

Hennepin Health 2018

(11/1/2018)

Contents

CONTENTS	1
INTRODUCTION	2
PREFACE	2
PHARMACY NETWORK	2
PRODUCT SELECTION CRITERIA	3
GENERIC SUBSTITUTION	3
NON-FORMULARY DRUG REQUEST (MEDICAL EXCEPTION)	3
PRIOR AUTHORIZATION	4
QUANTITY LIMITATIONS	4
EXCLUDED DRUGS	4
SPECIALTY DRUGS	4
OVER-THE-COUNTER DRUGS	4
EDITOR	8
SPECIALTY PLAN DESIGN	8
PLAN DESIGN	8
NOTICE	8
FORMULARY ALPHABETICAL INDEX	9
FORMULARY BY CATEGORY/CLASS	43
PRIOR AUTHORIZATION DRUG LIST	84
OVER-THE-COUNTER (OTC)	88
MANDATORY SPECIALTY PHARMACY (MSP)	92
SMOKING CESSATION AGENTS	93
QUANTITY LIMIT (QL) MEDICATIONS	94

INTRODUCTION

Hennepin Health's closed formulary includes a list of drugs that are covered by Hennepin Health. Providers prescribing drugs to members who are covered by one of my Hennepin Health's plans should refer to this formulary.

The drugs listed in this formulary have been reviewed and approved by the Hennepin Health Pharmacy and Therapeutics Committee (P&T). The drugs selected for this formulary are clinically appropriate and cost-effective for members who have their drug benefits administered through Hennepin Health. There may be occasions when an unlisted drug is desired for the medical management of a specific member. In those instances, the unlisted medication may be requested by submitting a Prior Authorization Form (Minnesota Uniform Formulary Exception Form) that is available online at www.hennepinhealth.org.

The information contained in the Hennepin Health closed formulary and its appendices is provided by Hennepin Health for the convenience of members and providers. Hennepin Health neither warrants nor ensures the accuracy of such information. The formulary is not intended to be comprehensive in nature, or to serve as a substitute for the knowledge, expertise, skill or judgement of medical providers in their choice of prescription drugs. All of the information in the formulary is provided as a reference for the drug therapy selection. Specific drug selection for an individual member rests solely with the prescriber. 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.

Hennepin Health neither assumes responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Hennepin Health requires generic/brand copays in some groups with a monthly out-of-pocket expense maximum. Select populations, including, but not limited to children less than the age of 21, pregnant women, hospice and nursing homes are exempt from copays. Additionally, all anti-psychotic drugs are exempt from copays. Members may have copays if they have Medicare Part D coverage with another plan.

Hennepin Health contracts with Navitus Health Solutions™ as its pharmacy benefit manager (PBM). Claims are processed through the Navitus Health Solutions system.

PREFACE

The Hennepin Health closed formulary is organized into two sections: first, alphabetically, and second, by therapeutic classification. Brand name drugs are printed in all capital letters, and generic drugs are listed in all lower case letters. Unless exceptions are noted, generally, all applicable dosage forms and strengths of the drug cited are included. Generics should be considered the first line of prescribing, subject to applicable rules. The formulary also covers selected over-the-counter (OTC) products. Providers are encouraged to prescribe them when appropriate. Some OTCs are noted within the drug lists; a reference list is included in the preface.

PHARMACY NETWORK

Covered products, including drugs that have been approved as a non-formulary exception, must be purchased through a network pharmacy in order to be covered through this benefit. The pharmacy network is managed and maintained through Navitus Health Solutions. For assistance with locating a

network pharmacy, members and providers can call the Navitus call center at 1-855-673-6504 or visit www.hennepinhealth.org.

PRODUCT SELECTION CRITERIA

The Hennepin Health P&T Committee will consider United States Food and Drug Administration (FDA) approved drugs for inclusion in the formulary. The evaluation includes a literature review and expert opinion may also be sought. Formal reviews are prepared, which typically address the following information:

- Safety
- Comparison studies of cost and efficacy
- Approved indications
- Adverse effects
- Contraindications/warnings/precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently in the formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion of one or more drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

All of the information in the Hennepin Health closed formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual rests solely with the prescriber.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the FDA for safety and effectiveness and manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

NON-FORMULARY DRUG REQUEST (MEDICAL EXCEPTION)

If a prescription drug is not listed in the Hennepin Health formulary, it is considered non-formulary. If changing to a formulary medication is *not* medically advisable for a member or situations arise in which it is *medically* necessary that a non-formulary medication be used, the unlisted medication may be requested through the Hennepin Health non-formulary drug request process. The prescriber can call 1-800-647-0550 to notify Hennepin Health of the desire for a non-formulary medication.

Members can complete the Minnesota Uniform Formulary Exception Form located on www.hennepinhealth.org. The completed form will be reviewed by Hennepin Health for consideration. If a member has been receiving the prescribed non-formulary drug at the time of the request, a 30-day supply will be covered during the review process. The member and prescriber will be notified of the decision.

