINC</b>		
zinc sulfate cap	OTC	1
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>IMMUNOMODULATORS</b>		
lenalidomide cap	MSP-PA	1
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
sirolimus soln (QL= 2ml/day)	PDL-QL	1
sirolimus tab 0.5mg (QL= 1 tab/day)	PDL-QL	1
sirolimus tab 1mg (QL= 6 tabs/day)	PDL-QL	1
sirolimus tab 2mg (QL= 1 tab/day)	PDL-QL	1
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK (QL= 30 paks/30 days)	PA-QL	2
SODIUM POLYSTYRENE SOLN 15GM/60ML (SPS equiv)	-	2
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine viscous soln 2%	-	1
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troches (MYCELEX equiv)	-	1
nystatin susp	PDL	1
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
<b>DENTAL PRODUCTS</b>		
sodium fluoride cream (PREVIDENT equiv)	90DS	1
sodium fluoride gel (PREVIDENT equiv)	90DS	1
sodium fluoride paste (PREVIDENT equiv)	90DS	1
<b>LOZENGES</b>		
throat lozenges	OTC	1
<b>STEROIDS - MOUTH/THROAT</b>		
triamcinolone in orabase paste (KENALOG/ORABASE equiv) (QL= 1 tube/30 days)	QL	1
<b>THROAT PRODUCTS - MISC.</b>		
pilocarpine tab (SALAGEN equiv)	90DS	1
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
B-complex vitamin cap	OTC	1
<b>B-COMPLEX W/ C</b>		
B-complex with C/E + Zn tab	OTC	1
<b>B-COMPLEX W/ FOLIC ACID</b>		
B-complex with vitamin C and folic acid tab	OTC	1
renaphro cap (NEPHROCAP equiv)	-	1
<b>MULTIPLE VITAMINS W/ IRON</b>		
multiple vitamins w/iron tab	OTC	1

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MULTIVITAMINS Cont.</b>		
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multiple vitamins w/minerals liquid	OTC	1
multivitamin cap	OTC	1
multivitamin/minerals tab (STROVITE equiv)	OTC	1
ICAPS PLUS TAB	OTC	2
MULTIPLE VITAMINS W/MINERALS LIQUID	OTC	2
<b>MULTIVITAMINS</b>		
multiple vitamin tab	OTC	1
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
pediatric multiple vitamin w/ minerals chew tab	OTC	1
pediatric multivitamin w/minerals/C chew tab 60mg	OTC	1
<b>PED MV W/ IRON</b>		
multivitamin with iron drops	OTC	1
pediatric multiple vitamins w/iron chew tab	OTC	1
pediatric multivitamin/iron drops	OTC	1
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
multivitamin drops	OTC	1
pediatric multivitamin w/C/FA chew tab	OTC	1
CHILD MULTI CHEW VITAMINS	OTC	2
<b>PEDIATRIC VITAMINS</b>		
HONEY BEARS CHEW TAB	OTC	2
<b>PRENATAL VITAMINS</b>		
citranatal harmony cap	-	1
pregen DHA cap	PA	1
prenatabs FA tab	-	1
prenatal 19 tab	OTC	1
prenatal plus tab	OTC	1
prenatal tab 27-0.8mg	OTC	1
vol-tab	-	1
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
baclofen tab	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	1
<b>MUSCLE RELAXANT COMBINATIONS</b>		
orphenadrine/aspirin/caffeine tab	-	1
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1
NORGESIC FORTE TAB	-	2
<b>VISCOSUPPLEMENTS</b>		
SUPARTZ INJ 25MG/2.5ML	PA	2

**NASAL AGENTS - SYSTEMIC AND TOPICAL**

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

Last Updated 1/1/2025

DrugName	Special Code	Tier
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
<b>NASAL AGENTS - MISC.</b>		
saline nasal spray	OTC	1
AYR NASAL DROPS	OTC	2
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/30 days)	PDL-QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	PDL	1
cromolyn nasal spray	OTC	1
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	90DS-PDL	1
<b>NASAL STEROIDS</b>		
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	PDL-QL	1
mometasone nasal spray	PDL	1
triamcinolone nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT AQ equiv) (QL= 1 bottle/30 days)	OTC-QL	1
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
pseudoephedrine ER tab	OTC	1
pseudoephedrine liquid	OTC	1
pseudoephedrine syrup	OTC	1
pseudoephedrine tab	OTC	1
SUDAFED SR TAB	OTC	2
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
riluzole tab (RILUTEK equiv)	-	1
<b>NUTRIENTS</b>		
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
omega-3 fatty acids cap 1000mg	OTC	1
omega-3 fatty acids cap 1200mg	OTC	1
<b>PROTEINS</b>		
levocarnitine cap	OTC	1
levocarnitine fumarate cap	OTC	1
levocarnitine tab	OTC	1
L-CARNITINE CAP	OTC	2
L-CARNITINE TAB	OTC	2
L-CARNITINE TAB 500MG	OTC	2
LEVOCARNITINE FUMARATE CAP	OTC	2
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
artificial tears ophth soln	OTC	1
carboxymethylcellulose sodium ophth soln	OTC	1
carboxymethylcellulose/hypromellose ophth gel	OTC	1
carboxymethylcellulose-glycerin ophth soln	OTC	1
glycerin/hypromellose/peg 400 ophth soln	OTC	1
hypromellose ophth soln	OTC	1
hypromellose ophth soln 0.4%	OTC	1
lubricant eye drop 0.6%	OTC	1
polyethylene glycol soln	OTC	1

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

<b>NC</b> =Not Covered	<b>LD</b> =small letters Limited Distribution	<b>MSP</b> =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
90DS 90 Day Supply Allowed	PA Prior Authorization	PDL Preferred Drug
OTC Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
QL Quantity Limit		
VAC Vaccine Program		

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
polyethylene glycol/propylene glycol ophth soln	OTC	1
polyethylene glycol-propylene glycol ophth gel	OTC	1
polyvinyl alcohol ophth soln	OTC	1
polyvinyl alcohol/povidone ophth soln	OTC	1
propylene glycol/glycerin ophth soln	OTC	1
white petrolatum/mineral oil ophth oint	OTC	1
BLINK TEARS OPHTH DROPS	OTC	2
COMPUTER EYE DROPS	OTC	2
DAKRINA OPHTH SOLN	OTC	2
GENTEAL MILD OPHTH DROPS	OTC	2
GENTEAL OPHTH GEL	OTC	2
GENTEAL OPHTH SOLN	OTC	2
HYPOTEARs OPHTH SOLN	OTC	2
IMPROVUE SOLN	OTC	2
LUBRICANT EYE DROPS	OTC	2
REFRESH LIQUIGEL OPHTH DROPS	OTC	2
REFRESH OPTIVE ADVANCED OPHTH SOLN	OTC	2
RETAIN E MGD OPHTH EMULSION	OTC	2
SOOTHE OPHTH DROPS	OTC	2
STERILE LUBRICANT OPHTH DROPS	OTC	2
TEARS AGAIN NIGHT/DAY OPHTH GEL	OTC	2
VISINE TEARS OPHTH DROPS	OTC	2
VIVA DROPS 1%	OTC	2
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
dorzolamide/timolol ophth soln (COSOPT equiv)	PDL	1
metipranolol ophth soln	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	90DS-PDL	1
COMBIGAN OPHTH SOLN	PDL	2
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 5ml/30 days)	90DS-QL	1
cyclopentolate ophth soln 1%	90DS	1
tropicamide ophth soln (MYDRIACYL equiv) (QL= 10ml/30 days)	QL	1
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
brimonidine ophth soln 0.2% (ALPHAGAN P equiv)	90DS-PDL	1
brimonidine tartrate ophth soln 0.1%	-	1
ALPHAGAN P OPHTH SOLN	PDL	2
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	PDL	1
erythromycin ophth oint	-	1
gentak ophth oint	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
moxifloxacin ophth soln	PDL	1
neomycin/polymixin/gramicidin ophth soln	-	1
ofloxacin ophth soln (OCUFLOX equiv)	PDL	1

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

DrugName	Special Code	Tier
<b>OPHTHALMIC AGENTS Cont.</b>		
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
trifluridine ophth soln	-	1
trifluridine ophth soln (VIROPTIC equiv)	-	1
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS MULTI-DOSE (QL= 5.5ml/30 days)	PDL-QL	2
RESTASIS OPHTH EMULSION (QL= 60 vials/30 days)	PDL-QL	2
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN (QL= 60 vials/30 days)	PDL-QL	2
<b>OPHTHALMIC STEROIDS</b>		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	PA	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	PDL	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
neomycin/polymyxin/hydrocortisone ophth soln	-	1
prednisolone acetate ophth soln (PRED FORTE equiv)	PDL	1
prednisolone acetate ophth susp	PDL	1
prednisolone sodium phosphate ophth soln	-	1
prednisolone/sulfacetamide ophth soln	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSPENSION (QL= 5ml/30 days)	PDL-QL	2
TOBRADEX OPHTH SOLN	PDL	2
TRIESENCE INJ (Medical Benefit)	PA-PDL	MB
<b>OPHTHALMICS - MISC.</b>		
cromolyn ophth soln (CROLOM equiv)	PDL	1
diclofenac sodium ophth soln (VOLTAREN equiv)	PDL	1
dorzolamide ophth soln (TRUSOPT equiv)	90DS-PDL	1
ketorolac ophth soln (ACULAR equiv)	PDL	1
ketorolac ophth soln LS (ACULAR LS equiv)	PDL	1
ketotifen ophth soln (ZADITOR equiv)	OTC-PDL	1
olopatadine ophth soln (PATANOL equiv)	OTC-PDL	1
olopatadine ophth soln 0.2%	OTC-PDL	1
sodium chloride hypertonic ophth soln	OTC	1
BEPREVE OPHTH SOLN (QL= 5ml/30 days)	PDL-QL	2
CROMOLYN SODIUM OPHTH SOLN	PDL	2
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
latanoprost ophth soln (XALATAN equiv)	90DS-PDL	1
TRAVATAN Z OPHTH SOLN	PDL	2
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
acetic acid otic soln (VOSOL equiv)	-	1
acetic acid/aluminum acetate otic soln	-	1
carbamide peroxide otic soln	OTC	1
<b>OTIC ANTI-INFECTIVES</b>		