PRIOR AUTHORIZATION

Hennepin Health requires prior authorization (PA) for certain drugs. The PA requirement is noted in the text with a “PA” after the drug name. Additions and deletions to the drugs requiring PA can also be found on www.hennepinhealth.org. Drugs requiring PA are not covered unless the request for PA is approved. To request PA, the prescriber should complete the PA form located on www.hennepinhealth.org and fax it to Hennepin Health at 612-321-3712. A representative will contact the prescriber if other information is needed. If approved, Navitus Health Solutions will change the online computer to allow the member to obtain the drug. If the request is not approved, a letter to the member and prescriber will state the reasons why and provide the grievance/appeals process. The criteria for use of each drug follows the FDA-approved labeled indications and standards of medical practice. These criteria can change based on newly approved indications.

QUANTITY LIMITATIONS

Quantity Limitations (QL) provide for a maximum quantity of drug product that a member may receive per prescription over a specific period of time.

EXCLUDED DRUGS

Hennepin Health excludes the following drugs including, but not limited to these conditions:

- Anorexia, weight loss or weight gain (e.g., Alli)
- Treatment of sexual or erectile dysfunction (e.g., Viagra, Cialis)
- Promote hair growth for cosmetic purposes
- Promethazine with codeine

SPECIALTY DRUGS

Drugs with the designation of Mandatory Specialty Pharmacy Program (MSP) are required to be filled through a specialty network pharmacy. Drugs with a designation of Limited Distribution (LD) are often only available through a single supplier. Any drug with the indication of Specialty (SP) can be dispensed at any network pharmacy.

OVER-THE-COUNTER DRUGS

Drugs and products that are available for purchase without a prescription are designated as OTC by the FDA. In order to obtain a covered OTC item under this benefit, a prescription is required.

COVERED OVER-THE-COUNTER DRUGS

Note: This is not an all-inclusive list.

Category

Antacids

alumina/magnesia: susp

Brand Name Examples

Category

alumina/magnesia/simethicone: chew tabs, susp
aluminum hydroxide: susp
calcium carbonate: chew tabs, susp, tabs
magnesium hydroxide: susp, tabs

Brand Name Examples

Mylanta, Maalox
Alternagel
Tums
Phillips' Milk of Magnesia

Analgesics/Antipyretics

acetaminophen
aspirin
aspirin delayed-rel
aspirin/buffers: tabs
ibuprofen: 200 mg tabs, susp

Tylenol, Feverall
Bayer
Ecotrin
Bufferin
Advil

Antibacterials, topical

bacitracin: oint
chlorhexidine gluconate
hydrogen peroxide
neomycin/polymyxin B/bacitracin: oint
polymyxin B/bacitracin
povidone/iodine

Hibiclens

Neosporin
Polysporin
Betadine

Antidiarrheals

bismuth subsalicylate
bismuth subsalicylate
loperamide

Kaopectate Suspension
Pepto-Bismol
Imodium A-D

Antiemetic

meclizine: chew tabs

Antifungals, topical

clotrimazole
miconazole
tolnaftate

Lotrimin AF
Micatin
Tinactin

Antifungals, vaginal

clotrimazole
miconazole

Gyne-Lotrimin
Monistat

Antihistamines

cetirizine: chew tabs, syrup, tabs
chlorpheniramine maleate: ext-rel tabs, syrup, tabs
clemastine 1.34 mg
diphenhydramine 25 mg caps, 12.5 mg/5 mL elixir
loratadine: soluble tabs, syrup, tabs
loratadine/pseudoephedrine ext-rel

Zyrtec

Benadryl
Alavert, Claritin
Claritin-D

Contraceptives, Emergency

levonorgestrel

Next Choice One Dose, Plan B
One Step

Category**Brand Name Examples****Cough/Cold**

brompheniramine/phenylephrine: elixir
dextromethorphan polistirex: susp
guaifenesin: liquid, tabs
guaifenesin/dextromethorphan: syrup
pseudoephedrine: syrup, tabs
pseudoephedrine/guaifenesin: syrup 30mg/100mg/5 mL

Delsym

Robitussin DM
Sudafed

Ear/Nose/Throat and Mouth

carbamide peroxide: 6.5%
oxymetazoline: nasal spray
sodium chloride: nasal spray, soln
triamcinolone acetonide spray

Debrox
Afrin
Ocean
Nasacort Allergy 24HR

Gastrointestinal

cimetidine
lansoprazole delayed-rel
omeprazole magnesium delayed-rel

Tagamet HB
Prevacid 24HR
Prilosec OTC

Laxatives

bisacodyl: suppository, tabs
bisacodyl/magnesium citrate
calcium polycarbophil
cellulose powder
docusate calcium
docusate sodium: caps, enema, syrup
docusate sodium/sennosides: tabs
glycerin: enema, suppository
magnesium citrate: soln
magnesium hydroxide: chew tabs, susp
mineral oil
polyethylene glycol 3350
psyllium powder
senna
senna/docusate sodium
sodium phosphate/sodium biphosphate: enema
sorbitol 70%

Dulcolax

Fibercon
Unifiber

Colace
Peri-Colace

Phillips' Milk of Magnesia

Miralax
Metamucil
Senokot
Senokot-S
Fleet

Ophthalmic

eye lubricant drops, gel, oint
naphazoline: 0.012%
naphazoline/pheniramine

eye lubricant drops, gel, oint
Naphcon
Naphcon-A

Miscellaneous, oral

activated charcoal
electrolytes: soln
lactase
simethicone: chew tabs

Pedialyte
Lactaid
Gas-X, Mylicon

Category

sodium bicarbonate: tabs

Miscellaneous, topical

ammonium lactate 12%
calamine: lotion
capsaicin: crm
coal tar: shampoo
dimethicone: 1% crm
hydrocortisone: 0.5%, 1% crm, oint
hydrocortisone with aloe: 0.5% crm
mineral oil/petrolatum crm
salicylic acid 17%/collodion
salicylic acid/coal tar/sulfur
selenium sulfide shampoo 1%
urea crm 20%

Pediculocides

permethrin 1%
piperonyl butoxide/pyrethrins
pyrantel susp

Respiratory

sodium chloride soln for inhalation

Sleep Aids

melatonin

Supplements

calcium carbonate: 500 mg tabs, chew tabs, susp
calcium carbonate/vitamin D
calcium citrate/vitamin D
cholecalciferol: 1000 IU, 2000 IU
cyanocobalamin: 1000 mcg
ergocalciferol: drops
ferrous gluconate: tabs
ferrous sulfate: drops, elixir, tabs
folic acid
levocarnitine
magnesium gluconate
magnesium oxide
multivitamin, adult
multivitamin/iron, adult
multivitamin, pediatric
multivitamin/iron, pediatric
multivitamin, therapeutic
niacin: 50 mg, 100 mg, and 500 mg tabs
niacin ext-rel
prenatal vitamins
pyridoxine

Brand Name Examples

Amlactin
Capzasin-P, Capzasin-HP
Neutrogena T/Gel
Proshield Plus
Cortizone
Cortaid
Eucerin
Duofilm
Ala-Seb-T
Selsun Blue
Carmol 20

Nix Creme Rinse
Rid
Pin-X

Tums
Caltrate-600 Plus, Os-Cal
Citracal
Vitamin D3

Drisdol, Vitamin D2

Feosol, Fer-In-Sol

Uro-Mag
Centrum
Centrum, Certagen

Category

vitamin D: 1000 IU

Brand Name Examples

Smoking Cessation

nicotine polacrilex: gum
nicotine polacrilex: lozenge
nicotine transdermal

Nicorette
Nicorette Lozenges
Nicoderm CQ

EDITOR

Your comments and suggestions regarding the Hennepin Health closed formulary are encouraged. All responses will be reviewed and considered. Please send your comments to:

Hennepin Health
Pharmacy Department
Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, MN 55415

SPECIALTY PLAN DESIGN

Specialty Program Management (SPM) is a utilization management program that helps ensure appropriate utilization for specialty medication based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by specialty pharmacies. SPM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications that may be included in the SPM program are identified in the document as “SP” for reference.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed in the document are covered by the plan as represented when dispensed through a network pharmacy. Certain medications on the list are covered if utilization management criteria are met (e.g., step therapy, prior authorization, quantity limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2018. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Hennepin Health.

When viewing the Hennepin Health closed formulary online, please be advised that it is updated periodically and changes may appear prior to their effective date to allow for member notification.

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. 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.