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OTIC AGENTS Cont.</b>		
ofloxacin otic soln (FLOXIN equiv)	PDL	1
<b>OTIC COMBINATIONS</b>		
ciprofloxacin/dexamethasone otic susp (QL= 1 bottle/30 days)	PDL-QL	1
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	PDL	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	PDL	1
CIPRO HC OTIC SUSP	PDL	2
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv)	-	1
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	PA	2
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab	-	1
amoxicillin tab 875mg (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp	-	1
<b>NATURAL PENICILLINS</b>		
penicillin vk soln	-	1
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	PDL	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	PDL	1
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	1
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
SORBITOL SOLN	OTC	2
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
medroxyprogesterone tab (PROVERA equiv)	90DS	1
norethindrone tab (AYGESTIN equiv)	90DS	1
progesterone cap (PROMETRIUM equiv)	90DS	1
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
acamprosate calcium DR tab (CAMPRAL equiv)	PA	1
disulfiram tab (ANTABUSE equiv)	-	1
<b>ANTIDEMENTIA AGENTS</b>		
donepezil ODT (ARICEPT equiv)	PDL	1
donepezil tab (ARICEPT equiv)	90DS-PDL	1
memantine tab (NAMENDA equiv)	90DS-PDL	1
<b>FIBROMYALGIA AGENTS</b>		

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

Last Updated 1/1/2025

DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
SAVELLA DOSE PACK	PDL	2
SAVELLA TAB (QL= 2 tabs/day)	PDL-QL	2
<b>MULTIPLE SCLEROSIS AGENTS</b>		
dimethyl fumarate DR cap	MSP-PA-PDL	1
fingolimod cap (GILENYA equiv)	MSP-PA-PDL	1
teriflunomide tab	MSP-PA-PDL	1
AVONEX KIT	MSP-PA-PDL	2
AVONEX PEN KIT	MSP-PA-PDL	2
AVONEX PREFILLED SYRINGE KIT	MSP-PA-PDL	2
BETASERON PEN KIT	MSP-PA-PDL	2
COPAXONE INJ 20MG/ML	MSP-PA-PDL	2
REBIF INJ	MSP-PA-PDL	2
REBIF REBIDOSE PEN	MSP-PA-PDL	2
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP	PA	2
<b>SMOKING DETERRENTS</b>		
bupropion SR tab (ZYBAN equiv)	SMKG	\$0
CHANTIX TAB	SMKG	\$0
nicotine gum (NICORETTE equiv)	OTC-SMKG	\$0
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0
varenicline tab	SMKG	\$0
varenicline tartrate tab starter pack	SMKG	\$0
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
PULMOZYME INH SOLN	MSP-PA	2
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
sulfadiazine tab	-	1
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab 20mg, 100mg (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
methimazole tab (TAPAZOLE equiv)	90DS	1
propylthiouracil tab	-	1
<b>THYROID HORMONES</b>		
levothyroxine tab (SYNTHROID equiv)	90DS	1
liothyronine tab (CYTOMEL equiv)	90DS	1
<b>TOXOIDS</b>		

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

90DS	90 Day Supply Allowed	LD	generic =small letters Limited Distribution	MSP	MANDATORY SPECIALTY PHARMACY PROGRAM
OTC	Over-the-Counter	PA	Prior Authorization	PDL	Preferred Drug
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>TOXOIDS Cont.</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL INJ, BOOSTRIX INJ	VAC	\$0
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab 1mg, 2mg (ROBINUL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	90DS	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	90DS	1
hyoscyamine tab (LEVSIN equiv)	90DS	1
<b>H-2 ANTAGONISTS</b>		
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine susp (PEPCID equiv) (QL= 50ml/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	1
famotidine tab (PEPCID equiv)	90DS-OTC	1
nizatidine cap (AXID equiv)	-	1
PEPCID AC CHEW TAB	OTC	2
<b>MISC. ANTI-ULCER</b>		
sucralfate tab (CARAFATE equiv)	90DS	1
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole cap (NEXIUM equiv)	90DS-PDL	1
lansoprazole DR cap (PREVACID equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
omeprazole DR cap 10mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
omeprazole DR cap 20mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
omeprazole DR cap 40mg (PRILOSEC equiv) (QL= 2 caps/day)	90DS-PDL-QL	1
pantoprazole EC tab (PROTONIX equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1
NEXIUM GRANULE PACK FOR SUSP	PDL	2
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
misoprostol tab (CYTOTEC equiv)	90DS	1
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>H-2 ANTAGONISTS</b>		
nizatidine cap	-	1
<b>PROTON PUMP INHIBITORS</b>		
NEXIUM GRANULE PACK FOR SUSP	PDL	2
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
oxybutynin ER tab (DITROPAN XL equiv)	90DS-PDL	1
oxybutynin syrup	90DS-PDL	1
oxybutynin tab (DITROPAN equiv)	90DS-PDL	1
solifenacin tab	90DS-PDL	1
tolterodine ER cap (DETROL LA equiv) (QL= 1 cap/day)	90DS-PDL-QL	1
tolterodine tab (DETROL equiv) (QL= 2 tabs/day)	90DS-PDL-QL	1
OXYTROL PATCH	PDL	2
TOVIAZ TAB	PDL	2
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		

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

<b>90DS</b>	<b>NC</b> =Not Covered	<b>LD</b>	<b>generic</b> =small letters	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS
<b>OTC</b>	90 Day Supply Allowed	<b>PA</b>	Limited Distribution	Mandatory Specialty Pharmacy Program	
<b>QL</b>	Over-the-Counter	<b>SF</b>	Prior Authorization	PDL	Preferred Drug
<b>VAC</b>	Quantity Limit		Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Vaccine Program				

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>URINARY ANTISPASMODICS Cont.</b>		
bethanechol tab (URECHOLINE equiv)	-	1

**VACCINES**

**VIRAL VACCINES**

AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
COMIRNATY INJ	VAC	\$0
COVID-19 VACCINE INJ (MODERNA)	VAC	\$0
COVID-19 VACCINE INJ (PFIZER)	VAC	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML	VAC	\$0
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	\$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK INJ (QL=1 inj/28 days)	QL-VAC	\$0
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX INJ (QL=1 inj/28 days)	QL-VAC	\$0
FLUMIST NASAL (QL=1 dose/28 days)	QL-VAC	\$0
FLUVIRIN INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUVIRIN PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE HIGH-DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE INTRADERMAL (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
HEPLISAV-B INJ	VAC	\$0
NOVAVAX INJ	VAC	\$0
SHINGRIX INJ (Only covered for members 50 years of age and older)	VAC	\$0
SPIKEVAX INJ	VAC	\$0
TWINRIX INJ	VAC	\$0

**VAGINAL AND RELATED PRODUCTS**

**VAGINAL ANTI-INFLAMMATORY AGENTS**

hydrocortisone cream (PROCTOCORT equiv)	OTC	1
---	-----	---

**VAGINAL PRODUCTS**

**MISCELLANEOUS VAGINAL PRODUCTS**

acetic acid vaginal soln	OTC	1
--------------------------	-----	---

**SPERMICIDES**

CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0

**VAGINAL ANTI-INFECTIVES**

clindamycin vaginal cream (CLEOCIN equiv)	-	1
clotrimazole vaginal cream	OTC	1
metronidazole vaginal gel (METROGEL equiv)	-	1
miconazole 3 supp 200mg	-	1
miconazole nitrate vaginal kit	OTC	1
miconazole vaginal cream	OTC	1

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

<b>NC</b> =Not Covered	<b>LD</b> =Limited Distribution	<b>MSP</b> =Mandatory Specialty Pharmacy Program
<b>90DS</b> =90 Day Supply Allowed	<b>PA</b> =Prior Authorization	<b>PDL</b> =Preferred Drug
<b>OTC</b> =Over-the-Counter	<b>SF</b> =Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> =Smoking Cessation
<b>QL</b> =Quantity Limit		
<b>VAC</b> =Vaccine Program		