**Hennepin Health Formulary
Alphabetical Index
Last Updated* 11/1/2018**

Drug Name	Special Code	Tier	Category
abacavir soln	-	1	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	SP	1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	SP	2	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	SP	1	ANTIVIRALS
ABILIFY MAINTENA INJ	PA	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABREVA CREAM	OTC	2	DERMATOLOGICALS
acamprosate calcium DR tab (CAMPRAL equiv)	PA	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	\$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK CALIBRATION SOLUTION (QL=1 bottle/365 days; \$11 max per script)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE METER (QL= 1 meter/365 days)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	\$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	\$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	\$0	DIAGNOSTIC PRODUCTS
ACETAMINOPHEN 500 LIQUID	OTC	2	ANALGESICS - NONNARCOTIC
acetaminophen chew tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen dispersible tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen elixer	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 (TYLENOL/CODEINE equiv) (QL= 13 tabs/day)	QL	1	ANALGESICS - OPIOID
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1	DIURETICS
acetazolamide tab	-	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	-	2	OTIC AGENTS
acetylcysteine soln 20%	-	1	COUGH/COLD/ALLERGY
acid gone chew tab	OTC	1	ANTACIDS
acid gone susp	OTC	1	ANTACIDS
ACNE MEDICATION LOTION 10%	OTC	2	DERMATOLOGICALS
ACNE MEDICATION LOTION 5%	OTC	2	DERMATOLOGICALS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL INJ, BOOSTRIX INJ	VAC	\$0	TOXOIDS
adefovir dipivoxil tab (HEPSERA equiv)	MSP	1	ANTIVIRALS
ADMELOG INJ	-	2	ANTIDIABETICS
ADMELOG SOLOSTAR INJ	-	2	ANTIDIABETICS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
ADVAIR DISKUS INHALER (Only covered for members age 4-12 years; QL=1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (Only covered for members age 4-12 years; QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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
AFINITOR TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES
AGORAL MAXIMUM STRENGTH LIQUID	OTC	2	LAXATIVES
albendazole tab (ALBENZA equiv)	PA	1	ANTHELMINTICS
ALBUTEROL ER TAB	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.083% (PROVENTIL equiv) (QL= 125 vials/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv) (QL= 180 nebs/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE equiv)	-	1	DERMATOLOGICALS
ALCOHOL SWABS (\$6 max per script)	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ALCOHOL WIPES	OTC	2	DERMATOLOGICALS
ALDACTAZIDE TAB 50-50MG	-	2	DIURETICS
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALER-DRYL TAB	OTC	2	ANTIHISTAMINES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALMACONE CHEW TAB	OTC	2	ANTACIDS
ALOGLIPTIN TAB 12.5MG	-	2	ANTIDIABETICS
ALOGLIPTIN TAB 25MG	-	2	ANTIDIABETICS
ALOGLIPTIN TAB 6.25MG	-	2	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB 12.5-1000MG	-	2	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB 12.5-500MG	-	2	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB 12.5-15MG	-	2	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB 12.5-30MG	-	2	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB 12.5-45MG	-	2	ANTIDIABETICS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
ALOGLIPTIN/PIOGLITAZONE TAB 25-15MG	-	2	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB 25-30MG	-	2	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB 25-45MG	-	2	ANTIDIABETICS
ALPRAZOLAM INTENSOL CONC (QL= 4ml/day)	QL	2	ANTIANKXIETY AGENTS
alprazolam tab 0.25mg, 0.5mg, 1mg (XANAX equiv) (QL= 3 tabs/day)	QL	1	ANTIANKXIETY AGENTS
alprazolam tab 2mg (QL= 2 tabs/day)	QL	1	ANTIANKXIETY AGENTS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALUMINUM HYDROXIDE SUSP	OTC	2	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)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
amiodarone tab 200mg (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
amitriptyline 10mg tab (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
amitriptyline 25mg tab (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
amitriptyline 50mg tab (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
amitriptyline tab 100mg	-	1	ANTIDEPRESSANTS
amitriptyline tab 150mg	-	1	ANTIDEPRESSANTS
amitriptyline tab 75mg	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion 12% (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv) (ONLY COVERED FOR MEMBERS 11 YEARS OF AGE AND YOUNGER)	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab 875mg (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 30 caps/30 days)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
amphetamine/dextroamphetamine tab 10mg (QL= 0.5 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 0.5 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
amphetamine/dextroamphetamine tab 20mg (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
amphetamine/dextroamphetamine tab 30mg (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
amphetamine/dextroamphetamine tab 5mg (QL= 0.5 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 0.5 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
AMPICILLIN CAP	-	2	PENICILLINS
ampicillin susp	-	1	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
APIDRA INJ	-	2	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	2	ANTIDIABETICS
aprepitant cap 40mg (EMEND equiv) (QL= 3 caps/180 days)	QL	2	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/15 days)	QL	2	ANTIEMETICS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
APTIVUS CAP	SP	2	ANTIVIRALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ	PA	2	HEMATOPOIETIC AGENTS