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
miconazole vaginal kit	OTC	1
miconazole vaginal supp	OTC	1
terconazole cream (TERAZOL equiv)	-	1
terconazole supp (TERAZOL equiv)	-	1
terconazole vaginal cream	-	1
CLEOCIN VAGINAL SUPP	-	2
<b>VAGINAL ESTROGENS</b>		
estradiol vaginal cream (ESTRACE equiv)	90DS	1
estradiol vaginal tab, yuvafem vaginal tab	-	1
FEMRING	-	2
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
epinephrine pen inj 0.15mg (mylan) (QL= 2 inj/fill)	PDL-QL	1
epinephrine pen inj 0.3mg (mylan) (QL= 2 inj/fill)	PDL-QL	1
EPIPEN INJ 0.3MG (QL= 2 inj/fill)	PDL-QL	2
EPIPEN JR INJ 0.15MG (QL= 2 inj/fill)	PDL-QL	2
SYMJEPI INJ (QL= 2 inj/fill)	PDL-QL	2
<b>VASOPRESSORS</b>		
midodrine tab (PROAMATINE equiv)	-	1
<b>VITAMINS</b>		
<b>MISC. NUTRITIONAL FACTORS</b>		
citranatal tab Rx	-	1
inatal ultra tab	-	1
prenatal 19 chew tab	-	1
taron-bc tab	-	1
<b>OIL SOLUBLE VITAMINS</b>		
vitamin A cap 1000unit (retinol/retinoic acid)	OTC	1
vitamin D cap (calciferol) 2000unit, 5000unit, 10000unit	OTC	1
vitamin D cap (calciferol) 400unit	OTC	1
vitamin D cap (calciferol)1000unit	OTC	1
vitamin D cap 50,000 units (high potency) (QL= 12 caps/28 days)	90DS-OTC-QL	1
vitamin D drops (calciferol)	OTC	1
vitamin D3 liquid (calciferol) 400unit	OTC	1
vitamin D3 tab (calciferol)	OTC	1
vitamin E cap (tocopherol)	OTC	1
vitamin E tab (tocopherol)	OTC	1
vitamin K tab (phytonadione)	-	1
VITAMIN D2 TAB (calciferol)	OTC	2
VITAMIN D3 CAP	OTC	2
VITAMIN E CAP (TOCOPHEROL)	OTC	2
<b>WATER SOLUBLE VITAMINS</b>		
vitamin B1 tab (thiamine)	OTC	1
vitamin B2 cap (niacin/riboflavin)	OTC-PDL	1
vitamin B2 CR tab (niacin/riboflavin) (SLO-NIACIN equiv)	OTC-PDL	1
vitamin B2 tab (niacin/riboflavin)	OTC-PDL	1
vitamin B6 tab 25mg, 50mg, 100mg (pyridoxine)	OTC	1
vitamin C chew tab 500mg (ascorbic acid)	OTC	1

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

<b>NC</b> =Not Covered	<b>LD</b> =small letters Limited Distribution	<b>MSP</b> =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
90DS 90 Day Supply Allowed	PA Prior Authorization	PDL Preferred Drug
OTC Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
QL Quantity Limit		
VAC Vaccine Program		

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 Formulary  
Category/Class**

**Last Updated 1/1/2025**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VITAMINS Cont.</b>		
vitamin C tab 1000mg (ascorbic acid)	OTC	1
vitamin C tab 250mg (ascorbic acid)	OTC	1
vitamin C tab 500mg (ascorbic acid)	OTC	1
vitamin C tab 500mg (calcium ascorbate)	OTC	1
NIACIN TR CAP	OTC-PDL	2
NIACIN TR TAB (RIBOFLAVIN)	OTC-PDL	2
VITAMIN B1 TAB (THIAMINE)	OTC	2

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

<b>90DS</b>	<b>NC</b> =Not Covered 90 Day Supply Allowed	<b>LD</b>	<b>generic</b> =small letters Limited Distribution	<b>MSP</b>	<b>BRANDS</b> =CAPITAL LETTERS Mandatory Specialty Pharmacy Program
<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization	<b>PDL</b>	Preferred Drug
<b>QL</b>	Quantity Limit	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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 Formulary  
Prior Authorization Drug List  
Last Updated 1/1/2025**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABILIFY ASIMTUFII INJ	\$0
ABILIFY MAINTENA INJ	\$0
acamprosate calcium DR tab	1
ADAKVEO INJ	MB
ADVATE INJ 1000UNIT	MB
ADVATE INJ 1500UNIT	MB
ADVATE INJ 2000UNIT	MB
ADVATE INJ 250UNIT	MB
ADVATE INJ 3000UNIT	MB
ADVATE INJ 4000UNIT	MB
ADVATE INJ 500UNIT	MB
ADYNOVATE INJ	MB
AFSTYLA KIT	MB
AIMOVIK INJ	2
AJOVY AUTOINJECTOR	2
AJOVY INJ	2
albendazole tab	1
ALPHANATE INJ VWF/HUM	MB
ALPHANINE SD INJ	MB
alprazolam intensol conc	1
alprazolam tab 0.25mg, 0.5mg, 1mg	1
alprazolam tab 2mg	1
ALPROLIX INJ	MB
ambrisentan tab	1
ARANESP SYRINGE	2
ARANESP VIAL	2
armodafinil tab	1
AVONEX KIT	2
AVONEX PEN KIT	2
AVONEX PREFILLED SYRINGE KIT	2
BENEFIX KIT 1000UNIT	MB
BENEFIX KIT 2000UNIT	MB
BENEFIX KIT 250UNIT	MB
BENEFIX KIT 3000UNIT	MB
BENEFIX KIT 500UNIT	MB
BERINERT INJ	MB
BETASERON PEN KIT	2
BETHKIS NEB SOLN	2
bexarotene cap	\$0
BOSULIF TAB	\$0
bupirone tab 7.5mg	1
BYDUREON BCISE AUTO INJ	2
BYETTA PEN	2
capecitabine tab	\$0
CAPRELSA TAB	\$0
chlordiazepoxide cap	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 Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated 1/1/2025**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
CINRYZE INJ	MB
COAGADEX INJ	MB
COMETRIQ KIT	\$0
COPAXONE INJ 20MG/ML	2
CORIFACT KIT	MB
dasatinib tab	\$0
DESCOVY ER TAB FOR TREATMENT (**DESCOVY ER TAB FOR PREVENTION (Tier \$0)**)	2
desmopressin acetate nasal spray	1
desmopressin acetate tab	1
desmopressin nasal soln	1
dexamethasone ophth soln	1
diazepam conc	1
diazepam soln	1
diazepam tab	1
dimethyl fumarate DR cap	1
dofetilide cap	1
dronabinol cap	1
DROXIA CAP	2
DUPIXENT INJ	2
DUPIXENT PEN INJ	2
ELOCTATE INJ	MB
EMGALITY PEN 120MG/ML	2
EMGALITY SYRINGE 120MG/ML	2
ENBREL INJ	2
ENBREL KIT	2
ENBREL MINI CARTRIDGE	2
ENBREL SURECLICK PEN	2
ENBREL SYRINGE	2
ENBREL VIAL	2
ENDARI POWDER PACK	2
EPOGEN INJ	2
epoprostenol inj	1
ERIVEDGE CAP	\$0
erlotinib tab	\$0
ESPEROCT INJ	MB
estradiol patch	1
estradiol tab	1
ETOPOSIDE CAP	\$0
everolimus tab	\$0
famotidine susp	1
FARXIGA TAB	2
FEIBA NF INJ	MB
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe)	1
fingolimod cap	1
FIRMAGON INJ	\$0

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 Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated 1/1/2025**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
fluphenazine inj	\$0
FORTEO INJ 620MCG/2.4ML	2
GENOTROPIN CARTRIDGE	2
GENOTROPIN INJ	2
GLEOSTINE CAP, LOMUSTINE CAP	\$0
glipizide/metformin tab	1
glyburide/metformin tab	1
HEMOFIL M INJ 1000UNIT	MB
HEMOFIL M INJ 1700UNIT	MB
HEMOFIL M INJ 250UNIT	MB
HEMOFIL M INJ 401-800	MB
HEMOFIL M INJ 500UNIT	MB
HUMATE-P KIT	MB
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER KIT	2
HUMIRA INJ PEDIATRIC CROHNS STARTER KIT	2
HUMIRA INJ PEDIATRIC UC STARTER KIT	2
HUMIRA KIT 10MG	2
HUMIRA KIT 20MG	2
HUMIRA KIT 40MG	2
HUMIRA PEN KIT 40MG	2
icatibant inj	1
ICLUSIG TAB	\$0
IDELVION INJ	MB
imatinib tab	\$0
INFLIXIMAB INJ	MB
INLYTA TAB	\$0
INTRON-A INJ	\$0
INVEGA HAFYERA INJ	\$0
INVEGA SUSTENNA INJ	\$0
INVEGA TRINZA INJ	\$0
INVOKANA TAB	2
isotretinoin cap	1
ISTODAX INJ	\$0
IXINITY INJ	MB
JAKAFI TAB	\$0
JANUMET TAB	2
JANUMET XR TAB	2
JANUVIA TAB	2
JARDIANCE TAB	2
JENTADUETO TAB	2
JENTADUETO XR TAB	2
JIVI INJ	MB
JYNARQUE TAB	2
KITABIS PAK	2
KOATE-DVI KIT	MB
KOATE-DVI VIAL	MB

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 Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated 1/1/2025**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
KOGENATE FS INJ	MB
KOVALTRY INJ	MB
lapatinib ditosylate tab	\$0
lenalidomide cap	1
leuprolide inj	\$0
LINZESS CAP	2
LOKELMA PAK	2
lorazepam tab	1
lubiprostone cap	1
LUPRON DEPOT INJ	\$0
MATULANE CAP	\$0
MAVYRET PELLETT PAK	2
MAVYRET TAB	2
MEKINIST TAB	\$0
methotrexate inj	1
modafinil tab	1
MONONINE KIT	MB
naproxen sodium tab	1
NEULASTA INJ	2
NEUPOGEN INJ	2
nitrofurantoin macrocrystals cap 50mg, 100mg	1
nitrofurantoin monohydrate cap	1
nitrofurantoin susp	1
NORDITROPIN FLEXPEN	2
NOVOEIGHT INJ	MB
NOVOSEVEN RT INJ	MB
NUEDEXTA CAP	2
NUTROPIN AQ INJ	2
NUWIQ INJ	MB
OBIZUR INJ	MB
olanzapine inj	\$0
OTEZLA STARTER PACK	2
OTEZLA TAB	2
oxazepam cap	1
OXBRYTA TAB	2
OZEMPIC INJ	2
pazopanib hcl tab	\$0
PEGASYS PROCLICK	2
PEGASYS SYRINGE	2
PEGASYS VIAL	2
PERSERIS INJ	MB
phentermine cap	1
phentermine tab	1
POMALYST CAP	\$0
pregen DHA cap	1
PROFILNINE SD	MB

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 Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated 1/1/2025**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
PROMACTA TAB	2
promethazine tab	1
PULMOZYME INH SOLN	2
pyrimethamine/leucovorin compounded capsules	1
rasagiline tab	1
REBIF INJ	2
REBIF REBIDOSE PEN	2
REBINYN INJ	MB
RECOMBINATE INJ	MB
RETACRIT INJ	2
RISPERDAL CONSTA	\$0
risperidone microspheres inj	\$0
RIXUBIS INJ	MB
romidepsin for IV inj	\$0
SANTYL OINT	2
sapropterin dihydrochloride tab	1
SAXENDA INJ	2
SEVENFACT INJ	MB
sildenafil susp/sildenafil susp (authorized generic)	1
sildenafil tab 20mg	1
SOLIRIS INJ	2
sorafenib tosylate tab	\$0
STIVARGA TAB	\$0
sunitinib malate cap	\$0
SUPARTZ INJ 25MG/2.5ML	2
SYMLIN PEN INJ	2
SYNAGIS INJ	2
TAFINLAR CAP	\$0
TARCEVA TAB	\$0
TASIGNA CAP	\$0
temozolomide cap	\$0
teriflunomide tab	1
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	1
TESTIM GEL 1%	2
testosterone cypionate inj	1
testosterone enanthate inj	1
testosterone pump	1
THALOMID CAP	2
tobramycin neb soln	1
tolvaptan tab	1
TRACLEER TAB	2
TRADJENTA TAB	2
TRELSTAR INJ	\$0
treprostinil inj	1
TRETTEN INJ	MB
TRIESENCE INJ	MB

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 Formulary cont.  
 Prior Authorization Drug List  
 Last Updated 1/1/2025**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
UBRELVY TAB	2
vancomycin cap	1
VELTASSA POWDER	2
VICTOZA INJ	2
VONVENDI INJ	MB
voriconazole tab	1
WEGOVY INJ	2
WILATE INJ	MB
XELJANZ TAB	2
XOLAIR AUTOINJECTOR	2
XOLAIR INJ	MB
XOLAIR SYRINGE	2
XTANDI CAP	\$0
XYNTHA KIT	MB
XYNTHA SOLOFUSE KIT	MB
ZOLADEX IMP	\$0
ZOLINZA CAP	\$0
ZYDELIG TAB	\$0
ZYKADIA CAP	\$0
ZYKADIA TAB	\$0

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 Formulary  
Last Updated 1/1/2025  
Over-the-Counter (OTC)**

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

**Over-the-Counter (OTC) Medications**

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK CALIBRATION SOLUTION	ACCU-CHEK COMPACT PLUS STRIPS
ACCU-CHEK GUIDE METER	ACCU-CHEK GUIDE METER	ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER
ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	acetaminophen 500 liquid	acetaminophen chew tab
acetaminophen dispersible tab	acetaminophen elixir	acetaminophen liquid	acetaminophen soln
acetaminophen supp	acetaminophen susp	acetaminophen tab	acetaminophen tab 325mg
acetaminophen tab 500mg	acetic acid vaginal soln	acid gone chew tab	acid gone susp
alcohol swabs	alcohol wipes	aler-dryl tab	almacone chew tab
aluminum hydroxide susp	aluminum hydroxide/magnesium trisilicate chew tab	aluminum/magnesium hydroxides susp	aluminum/magnesium/simethicone susp 200-200-20mg/5ml
aluminum/magnesium/simethicone susp 400-400-40mg/5ml	ammonium lactate cream	ammonium lactate lotion 12%	ammonium lactate lotion 5%
ARIAL CHAMBER	artificial tears ophth soln	aspirin buffered tab	aspirin chew tab 81mg
aspirin EC tab 325mg	aspirin EC tab 81mg	ASPIRIN TAB	aspirin tab 325mg
aspirin/acetaminophen/caffeine 250-250-650mg	AYR NASAL DROPS	bacitracin oint	bacitracin zinc oint
bacitracin/polymyxin b oint	B-complex vitamin cap	B-complex with C/E + Zn tab	B-complex with vitamin C and folic acid tab
B-D INSULIN SYRINGE	B-D INSULIN SYRINGE U-500	B-D PEN NEEDLE 29G x 12.7MM	B-D PEN NEEDLE 30G x 5MM
B-D PEN NEEDLE 31G x 5MM	B-D PEN NEEDLE 31G x 8MM	B-D PEN NEEDLE 32G x 4MM	B-D PEN NEEDLE 32G x 6MM
benzoyl peroxide cleanser/wash 3%, 5%, 6%, 9%, 10% only	benzoyl peroxide gel	benzoyl peroxide lotion	BICARSIM TAB
bisacodyl DR tab	bisacodyl supp	bismuth subsalicylate chew tab	bismuth subsalicylate susp
bismuth subsalicylate tab	BLINK TEARS OPHTH DROPS	BUFFERIN EXTRA STRENGTH TAB	calamine lotion
calci-chew 1250mg	CALCIUM CARB SUSP	calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg	calcium carbonate susp 1250mg/5ml
calcium carbonate tab	calcium carbonate with vitamin D chew tab	calcium carbonate with vitamin D tab	calcium carbonate/cholecalciferol tab 250-125, 250-250, 500-125, 500-200, 500-400, 600-200, 600-400
calcium carbonate/ergocalciferol tab	calcium carbonate/magnesium hydroxide chew tab 700/300mg	calcium carbonate/magnesium hydroxide susp	calcium carbonate/simethicone chew tab

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 CHEW	calcium citrate plus vitamin D tab	CALCIUM CITRATE/VITAMIN D TAB	calcium polycarbophil tab
calcium w/vitamin D tab	capsaicin cream	carbamide peroxide otic soln	carboxymethylcellulose sodium ophth soln
carboxymethylcellulose/hypromellose ophth gel	carboxymethylcellulose-glycerin ophth soln	cetirizine soln	cetirizine tab
cetirizine/pseudoephedrine 12-hour tab	charcoal activated cap	CHILD MULTI CHEW VITAMINS	chlorhexidine gluconate liq
chlorpheniramine CR tab	chlorpheniramine liquid	chlorpheniramine maleate syrup	chlorpheniramine tab
cimetidine tab	clemastine fumarate tab	clemastine tab	clotrimazole cream
clotrimazole vaginal cream	coal tar shampoo	COMPOUND W LIQUID	COMPUTER EYE DROPS
CONTOUR METER	CONTOUR NEXT EZ METER	CONTOUR NEXT EZ METER KIT	CONTOUR NEXT METER
CONTOUR NEXT ONE METER	CONTOUR NEXT TEST STRIP	CONTOUR TEST STRIP	CONTRACEPTIVE FOAM
CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	COVID-19 TEST	cromolyn nasal spray
DAKRINA OPHTH SOLN	dextromethorphan ER liquid	dextromethorphan/guaifenesin ER tab 30/600mg	dextromethorphan/guaifenesin ER tab 60/1200mg
dextromethorphan/guaifenesin liquid 10-100mg/5ml	dextromethorphan/guaifenesin liquid 10-200mg/5ml	dextromethorphan/guaifenesin liquid 5-100mg/5ml	dibucaine ointment 1%
DIFFERIN GEL 0.1% (OTC ONLY)	DI-GEL SUSP	dimethicone cream 1%	diphenhydramine (sleep) cap 50mg
diphenhydramine (sleep) dispersible tab	diphenhydramine (sleep) tab	diphenhydramine cap 25mg	diphenhydramine cap 50mg
diphenhydramine elixir	diphenhydramine liquid	diphenhydramine tab 25mg	docosanol cream
docusate calcium cap	docusate sodium cap	docusate sodium enema	docusate sodium liquid
docusate sodium syrup	docusate sodium tab	doxylamine succinate (sleep) tab	DUOFILM SOLN 17%
ENFAMIL ENFALYTE SOLN	famotidine tab	ferrous fumarate tab 325mg	ferrous fumarate tab 90mg
ferrous gluconate tab 225mg	ferrous gluconate tab 239mg (27mg elemental iron)	ferrous gluconate tab 324mg	ferrous gluconate tab 325mg
ferrous sulfate 220 mg/5ml (44 mg/5ml elemental fe)	ferrous sulfate 325mg	ferrous sulfate drops	ferrous sulfate EC tab
ferrous sulfate tab CR 142mg (45mg Fe equivalent)	FEVERALL INFANTS SUPP	FLEET LIQUID GLYCERIN ENEMA	FOAM ANTACID CHEW
folic acid tab 1mg (folate)	folic acid tab 400mcg (folate)	folic acid tab 800mcg (folate)	folic acid/vitamin B6/vitamin B12 tab 2.2-25-0.5mg, 2.2-25-1mg, 2.5-25-1mg
FREESTYLE INSULIN SYRINGE	GENTEAL MILD OPHTH DROPS	GENTEAL OPHTH GEL	GENTEAL OPHTH SOLN
glycerin supp 1g, 1.2g, 2g, 2.1g, 80.7%	glycerin/hypromellose/peg 400 ophth soln	guaifenesin ER tab	guaifenesin liquid
guaifenesin syrup	guaifenesin tab	guaifenesin/codeine soln 100-10mg/5ml	guaifenesin/dextromethorphan syrup
HONEY BEARS CHEW TAB	HUMULIN 70/30 PEN	HUMULIN 70/30 VIAL	HUMULIN VIAL (R, N)
hydrocortisone acetate oint	hydrocortisone cream	hydrocortisone gel	hydrocortisone oint
hydrocortisone oint in absorbase	hydrocortisone soln	hydrogen peroxide soln	HYPOTEARs OPHTH SOLN
hypromellose ophth soln	hypromellose ophth soln 0.4%	ibuprofen chew tab	ibuprofen susp
ibuprofen tab 200mg	ICAPS PLUS TAB	IMODIUM A-D CHEW TAB	IMODIUM CHEW TAB
IMPROVUE SOLN	INSULIN SYRINGE	ITCH-X FOAM	KETO-DIASTIX TEST STRIP
KETOSTIX	ketotifen ophth soln	LACTAID CHEW TAB	lactase chew tab
LACTASE TAB	LACTRASE CAP	LANCET DEVICE	LANCETS
L-CARNITINE CAP	L-CARNITINE TAB	L-CARNITINE TAB 500MG	levocarnitine 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.