ARANESP INJ 25MG, 40MG, 60MG, 100MG, 150MG, 200MG, 300MG, 500MG	PA	2	HEMATOPOIETIC AGENTS
ARIAL CHAMBER (QL= 1 spacer/365 days)	OTC-QL	2	MEDICAL DEVICES AND SUPPLIES
aripiprazole tab 10mg (QL= 0.5 tab/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 15mg (QL= 0.5 tab/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 20mg (QL= 1 tab/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 30mg (QL= 1 tab/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 5mg (QL= 0.5 tab/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
artificial tears ophth oint	OTC	1	OPHTHALMIC AGENTS
artificial tears ophth soln	OTC	1	OPHTHALMIC AGENTS
ascorbic acid chew tab 500mg	OTC	1	VITAMINS
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin buffered tab	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN CHEW TAB 75MG	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 tab 81mg	OTC	\$0	ANALGESICS - NONNARCOTIC
atazanavir cap 150mg, 200mg, 300mg	SP	1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
atorvastatin tab 10mg (QL= 0.5 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (QL= 0.5 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (QL= 0.5 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg	-	1	ANTIHYPERLIPIDEMICS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	SP	2	ANTIVIRALS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 5ml/30 days)	QL	1	OPHTHALMIC AGENTS
ATROPINE OPHTH SOLN (QL= 5ml/30 days)	QL	2	OPHTHALMIC AGENTS
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AYR NASAL DROPS	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelastine nasal spray 0.1% (ASTELIN equiv) (QL=2 bottles/30 days)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
B-12 CAP	OTC	2	HEMATOPOIETIC AGENTS
B-12 TAB	OTC	2	HEMATOPOIETIC AGENTS
bacitracin oint	OTC	1	DERMATOLOGICALS
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
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)	-	1	GASTROINTESTINAL AGENTS - MISC.
BASAGLAR INJ	-	2	ANTIDIABETICS
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 (\$33 max per script)	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D INSULIN SYRINGE U-500 (\$33 max per script)	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 29G x 12.7MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 29G x 12MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 29G x 5MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE 29G x 8MM	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
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzoyl peroxide gel 10%	OTC	1	DERMATOLOGICALS
BENZOYL PEROXIDE GEL 2.5%	OTC	2	DERMATOLOGICALS
benzoyl peroxide gel 5%	OTC	1	DERMATOLOGICALS
benzoyl peroxide liquid 10%	OTC	1	DERMATOLOGICALS
benzoyl peroxide liquid 2.5%	-	1	DERMATOLOGICALS
benzoyl peroxide liquid 5%	OTC	1	DERMATOLOGICALS
benztropine tab	-	1	ANTIPARKINSON AGENTS
betamethasone augmented cream (DIPROLENE AF equiv)	-	1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE equiv)	-	1	DERMATOLOGICALS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
betamethasone augmented oint (DIPROLENE equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
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.
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)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLINK TEARS OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
BOSULIF TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln	-	1	OPHTHALMIC AGENTS
brimonidine ophth soln (ALPHAGAN P equiv)	-	1	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 60 vials/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide inh susp 1mg/2ml (QL= 30 vials/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv) (QL= 3 caps/day)	QL	1	CORTICOSTEROIDS
BUFFERIN EXTRA STRENGTH TAB	OTC	2	ANALGESICS - NONNARCOTIC
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
buprenorphine/naloxone 2mg/0.5mg SL tablets (QL=1 tab/day)	QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone 8mg/2mg SL tablets (QL=3 tabs/day)	QL	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab 150mg (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab 300mg (QL= 2 tabs/day)	QL	1	ANTIDEPRESSANTS
buspirone tab 5mg, 10mg, 15mg (BUSPAR equiv)	-	1	ANTIANXIETY AGENTS
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 2 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
butalbital/aspirin/caffeine cap (FIORINAL equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	2	ANALGESICS - NONNARCOTIC
BYDUREON INJ	PA	2	ANTIDIABETICS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CAFERGOT TAB	-	2	MIGRAINE PRODUCTS
CALAMINE LOTION	OTC	2	DERMATOLOGICALS
CALCI-CHEW 1250MG	OTC	2	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)	-	1	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium ascorbate tab 500mg	OTC	1	VITAMINS
calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg	OTC	1	ANTACIDS
calcium carbonate susp 1250mg/5ml	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate tab	OTC	1	MINERALS & ELECTROLYTES
CALCIUM CARBONATE TAB	OTC	2	ANTACIDS
calcium carbonate w/vitamin D chew 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 carbonate/vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium citrate plus vitamin d tab	OTC	1	MINERALS & ELECTROLYTES
calcium citrate/vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
calcium polycarbophil tab	OTC	1	LAXATIVES
calcium w/vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
CANASA SUPP	-	2	GASTROINTESTINAL AGENTS - MISC.
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	OTC	1	DERMATOLOGICALS
CAPSAICIN CREAM	OTC	2	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1	ANTIHYPERTENSIVES
carbamazepine ER cap (CARBATROL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamide peroxide otic soln	OTC	1	OTIC AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carboxymethylcellulose sodium ophth soln	OTC	1	OPHTHALMIC AGENTS