levocarnitine fumarate cap loperamide cap loperamide/simethicone tab loratadine tab	levocarnitine tab LOPERAMIDE HCL SOLN loratadine ODT loratadine/pseudoephedrine 12-hour tab LUBRICANT EYE DROPS magnesium gluconate tab	levonorgestrel tab LOPERAMIDE HCL SUSP loratadine soln loratadine/pseudoephedrine 24-hour tab MAALOX TC SUSP magnesium hydroxide chew tab MAGNESIUM OXIDE CHEW TAB MALE CONDOMS	lidocaine cream 4% loperamide tab loratadine syrup LOTRIMIN NITRATE SPRAY MAG-AL LIQUID magnesium hydroxide susp magnesium oxide tab meclizine chew tab
lubricant eye drop 0.6% magnesium citrate soln	magnesium oxide cap 140mg, 400mg magnesium/aluminum hydroxide/simethicone chew tab	melatonin tab	methylcellulose laxative powder miconazole nitrate oint
magnesium oxide (laxative) tab magnesium oxide tab 400mg	melatonin SL tab	miconazole nitrate cream	miconazole vaginal kit MIRANEL AF SOLN MULTIPLE VITAMINS W/MINERALS LIQUID multivitamin/minerals tab NIACIN TR CAP
meclizine tab 12.5mg, 25mg	miconazole nitrate aerosol powder miconazole nitrate vaginal kit mineral oil multiple vitamin tab	miconazole vaginal cream mineral oil light multiple vitamins w/iron tab	
miconazole nitrate aerosol	multivitamin drops NEBULIZER	multivitamin with iron drops neomycin/bacitracin/polymyxin oint nicotine lozenge	
miconazole nitrate powder miconazole vaginal supp MONOJECT SYRINGE	nicotine gum	NOVOFINE PEN NEEDLE 32G x 6MM NOVOTWIST/NOVOFINE PEN NEEDLE 30G x 8MM omega-3 fatty acids cap 1200mg PEDIA-LAX SUPP	
multivitamin cap NARCAN NASAL SPRAY	NOVOFINE PEN NEEDLE 30G x 8MM NOVOTWIST PEN NEEDLE 32G x 5MM omega-3 fatty acids cap 1000mg oyster shell tab		
NIACIN TR TAB (RIBOFLAVIN) NORTEMP SUSP INFANTS	oyster shell tab	pediatric multivitamin w/minerals/C chew tab 60mg piperonyl butoxide/pyrethrins shampoo polyethylene glycol-propylene glycol ophth gel PRECISION INSULIN SYRINGE proctosol HC cream	
NOVOLIN R INJ VIAL	pediatric multivitamin w/C/FA chew tab permethrin creme rinse 1%		
olopatadine ophth soln 0.2%	polyethylene glycol/propylene glycol ophth soln povidone/iodine soln		
oyster shell calcium/vitamin D (ergocalciferol) tab pediatric multiple vitamins w/iron chew tab PEPCID AC CHEW TAB	prenatal tab 27-0.8mg		
polyethylene glycol soln	pseudoephedrine liquid pseudoephedrine/guaifenesin syrup 30-100mg/5ml REFRESH OPTIVE ADVANCED OPHTH SOLN saline nasal spray sennosides syrup		
polyvinyl alcohol/povidone ophth soln prenatal plus tab			
pseudoephedrine ER tab pseudoephedrine/bromphenir amine elixir REFRESH LIQUIGEL OPHTH DROPS salicylic acid soln 17% sennosides chew tab			
simethicone chew tab skin protectants lotion			

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.

sodium phosphates enema SORBITOL SOLN 70%	sodium phosphates soln STERILE LUBRICANT OPHTH DROPS	SOOTHE OPHTH DROPS SUDAFED SR TAB	SORBITOL SOLN TEARS AGAIN NIGHT/DAY OPHTH GEL TODAY SPONGE
TECHLITE PEN NEEDLE 32G x 4MM	terbinafine cream	throat lozenges	
tolnaftate aerosol powder	tolnaftate cream	tolnaftate powder	tolnaftate spray
triamcinolone OTC nasal spray	triprolidine/pseudoephedrine liquid	TRIXAICIN CREAM 0.025%	TYLENOL GO EXTRA STRENGTH CHEW TAB
urea cream 20%	urea lotion 10%	URINE TEST STRIPS	VICKS WATERLESS VAPORIZER
VISINE TEARS OPHTH DROPS	vitamin A cap 1000unit (retinol/retinoic acid)	VITAMIN B1 TAB (THIAMINE)	vitamin B12 tab (cyanocobalamin)
vitamin B2 cap (niacin/riboflavin)	vitamin B2 CR tab (niacin/riboflavin)	vitamin B2 tab (niacin/riboflavin)	vitamin B6 tab 25mg, 50mg, 100mg (pyridoxine)
vitamin C chew tab 500mg (ascorbic acid)	vitamin C tab 1000mg (ascorbic acid)	vitamin C tab 250mg (ascorbic acid)	vitamin C tab 500mg (ascorbic acid)
vitamin C tab 500mg (calcium ascorbate)	vitamin D cap (calciferol) 2000unit, 5000unit, 10000unit	vitamin D cap (calciferol) 400unit	vitamin D cap (calciferol)1000unit
vitamin D cap 50,000 units (high potency)	vitamin D drops (calciferol)	VITAMIN D2 TAB (calciferol)	VITAMIN D3 CAP
vitamin D3 liquid (calciferol) 400unit	vitamin D3 tab (calciferol)	VITAMIN E CAP (TOCOPHEROL)	vitamin E tab (tocopherol)
VIVA DROPS 1%	white petrolatum/mineral oil ophth oint	ZEASORB-AF LOTION	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 Formulary**  
**Last Updated 1/1/2025**  
**Mandatory Specialty Pharmacy (MSP)**

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

**Mandatory Specialty Pharmacy (MSP) Medications**

ARANESP SYRINGE	ARANESP VIAL	AVONEX KIT	AVONEX PEN KIT
AVONEX PREFILLED SYRINGE KIT	BETASERON PEN KIT	BETHKIS NEB SOLN	bexarotene cap
BOSULIF TAB	capecitabine tab	CAPRELSA TAB	COMETRIQ KIT
COPAXONE INJ 20MG/ML	dasatinib tab	dimethyl fumarate DR cap	ENBREL INJ
ENBREL KIT	ENBREL MINI CARTRIDGE	ENBREL SURECLICK PEN	ENBREL SYRINGE
ENBREL VIAL	EPOGEN INJ	ERIVEDGE CAP	erlotinib tab
ETOPOSIDE CAP	everolimus tab	figolimod cap	FORTEO INJ
GENOTROPIN CARTRIDGE	GENOTROPIN INJ	HEPSERA TAB	620MCG/2.4ML
HUMIRA INJ PEDIATRIC CROHNS STARTER KIT	HUMIRA INJ PEDIATRIC UC STARTER KIT	HUMIRA KIT 10MG	HUMIRA INJ
HUMIRA KIT 40MG	HUMIRA PEN KIT 40MG	icatibant inj	CROHNS/UC/HIDRADENITIS STARTER KIT
imatinib tab	INLYTA TAB	INTRON-A INJ	HUMIRA KIT 20MG
lapatinib ditosylate tab	lenalidomide cap	leuprolide inj	ICLUSIG TAB
LYSODREN TAB	MAVYRET PELLETT PAK	MAVYRET TAB	JAKAFI TAB
MYLERAN TAB	NEULASTA INJ	NEUPOGEN INJ	LUPRON DEPOT INJ
NUTROPIN AQ INJ	OTEZLA STARTER PACK	OTEZLA TAB	MEKINIST TAB
PEGASYS PROCLICK	PEGASYS SYRINGE	PEGASYS VIAL	NORDITROPIN FLEXPEN
PULMOZYME INH SOLN	REBIF INJ	REBIF REBIDOSE PEN	pazopanib hcl tab
ribavirin tab 200mg	sapropoterin dihydrochloride tab	sorafenib tosylate tab	PROMACTA TAB
sunitinib malate cap	TAFINLAR CAP	TARCEVA TAB	RETACRIT INJ
temozolomide cap	teriflunomide tab	teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	STIVARGA TAB
tobramycin neb soln	tretinoin cap	XELJANZ TAB	TASIGNA CAP
XOLAIR SYRINGE	XTANDI CAP	ZELBORAF TAB	THALOMID CAP
ZYDELIG TAB			XOLAIR AUTOINJECTOR
			ZOLINZA 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 Formulary  
Smoking Cessation Agents  
Last Updated 1/1/2025**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
BUPROPION SR TAB	\$0
CHANTIX TAB	\$0
NICOTINE GUM	\$0
NICOTINE LOZENGE	\$0
NICOTINE PATCH	\$0
VARENICLINE TAB	\$0
VARENICLINE TARTRATE TAB STARTER PACK	\$0

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 Formulary**  
**Last Updated 1/1/2025**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ACCU-CHEK AVIVA PLUS METER	QL= 1 meter/365 days
ACCU-CHEK CALIBRATION SOLUTION	QL= 1 bottle/365 days
ACCU-CHEK GUIDE ME METER	QL= 1 meter/365 days
ACCU-CHEK GUIDE METER	QL= 1 meter/365 days
ACCU-CHEK NANO METER	QL= 1 meter/365 days
acetaminophen supp	QL= 100 supp/30 days
acetaminophen tab 325mg	QL= 8 tabs/day
acetaminophen/codeine tab 300mg-15mg	QL= 13 tabs/day
acetaminophen/codeine tab 300mg-30mg	QL= 13 tabs/day
acetaminophen/codeine tab 300mg-60mg	QL= 10 tabs/day
acyclovir oint	QL= 15gm/30 days
adapalene gel	QL= 45gm/30 days
ADVAIR DISKUS	QL= 1 inhaler/30 days
advair HFA inhaler	QL= 1 inhaler/30 days
AEROCHAMBER MV	QL= 1 spacer/365 days
AEROCHAMBER PLUS	QL= 1 spacer/365 days
AEROCHAMBER Z-STAT PLUS	QL= 1 spacer/365 days
AEROCHAMBER/FLOWSIGNAL	QL= 1 spacer/365 days
AEROVENT PLUS HOLDING CHAMBER	QL= 1 spacer/365 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
albuterol neb soln 2.5mg/3ml	QL= 125 vials/30 days
albuterol/ipratropium neb soln	QL= 180 nebs/30 days
alclometasone cream	QL= 45gm/30 days
alclometasone oint	QL= 45gm/30 days
alprazolam intensol conc	QL= 4ml/day; Prior Authorization required for members age 65 or older
alprazolam tab 0.25mg, 0.5mg, 1mg	QL= 3 tabs/day; Prior Authorization required for members age 65 or older
alprazolam tab 2mg	QL= 2 tabs/day; Prior Authorization required for members age 65 or older
ALREX OPTH SUSPENSION	QL= 5ml/30 days
aluminum chloride soln	QL= 60ml/30 days
amitriptyline 10mg tab	QL= 1 tab/day
amitriptyline 25mg tab	QL= 1 tab/day
amitriptyline 50mg tab	QL= 1 tab/day
amphetamine/dextroamphetamine ER cap	QL= 1 cap/day
amphetamine/dextroamphetamine salt combo tab 10mg	QL= 0.5 tab/day
amphetamine/dextroamphetamine salt combo tab 12.5mg	QL= 2 tabs/day
amphetamine/dextroamphetamine salt combo tab 15mg	QL= 0.5 tab/day
amphetamine/dextroamphetamine salt combo tab 20mg	QL= 3 tabs/day
amphetamine/dextroamphetamine salt combo tab 30mg	QL= 2 tabs/day
amphetamine/dextroamphetamine salt combo tab 5mg	QL= 0.5 tab/day

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 Formulary Cont.**  
**Last Updated 1/1/2025**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
amphetamine/dextroamphetamine salt combo tab 7.5mg	QL= 0.5 tab/day
ANORO ELLIPTA INHALER	QL= 60gm/30 days
aprepitant cap 40mg	QL= 3 caps/180 days
aprepitant cap 80mg	QL= 2 caps/15 days
ARIAL CHAMBER	QL= 1 spacer/365 days
aripiprazole soln	QL= 30ml/30 days
aripiprazole tab 10mg	QL= 0.5 tab/day
aripiprazole tab 15mg	QL= 0.5 tab/day
aripiprazole tab 20mg	QL= 1 tab/day
aripiprazole tab 2mg	QL= 0.5 tab/day
aripiprazole tab 30mg	QL= 1 tab/day
aripiprazole tab 5mg	QL= 0.5 tab/day
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
atomoxetine cap	QL= 1 cap/day; Only one strength allowed per month
atorvastatin tab 10mg	QL= 0.5 tab/day
atorvastatin tab 20mg	QL= 0.5 tab/day
atorvastatin tab 40mg	QL= 0.5 tab/day
atropine ophth soln	QL= 5ml/30 days
ATROVENT HFA INHALER	QL= 1 inhaler/30 days
azelastine nasal spray 0.1%	QL= 2 bottles/30 days
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BELBUCA FILM	QL= 2 films/day; Only one strength allowed per month
BEPREVE OPHTH SOLN	QL= 5ml/30 days
betamethasone augmented cream	QL= 50gm/30 days
betamethasone augmented lotion	QL= 60gm/30 days
betamethasone augmented oint	QL= 50gm/30 days
betamethasone dipropionate cream	QL= 45gm/30 days
betamethasone dipropionate lotion	QL= 60gm/30 days
betamethasone dipropionate oint	QL= 45gm/30 days
betamethasone valerate cream	QL= 45gm/30 days
betamethasone valerate lotion	QL= 60gm/30 days
betamethasone valerate oint	QL= 45gm/30 days
BRILINTA TAB	QL= 2 tabs/day
budesonide respules 0.25mg/2ml, 0.5mg/2ml	QL= 60 vials/30 days
budesonide respules 1mg/2ml	QL= 30 vials/30 days
buprenorphine/naloxone 2mg/0.5mg SL tablets	QL= 1 tab/day
buprenorphine/naloxone 8mg/2mg SL tablets	QL= 3 tabs/day
bupropion XL tab 300mg	QL= 2 tabs/day
bupirone tab 30mg	QL= 4 tabs/day
butalbital/acetaminophen/caffeine tab	QL= 2 tabs/day

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 Formulary Cont.  
Last Updated 1/1/2025  
Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
butalbital/aspirin/caffeine cap	QL= 2 caps/day
butalbital/aspirin/caffeine tab	QL= 2 tabs/day
calcipotriene cream	QL= 120gm/30 days
calcipotriene oint	QL= 120gm/30 days
CALCIPOTRIENE SOLN	QL= 60ml/30 days
capsaicin cream	QL= 60gm/30 days
chlordiazepoxide cap	QL= 2 caps/day; Prior Authorization required for members age 65 or older
chlorthalidone 25mg	QL= 0.5 tab/day
chlorthalidone 50mg	QL= 2 tabs/day
cholestyramine lite powder	QL= 3 cans (718.2gm)/30 days
cholestyramine powder	QL= 3 cans (1,134gm)/30 days
ciclopirox cream	QL= 30gm/30 days
ciclopirox soln	QL= 7ml/30 days
ciclopirox topical susp	QL= 30gm/30 days
ciprofloxacin/dexamethasone otic susp	QL= 1 bottle/30 days
clindamycin gel	QL= 60gm/30 days
clindamycin lotion	QL= 60gm/30 days
clindamycin swab	QL= 60 pads/30 days
clindamycin topical soln	QL= 60ml/30 days
clindamycin/benzoyl peroxide gel	QL= 50gm/30 days
clobazam susp	QL= 240ml/30 days
clobetasol propionate cream	QL= 45gm/30 days
clobetasol propionate gel	QL= 60gm/30 days
clobetasol propionate oint	QL= 45gm/30 days
clobetasol propionate soln	QL= 50ml/30 days
clobetasol shampoo	QL= 118ml/30 days
clonidine patch	QL= 4 patches/30 days
clopidogrel tab 300mg	QL= 2 tab/fill per calendar year
clopidogrel tab 75mg	QL= 1 tab/day
clotrimazole cream	QL= 30gm/30 days
clotrimazole soln (Rx Only)	QL= 30ml/30 days
clotrimazole/betamethasone cream	QL= 30gm/30 days
COMBIVENT RESPIMAT INHALER	QL= 1 inhaler/30 days
COMPOUND W LIQUID	QL= 1 bottle/30 days
CONTOUR METER	QL= 1 meter/365 days
CONTOUR NEXT EZ METER	QL= 1 meter/365 days
CONTOUR NEXT EZ METER KIT	QL= 1 meter/365 days
CONTOUR NEXT METER	QL= 1 meter/365 days
CONTOUR NEXT ONE METER	QL= 1 meter/365 days
COVID-19 TEST	QL= 8 tests/30 days
desonide cream	QL= 60gm/30 days
desonide lotion	QL= 59ml/30 days
desonide oint	QL= 60gm/30 days
desoximetasone cream 0.25%	QL= 60gm/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year