carboxymethylcellulose/hypromellose ophth gel	OTC	1	OPHTHALMIC AGENTS
carboxymethylcelluloseglycerin ophth soln	OTC	1	OPHTHALMIC AGENTS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
CEFTIN SUSP	-	2	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap 100mg, 200mg (CELEBREX equiv)	PA	1	ANALGESICS - ANTI-INFLAMMATORY
cephalexin cap 250mg, 500mg (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
cetirizine chew tab (Zyrtec equiv)	OTC	1	ANTIHISTAMINES
cetirizine syrup (Zyrtec equiv)	OTC	1	ANTIHISTAMINES
cetirizine tab (Zyrtec equiv)	OTC	1	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (Zyrtec equiv)	OTC	1	COUGH/COLD/ALLERGY
CHANTIX PAK	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
CHANTIX TAB	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
charcoal activated cap	OTC	1	ANTIDOTES
CHARCOAL TAB	OTC	2	ANTIDOTES
chlorthalidone cap (LIBRIUM equiv) (QL= 2 caps/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTI-ANXIETY AGENTS
chlorhexidine gluconate liquid	OTC	1	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorpheniramine CR tab	-	1	ANTIHISTAMINES
chlorpheniramine maleate syrup	-	1	ANTIHISTAMINES
chlorpheniramine maleate tab	OTC	1	ANTIHISTAMINES
CHLORPHENIRAMINE POWDER	-	2	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
CHLORTHALIDONE TAB 25MG (QL= 0.5 tab/day)	QL	2	DIURETICS
CHLORTHALIDONE TAB 50MG (QL= 1 tab/day)	QL	2	DIURETICS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
cimetidine tab (TAGAMET equiv)	-	1	ULCER DRUGS
CINRYZE SOLN	PA	2	HEMATOLOGICAL AGENTS - MISC.
CIPRODEX OTIC SUSP	-	2	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	1	FLUOROQUINOLONES
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL HARMONY CAP	-	2	MULTIVITAMINS
CITRANATAL TAB RX	-	2	VITAMINS
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
CLARITHROMYCIN SUSP	-	2	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLEAR PORE OPHTH LIQUID 3.5%	OTC	2	DERMATOLOGICALS
clemastine fumarate tab	OTC	1	ANTIHISTAMINES
CLEMASTINE TAB	-	2	ANTIHISTAMINES
CLEOCIN VAGINAL SUPP	-	2	VAGINAL PRODUCTS
clindamycin cap 150mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clobetasol propionate cream (TEMOVATE equiv)	PA	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE equiv)	PA	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	PA	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	PA	1	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	PA	1	ANTIDEPRESSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv) (QL= 4 patches/30 days)	QL	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv) (QL= 1 tab/day)	QL	1	HEMATOLOGICAL AGENTS - MISC.
clotrimazole cream (LOTRIMIN AF equiv)	OTC	1	DERMATOLOGICALS
clotrimazole troches (MYCELEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole vaginal cream	OTC	1	VAGINAL PRODUCTS
clozapine tab (CLOZARIL equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COARTEM TAB	-	2	ANTIMALARIALS
COLCHICINE TAB (COLCRYS equiv)	-	2	GOUT AGENTS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COMBIGAN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COMBIPATCH	-	2	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	SP	2	ANTIVIRALS
COMPUTER EYE DROPS	OTC	2	OPHTHALMIC AGENTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
CORTIFOAM	-	2	ANORECTAL AGENTS
CORTIZONE-10/ALOE LIQUID	OTC	2	DERMATOLOGICALS
CREON CAP	-	2	DIGESTIVE AIDS
CRIVAN CAP	SP	2	ANTIVIRALS
cromolyn nasal spray	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
cromolyn neb soln (INTAL equiv) (QL= 120 nebs/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
cryselle tab (LO/OVRAL equiv)	-	\$0	CONTRACEPTIVES
cyanocobalamin inj (QL= 1 inj/30 days)	QL	1	HEMATOPOIETIC AGENTS
cyanocobalamin tab	OTC	1	HEMATOPOIETIC AGENTS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclopentolate ophth soln 1%	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine cap (SANDIMMUNE equiv)	SP	1	ASSORTED CLASSES
cyclosporine modified cap, gengraf cap (NEORAL equiv)	SP	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	-	2	ANTI-INFECTIVE AGENTS - MISC.
DAYTRANA PATCH (QL= 1 patch/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
DESCOVY TAB	SP	2	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	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.
desoximetasone cream (TOPICORT equiv)	-	1	DERMATOLOGICALS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
dextromethorphan ER liquid	OTC	1	COUGH/COLD/ALLERGY
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
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv) (QL= 8ml/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTI-ANXIETY AGENTS
DIAZEPAM SOLN (QL= 40ml/day; Prior Authorization required for members age 65 or older)	PA-QL	2	ANTI-ANXIETY AGENTS
diazepam tab (VALIUM equiv) (QL= 4 tabs/day; Prior Authorization required for members age 65 or older)	PA-QL	1	ANTI-ANXIETY AGENTS
diclofenac gel 1% (VOLTAREN equiv) (QL= 100gm/30 days)	QL	1	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	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)	SP	1	ANTIVIRALS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
DIFFERIN OTC GEL 0.1%	OTC	2	DERMATOLOGICALS
DIFLORASONE CREAM	-	2	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
DI-GEL SUSP	OTC	2	ANTACIDS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	1	MIGRAINE PRODUCTS
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	2	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
DIMETHICONE CREAM 1%	OTC	2	DERMATOLOGICALS
DIPENTUM CAP	-	2	GASTROINTESTINAL 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 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)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DOCUSAL/ENEMEEZ MINI ENEMA	OTC	2	LAXATIVES
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	2	ANTIARRHYTHMICS