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 Formulary Cont.  
Last Updated 1/1/2025  
Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
DEXCOM G6 SENSOR	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER	QL= 1 receiver/year
DEXCOM G7 SENSOR	QL= 3 sensors/28 days
dexmethylphenidate tab 10mg	QL= 2 tabs/day
dexmethylphenidate tab 2.5mg	QL= 1 tab/day
dexmethylphenidate tab 5mg	QL= 1 tab/day
dexmethylphenidate XR cap	QL= 1 cap/day: only one strength allowed per month
dextroamphetamine ER cap 10mg	QL= 2 caps/day; Only one strength allowed per month
dextroamphetamine ER cap 15mg	QL= 2 caps/day; Only one strength allowed per month
dextroamphetamine ER cap 5mg	QL= 2 caps/day; Only one strength allowed per month
dextroamphetamine tab 10mg	QL= 4 tabs/day
dextroamphetamine tab 5mg	QL= 0.5 tab/day
diazepam conc	QL= 8ml/day; Prior Authorization required for members age 65 or older
diazepam rectal gel	QL= 2 inj/fill
diazepam soln	QL= 40ml/day; Prior Authorization required for members age 65 or older
diazepam tab	QL= 4 tabs/day; Prior Authorization required for members age 65 or older
dibucaine ointment 1%	QL= 1 tube/fill
DICLEGIS TAB	QL= 4 tabs/day
diclofenac gel 1%	QL= 100gm/30 days
DIFFERIN GEL 0.1% (OTC ONLY)	QL= 45gm/30 days
dihydroergotamine mesylate inj	QL= 12 inj/30 days
dihydroergotamine mesylate nasal spray	QL= 1 bottle/fill; 1 fill/month
doxepin conc	QL= 0.6ml/day
dronabinol cap	QL= 2 caps/day
DRYSOL SOLN	QL= 60ml/30 days
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine EC cap 20mg, 60mg	QL= 2 caps/day
duloxetine EC cap 30mg	QL= 1 cap/day
DUOFILM SOLN 17%	QL= 1 bottle/30 days
econazole cream	QL= 30gm/30 days
ELIQUIS DOSE PACK	QL= 1 pack/fill, 1 fill/plan year
ELIQUIS TAB	QL= 60 tabs/30 days
ELLA TAB	QL= 4 fills/year
ELMIRON CAP	QL= 3 caps/day
ENBREL INJ	QL= 8 inj/28 days
ENBREL KIT	QL= 4 inj/28 days
ENBREL MINI CARTRIDGE	QL= 4 inj/28 days
ENBREL SURECLICK PEN	QL= 4 inj/28 days
ENBREL SYRINGE	QL= 8 inj/28 days
ENBREL VIAL	QL= 8 inj/28 days
epinephrine pen inj 0.15mg (mylan)	QL= 2 inj/fill
epinephrine pen inj 0.3mg (mylan)	QL= 2 inj/fill
EPIPEN INJ 0.3MG	QL= 2 inj/fill
EPIPEN JR INJ 0.15MG	QL= 2 inj/fill

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 Formulary Cont.**  
**Last Updated 1/1/2025**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
eplerenone tab 25mg	QL= 0.5 tab/day
eplerenone tab 50mg	QL= 1 tab/day
ergotamine tartrate/caffeine tab	QL= 20 tabs/30 days
ERGOTAMINE/CAFFEINE TAB	QL= 20 tabs/30 days
erythromycin gel	QL= 60gm/30 days
erythromycin med swab	QL= 60 pads/30 days
erythromycin soln	QL= 60ml/30 days
erythromycin/benzoyl peroxide gel	QL= 46.6gm/30 days
escitalopram tab	QL= 1 tab/day; Only one strength allowed per month
eszopiclone tab	QL= 1 tab/day
famotidine susp	QL= 50ml/30 days; Prior Authorization required for members age 9 years and older
fenofibrate cap 67mg, 134mg, 200mg	QL= 1 cap/day
fenofibrate tab 48mg	QL= 1 tab/day
fenofibrate tab 54mg, 160mg	QL= 1 tab/day
fentanyl patch 25mcg	QL= 10 patches/30 days
fentanyl patch 50mcg	QL= 10 patches/30 days
FEVERALL INFANTS SUPP	QL= 100 supp/30 days
FLUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL=1 inj/28 days
FLUCELVAX INJ	QL= 1 inj/28 days
FLUMIST NASAL	QL=1 dose/28 days
fluocinolone acetonide cream 0.025%	QL= 60gm/30 days
fluocinolone acetonide oil	QL= 1 bottle/30 days
fluocinolone acetonide oint	QL= 60gm/30 days
fluocinolone acetonide soln	QL= 60ml/30 days
fluocinonide cream	QL= 60gm/30 days
fluocinonide emollient cream	QL= 60gm/30 days
fluocinonide gel	QL= 60gm/30 days
fluocinonide oint	QL= 60gm/30 days
fluocinonide soln	QL= 60ml/30 days
fluorouracil cream	QL= 40gm/30 days
fluticasone HFA (AG) (inhalation)	QL= 1 inhaler/30 days
fluticasone nasal spray	QL= 1 bottle/30 days
fluticasone propionate cream	QL= 30gm/30 days
fluticasone propionate oint	QL= 30gm/30 days
FLUVIRIN INJ	QL= 1 inj/28 days
FLUVIRIN PF INJ	QL= 1 inj/28 days
FLUZONE HIGH-DOSE PF INJ	QL= 1 inj/28 days
FLUZONE INTRADERMAL	QL= 1 inj/28 days
FLUZONE PF INJ	QL= 1 inj/28 days
FLUZONE QUAD INJ	QL= 1 inj/28 days
FREESTYLE LIBRE 14 DAY RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 14 DAY SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/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 Formulary Cont.  
Last Updated 1/1/2025  
Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
FREESTYLE LIBRE 3 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/30 days
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days
gabapentin cap 100mg	QL= 36 caps/day
gabapentin cap 300mg	QL= 12 caps/day
gabapentin cap 400mg	QL= 9 caps/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
gemfibrozil tab	QL= 2 tabs/day
gentamicin sulfate cream	QL= 30gm/30 days
gentamicin sulfate oint	QL= 30gm/30 days
GLUCAGEN HYPOKIT INJ	QL= 1 inj/fill
glucagon emergency kit	QL=2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
guanfacine ER tab	QL= 1 tab/day
HUMIRA INJ	QL= 1 pack/fill, 1 fill/plan year
CROHNS/UC/HIDRADENITIS STARTER KIT	
HUMIRA INJ PEDIATRIC CROHNS STARTER KIT	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER KIT	QL= 1 pack/fill, 1 fill/plan year
HUMIRA KIT 10MG	QL= 2 syringes/28 days
HUMIRA KIT 20MG	QL= 2 syringes/28 days
HUMIRA KIT 40MG	QL= 2 syringes/28 days
HUMIRA PEN KIT 40MG	QL= 2 pens/28 days
hydrocodone/acetaminophen tab 10mg/325mg	QL= 9 tabs/day
hydrocodone/acetaminophen tab 5mg/325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 7.5mg/325mg	QL= 12 tabs/day
hydrocortisone lotion 1%, 2.5%	QL= 118ml/30 days
HYDROCORTISONE LOTION 2.5%	QL= 118ml/30 days
hydrocortisone valerate cream	QL= 15gm/30 days
hydromorphone tab 2mg	QL= 11.5 tabs/day
hydromorphone tab 4mg	QL= 5.5 tabs/day
hydromorphone tab 8mg	QL= 2.5 tabs/day
ibandronate tab 150mg	QL= 1 tab/30 days
imiquimod cream	QL= 12gm/30 days
IMITREX KIT	QL= 4 kits/30 days
IMITREX VIAL INJ	QL= 8 vials/30 days
ipratropium neb soln	QL= 125 vials/30 days
ivermectin tab	QL= 10 tabs/30 days
JAKAFI TAB	QL= 2 tabs/day
JARDIANCE TAB	QL= 1 tab/day