donepezil tab 5mg, 10mg (ARICEPT equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
doxercalciferol cap (HECTOROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate tab 20mg (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
DRYSOL SOLN	-	2	DERMATOLOGICALS
DULERA INHALER (QL= 1 inhaler/30 days)	PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap 20mg, 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	1	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 1 cap/day)	QL	1	ANTIDEPRESSANTS
ED CHLORPED LIQUID	-	2	ANTIHISTAMINES
EDURANT TAB	SP	2	ANTIVIRALS
efavirenz cap	SP	1	ANTIVIRALS
efavirenz tab	SP	1	ANTIVIRALS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB (QL= 4 fills/year)	QL	\$0	CONTRACEPTIVES
EMTRIVA CAP	SP	2	ANTIVIRALS
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ	MSP-PA	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ	MSP-PA	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ	MSP-PA	2	ANALGESICS - ANTI-INFLAMMATORY
ENFAMIL ENFALYTE SOLN	OTC	2	MINERALS & ELECTROLYTES
ENGERIX-B INJ	VAC	\$0	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv)	SP	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	1	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv)	SP	1	ANTIVIRALS
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (Only NDCs 49502010102 and 49502010202 are covered)	-	1	VASOPRESSORS
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (Only NDCs 49502010102 and 49502010202 are covered)	-	1	VASOPRESSORS
EPIVIR HBV SOLN	SP	2	ANTIVIRALS
eplerenone tab 25mg (QL= 0.5 tab/day)	QL	1	ANTIHYPERTENSIVES
eplerenone tab 50mg (QL= 1 tab/day)	QL	1	ANTIHYPERTENSIVES
epoprostenol inj	PA	1	CARDIOVASCULAR AGENTS - MISC.
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	2	MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin soln	-	1	DERMATOLOGICALS
escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
estradiol patch (CLIMARA equiv) (Prior Authorization required for members age 65 or older)	PA	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	PA--	1	ESTROGENS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
estradiol tab (ESTRACE equiv) (Prior Authorization required for members age 65 or older)	PA	1	ESTROGENS
estradiol vaginal cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol vaginal tab, yuvafem vaginal tab	-	1	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	MSP	\$0	ANTINEOPLASTICS
EVAC-U-GEN CHEW TAB	OTC	2	LAXATIVES
EVOTAZ TAB (QL= 1 tab/day)	QL-SP	2	ANTIVIRALS
EXELON SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EZ FLU SHOT QUAD KIT	-	\$0	VACCINES
famotidine tab (PEPCID equiv)	OTC	1	ULCER DRUGS
FANAPT TAB	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON TAB	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FE GLUCONATE TAB 239MG (27MG ELEMENTAL FE) (\$0 for members age 6-12 months)	OTC	2	HEMATOPOIETIC AGENTS
FEBROL SOLN	OTC	2	ANALGESICS - NONNARCOTIC
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEMRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
fenofibrate tab 48mg, 50mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERTENSIVES
fentanyl patch 100mcg (QL= 3 patches/30 days)	QL	1	ANALGESICS - OPIOID
fentanyl patch 12mcg (QL= 10 patches/30 days)	QL	1	ANALGESICS - OPIOID
fentanyl patch 25mcg (QL= 10 patches/30 days)	QL	1	ANALGESICS - OPIOID
fentanyl patch 50mcg (QL= 10 patches/30 days)	QL	1	ANALGESICS - OPIOID
fentanyl patch 75mcg (QL= 3 patches/30 days)	QL	1	ANALGESICS - OPIOID
FERROUS FUMARATE TAB 325MG (\$0 for members age 6-12 months)	OTC	2	HEMATOPOIETIC AGENTS
FERROUS FUMARATE TAB 90MG (\$0 for members age 6-12 months)	OTC	2	HEMATOPOIETIC AGENTS
FERROUS GLUCONATE TAB 225MG (\$0 for members age 6-12 months)	OTC	2	HEMATOPOIETIC AGENTS
ferrous gluconate tab 324mg (\$0 for members age 6-12 months)	OTC	1	HEMATOPOIETIC AGENTS
FERROUS GLUCONATE TAB 324MG (\$0 for members age 6-12 months)	OTC	2	HEMATOPOIETIC AGENTS
ferrous gluconate tab 325mg (\$0 for members age 6-12 months)	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate 325mg	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate drops	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate EC tab (\$0 for members age 6-12 months)	OTC	1	HEMATOPOIETIC AGENTS
FERROUS SULFATE EC TAB (\$0 for members age 6-12 months)	OTC	2	HEMATOPOIETIC AGENTS
ferrous sulfate elixir (\$0 for members age 6-12 months)	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
fexofenadine tab (ALLEGRA equiv)	OTC	1	ANTIHISTAMINES
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
FIRMAGON INJ	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEET LIQUID GLYCERIN ENEMA	OTC	2	LAXATIVES
FLOVENT DISKUS INHALER (QL= 1 inhaler/30 days; Only covered for members age 4-12)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER (QL= 1 inhaler/30 days; Only covered for members age 4-12)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUARIX QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUADRIVALENT INJ	VAC	\$0	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0	VACCINES
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/30 days)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream 0.025%	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) (QL = 1 bottle/30 days)	QL	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinonide cream 0.05%	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX equiv)	-	1	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluphenazine inj	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURA-DROPS 0.25MG	-	2	MINERALS & ELECTROLYTES
flurbiprofen ophth soln (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (AIRDUO equiv) (QL=1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HIGH-DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL	VAC	\$0	VACCINES
FLUZONE PF INJ	VAC	\$0	VACCINES
FLUZONE QUAD INJ	VAC	\$0	VACCINES