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 Formulary Cont.**  
**Last Updated 1/1/2025**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ketoconazole cream	QL= 60gm/30 days
ketoconazole shampoo	QL= 120ml/30 days
KLOXXADO NASAL SPRAY	QL= 2 sprays/fill
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP 200MG	QL= 40 caps/fill
LANCET DEVICE	QL= 1 device/365 days
lansoprazole DR cap	QL= 2 caps/day
levonorgestrel tab	QL= 4 fills/year
lidocaine cream 4%	QL= 1 tube/fill
lidocaine oint	QL= 60gm/30 days
lidocaine/prilocaine cream	QL= 60gm/30 days
linezolid tab	QL= 2 tabs/day
lisdexamfetamine dimesylate cap	QL= 1 cap/day; Only one strength allowed per month
LITEAIRE	QL= 1 spacer/365 days
LOKELMA PAK	QL= 30 paks/30 days
lorazepam tab	QL= 3 tabs/day; Prior Authorization required for members age 65 or older
lovastatin tab	QL= 1 tab/day
lurasidone HCL tab 120mg	QL= 1 tab/day
lurasidone HCL tab 20mg, 40mg, 60mg	QL= 0.5 tab/day
lurasidone HCL tab 80mg	QL= 1 tab/day
MALE CONDOMS	QL= 24 units/30 days
megestrol susp	QL= 20ml/day
mesalamine supp	QL= 1 supp/day
methadone soln 5mg/5ml	
METHYLIN SOLN	QL= 360ml/30 days
methylphenidate ER tab	QL= 1 tab/day; Only one strength allowed per month
methylphenidate ER tab 10mg	QL= 1 tab/day; Only one strength allowed per month
methylphenidate ER tab 20mg	QL= 1 tab/day; Only one strength allowed per month
methylphenidate soln	QL= 360ml/30 days
methylphenidate tab	QL= 6 tabs/day
methylphenidate tab 20mg	QL= 3 tabs/day
metronidazole cream	QL= 45gm/30 days
metronidazole gel 0.75%	QL= 45gm/30 days
metronidazole gel 1%	QL= 60gm/30 days
metronidazole lotion	QL= 59gm/30 days
MICROCHAMBER	QL= 1 spacer/365 days
MICROSPACER	QL= 1 spacer/365 days
MIFEPREX TAB	QL= 1 tab/dispense
mifepristone tab 200mg	QL= 1 tab/dispense
mirtazapine ODT	QL= 1 tab/day
mirtazapine tab 15mg	QL= 0.5 tab/day
mirtazapine tab 30mg	QL= 1 tab/day
mirtazapine tab 45mg	QL= 1 tab/day
mirtazapine tab 7.5mg	QL= 0.5 tab/day
mometasone cream	QL= 50gm/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 Formulary Cont.**  
**Last Updated 1/1/2025**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
mometasone oint	QL= 45gm/30 days
mometasone soln	QL= 60ml/30 days
morphine sulfate ER tab 15mg	QL= 6 tabs/day
morphine sulfate ER tab 30mg	QL= 3 tabs/day
morphine sulfate ER tab 60mg	QL= 1 tab/day
morphine sulfate supp 10mg	QL= 9 supp/day
morphine sulfate supp 20mg	QL= 4 supp/day
morphine sulfate supp 5mg	QL= 18 supp/day
morphine sulfate tab 15mg	QL= 6 tabs/day
morphine sulfate tab 30mg	QL= 3 tabs/day
mupirocin oint	QL= 30gm/30 days
naloxone prefilled syringe	QL= 2 inj/30 days
naloxone vial	QL= 1 vial/fill
naproxen EC tab	QL= 3 tabs/day
NARCAN NASAL SPRAY	QL= 2 sprays/fill
NATROBA SUSP	QL= 120ml/30 days
NEBULIZER	QL= 1 unit/365 days
nystatin cream	QL= 30gm/30 days
nystatin oint	QL= 30gm/30 days
nystatin topical powder	QL= 60gm/30 days
nystatin/triamcinolone cream	QL= 30gm/30 days
omeprazole DR cap 10mg	QL= 2 caps/day
omeprazole DR cap 20mg	QL= 2 caps/day
omeprazole DR cap 40mg	QL= 2 caps/day
ondansetron ODT	QL= 90 tabs/30 days
ondansetron soln	QL= 120ml/15 days
ondansetron tab 4mg, 8mg	QL= 90 tabs/30 days
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir cap 45mg, 75mg	QL= 10 caps/fill
oseltamivir susp	QL= 120ml/fill, 2 fills/year
OTEZLA STARTER PACK	QL= 1 pack/year
OTEZLA TAB	QL= 2 tabs/day
oxazepam cap	QL= 4 caps/day; Prior Authorization required for members age 65 or older
OXYCODONE TAB	QL=4 tabs/day
oxycodone tab 10mg	QL= 6 tabs/day
oxycodone tab 15mg	QL= 4 tabs/day
oxycodone tab 20mg	QL= 3 tabs/day
oxycodone tab 30mg	QL= 2 tabs/day
oxycodone tab 5mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 10/325mg	QL= 6 tabs/day
oxycodone/acetaminophen tab 5mg/325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 7.5/325mg	QL= 8 tabs/day
oxycodone/aspirin tab	QL= 12 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days
pantoprazole EC tab	QL= 2 tabs/day

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 Formulary Cont.**  
**Last Updated 1/1/2025**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
PAXLOVID TAB 150-100MG	QL= 20 tabs/fill
PAXLOVID TAB 300-100MG	QL= 30 tabs/fill
permethrin cream	QL= 60gm/30 days
POCKET CHAMBER	QL= 1 spacer/365 days
POCKET SPACER	QL= 1 spacer/365 days
podofilox soln	QL= 3.5ml/30 days
pravastatin tab	QL= 1 tab/day
pregabalin cap	QL= 2 caps/day; Only one strength allowed per month
PULMICORT FLEXHALER	QL= 1 inhaler/30 days
QUDEXY XR CAP 200MG	QL= 2 caps/day; Only one strength allowed per month
QUDEXY XR CAP 25MG, 50MG, 100MG, 150MG	QL= 1 cap/day; Only one strength allowed per month
QVAR REDHALER	QL= 1 inhaler/30 days
RELENZA DISKHALER	QL= 2 inhalers/180 days
RELPAK TAB	QL= 6 tabs/fill; 3 fills/30 days
RENVELA PACKET 0.8GM	QL= 6 packets/day
RENVELA PACKET 2.4GM	QL= 3 packets/day
RESTASIS MULTI-DOSE	QL= 5.5ml/30 days
RESTASIS OPHTH EMULSION	QL= 60 vials/30 days
RETIN-A CREAM	QL= 45gm/30 days
RETIN-A GEL	QL= 45gm/30 days
REXTOVY NASAL SPRAY	QL= 2 sprays/fill
RITALIN LA CAP	QL= 1 cap/day; Only one strength allowed per month
rizatriptan ODT	QL= 18 tabs/30 days
rizatriptan tab	QL= 18 tabs/30 days
rosuvastatin tab 10mg	QL= 0.5 tab/day
rosuvastatin tab 20mg	QL= 0.5 tab/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 0.5 tab/day
ROZEREM TAB	QL= 1 tab/day
salicylic acid liquid 17%	QL= 1 bottle/30 days
salicylic acid soln 17%	QL= 1 bottle/30 days
SAVELLA TAB	QL= 2 tabs/day
selenium sulfide lotion	QL= 120gm/30 days
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
silver sulfadiazine cream	QL= 50gm/30 days
simvastatin tab	QL= 1 tab/day
sirolimus soln	QL= 2ml/day
sirolimus tab 0.5mg	QL= 1 tab/day
sirolimus tab 1mg	QL= 6 tabs/day
sirolimus tab 2mg	QL= 1 tab/day
sodium sulfacetamide susp	QL= 118gm/30 days
sodium sulfacetamide/sulfur (topical)	QL= 177gm/30 days
sodium sulfacetamide/sulfur wash/cleanser	QL= 340.2ml/30days
SPIRIVA HANDHALER	QL= 1 inhaler/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 Formulary Cont.  
Last Updated 1/1/2025  
Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
SPIRIVA RESPIMAT INHALER	QL= 1 inhaler/30 days
STIOLTO INHALER	QL= 1 inhaler/30 days
SUBOXONE FILM 12MG-3MG	QL= 0.5 film/day
SUBOXONE FILM 2-0.5MG	QL= 1 film/day
SUBOXONE FILM 4MG-1MG	QL= 0.5 film/day
SUBOXONE FILM 8-2MG	QL= 3 films/day
sumatriptan tab	QL= 18 tabs/30 days
SYMBICORT INHALER	QL= 1 inhaler/30 days
SYMJEPI INJ	QL= 2 inj/fill
tacrolimus oint	QL= 60gm/30 days
temazepam cap 15mg	QL= 1 cap/day
temazepam cap 30mg	QL= 1 cap/day
tinidazole tab 500mg	QL= 4 tabs/fill
tolterodine ER cap	QL= 1 cap/day
tolterodine tab	QL= 2 tabs/day
TRACLEER TAB	QL= 2 tabs/day
tramadol tab 100mg	QL= 4 tabs/day
tramadol tab 50mg	QL= 8 tabs/day
TRANSDERM-SCOP PATCH	QL= 10 patches/month
triamcinolone cream 0.025%	QL= 80gm/30 days
triamcinolone cream 0.1%	QL= 80gm/30 days
triamcinolone cream 0.5%	QL= 20gm/30 days
triamcinolone in orabase paste	QL= 1 tube/30 days
triamcinolone lotion	QL= 60gm/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone oint 0.025%	QL= 80gm/30 days
triamcinolone oint 0.1%	QL= 90gm/30 days
triamcinolone oint 0.5%	QL= 15gm/30 days
triamcinolone OTC nasal spray	QL= 1 bottle/30 days
tropicamide ophth soln	QL= 10ml/30 days
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days
UBRELVY TAB	QL= 10 tabs/30 days
urea cream 20%	QL= 1 bottle/30 days
urea lotion 10%	QL= 1 bottle/fill
urea lotion 40%	QL= 1 bottle/fill
URINE TEST STRIPS	QL= 100 strips/30 days
VELTASSA POWDER	QL= 30 packets/30 days
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VICKS WATERLESS VAPORIZER	QL= 1 unit/365 days
VICTOZA INJ	QL= 9 ml/30 days
VIIBRYD TAB 10MG	QL= 0.5 tab/day; Only one strength allowed per month
VIIBRYD TAB 20MG	QL= 0.5 tab/day; Only one strength allowed per month
VIIBRYD TAB 40MG	QL= 1 tab/day; Only one strength allowed per month
vitamin B12 inj (cyanocobalamin)	QL= 1 inj/30 days
vitamin D cap 50,000 units (high potency)	QL= 12 caps/28 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 Formulary Cont.  
Last Updated 1/1/2025  
Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
VYVANSE CAP	QL= 1 cap/day; Only one strength allowed per month
XARELTO STARTER PACK	QL= 1 pack/fill per calendar year
XARELTO TAB 10MG	QL= 1 tab/day
XARELTO TAB 15MG	QL= 42 tab/fill per calendar year
XARELTO TAB 2.5MG	QL= 2 tabs/day
XARELTO TAB 20MG	QL= 1 tab/day
XIIDRA OPHTH SOLN	QL= 60 vials/30 days
XOPENEX HFA INHALER	QL= 2 inhalers/30 days
XTANDI CAP	QL= 4 caps/day
zaleplon cap 10mg	QL= 2 caps/day
zaleplon cap 5mg	QL= 1 cap/day
ziprasidone cap 20mg	QL= 10 caps/day
ziprasidone cap 40mg	QL= 5 caps/day
ziprasidone cap 60mg	QL= 3 caps/day
ziprasidone cap 80mg	QL= 2 caps/day
zolmitriptan tab	QL= 18 tabs/30 days
zolpidem tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 1 box/fill; 3 fills/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  
612-596-1036  
[hennepinhealth.org](http://hennepinhealth.org)