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
folbic tab (FOLTX equiv)	-	1	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folic acid tab 1mg (\$0 for females)	OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (\$0 for females)	OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (\$0 for females)	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
fondaparinux inj (ARIXTRA equiv)	SP	1	ANTICOAGULANTS
FORTEO INJ	MSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL, TESTOSTERONE GEL	PA	2	ANDROGENS-ANABOLIC
fosamprenavir tab (LEXIVA TAB equiv)	SP	2	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FREESTYLE INSULIN SYRINGE (\$33 max per script)	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
furosemide tab (LASIX equiv)	-	1	DIURETICS
gabapentin cap 100mg (QL= 36 caps/day)	QL	1	ANTICONVULSANTS
gabapentin cap 300mg (QL= 12 caps/day)	QL	1	ANTICONVULSANTS
gabapentin cap 400mg (QL= 9 caps/day)	QL	1	ANTICONVULSANTS
gabapentin tab 600mg (QL=6 tabs/day)	QL	1	ANTICONVULSANTS
gabapentin tab 800mg (QL=4.5 tabs/day)	QL	1	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS
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	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	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	SP	2	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
glatopa inj, glatiramer inj	MSP-PA	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
GLEOSTINE CAP, LOMUSTINE CAP	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	2	ANTIDIABETICS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv) (Prior Authorization required for members age 65 or older)	PA	1	ANTIDIABETICS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
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
granisetron tab (KYTRIL equiv) (QL= 6 tabs/15 days)	QL	1	ANTIEMETICS
griseofulvin susp (GRIFULVIN equiv)	-	1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	1	ANTIFUNGALS
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 IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
halobetasol propionate cream (ULTRAVATE equiv)	PA	1	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	PA	1	DERMATOLOGICALS
haloperidol tab (HALDOL equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
HEXALEN CAP	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HONEY BEARS CHEW TAB	OTC	2	MULTIVITAMINS
HUMALOG INJ	-	2	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG MIX INJ	-	2	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG PEN INJ	-	2	ANTIDIABETICS
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, fill/plan year)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	2	ANTIDIABETICS
HUMULIN N INJ	OTC	2	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab 25mg, 50mg (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone/acetaminophen tab 5mg-325mg, 7.5mg/325mg, 10mg/325mg (LORTAB equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocortisone acetate oint	OTC	1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	OTC	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
hydrocortisone gel	OTC	1	DERMATOLOGICALS
hydrocortisone lotion 1%, 2.5% (HYTONE equiv)	-	1	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/ALOE OINT	OTC	2	DERMATOLOGICALS
hydrocortisone/aloe vera cream	OTC	1	DERMATOLOGICALS
hydrogen peroxide soln	OTC	2	ANTISEPTICS & DISINFECTANTS
hydromorphone tab 2mg (QL= 15 tabs/day)	QL	1	ANALGESICS - OPIOID
hydromorphone tab 4mg (QL= 7.5 tabs/day)	QL	1	ANALGESICS - OPIOID
hydromorphone tab 8mg (QL= 3.75 tabs/day)	QL	1	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	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)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYPOTEARs OPTH SOLN	OTC	2	OPHTHALMIC AGENTS
hypromellose ophth soln	OTC	1	OPHTHALMIC AGENTS
hypromellose ophth soln 0.4%	OTC	1	OPHTHALMIC AGENTS
ibuprofen chew tab	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (ADVIL/MOTRIN equiv)	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 200mg	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 800mg	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICAPS PLUS TAB	OTC	2	MULTIVITAMINS
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	2	ANALGESICS - ANTI-INFLAMMATORY
imatinib tab (GLEEVEC equiv)	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMODIUM A-D CHEW TAB	OTC	2	ANTIDIARRHEALS
IMODIUM CHEW TAB	OTC	2	ANTIDIARRHEALS
IMPROVUE SOLN	OTC	2	OPHTHALMIC AGENTS
INATAL ULTRA TAB	-	2	VITAMINS
INCRUSE ELLIPTA INHALER (QL=1 inhaler/30 days)	QL	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ	MSP	2	ANTIVIRALS
INLYTA TAB	MSP-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN SYRINGE	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
INSULIN SYRINGE (\$33 max per script)	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	SP	2	ANTIVIRALS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
INTRON-A INJ	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA SUSTENNA INJ	PA	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP	SP	2	ANTIVIRALS
INVIRASE TAB	SP	2	ANTIVIRALS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv) (QL= 125 vials/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
ISENTRESS POWDER PACK	SP	2	ANTIVIRALS
ISENTRESS TAB	SP	2	ANTIVIRALS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE TAB	-	2	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap (ACCUTANE equiv)	PA	1	DERMATOLOGICALS
ISTODAX INJ	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ITCH-X FOAM	OTC	2	DERMATOLOGICALS
itraconazole cap (SPORANOX equiv)	-	1	ANTIFUNGALS
itraconazole soln	PA	1	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	1	ANTHELMINTICS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL=1 tab/day)	QL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	PA-QL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
KALETRA TAB	SP	2	ANTIVIRALS
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
ketoconazole cream (NIZORAL equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL equiv)	-	1	DERMATOLOGICALS
KETO-DIASTIX TEST STRIP	OTC	\$0	DIAGNOSTIC PRODUCTS
ketoprofen cap (ORUDIS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	2	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	1	OPHTHALMIC AGENTS
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
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	-	1	GASTROINTESTINAL AGENTS - MISC.
lamivudine tab (EPIVIR equiv)	SP	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	SP	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	1	ANTIVIRALS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LANCET DEVICE (QL= 1 device/365 days; \$17 max per script)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
LANCETS (\$17 max per script)	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
lansoprazole DR cap OTC (PREVACID equiv) (QL= 2 caps/day)	OTC-QL	1	ULCER DRUGS
latanoprost ophth soln (XALATAN equiv)	-	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)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LETAIRIS TAB (QL= 1 tab/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	\$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 tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine cap	OTC	1	NUTRIENTS
levocarnitine fumarate cap	OTC	1	NUTRIENTS
levocarnitine tab	OTC	1	NUTRIENTS
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv) (QL= 4 fills/year)	OTC-QL	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG (QL= 4 fills/year)	QL	\$0	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
lidocaine gel 2% (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine patch (LIDODERM equiv)	PA	1	DERMATOLOGICALS
lidocaine viscous soln 2%	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
lithyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITEAIRE (QL= 1 spacer/365 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
lithium carbonate cap (ESKALITH ER equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
loperamide cap (IMODIUM equiv)	OTC	1	ANTIDIARRHEALS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
loperamide liquid	OTC	1	ANTIDIARRHEALS
LOPERAMIDE POWDER	-	2	ANTIDIARRHEALS
loperamide tab	OTC	1	ANTIDIARRHEALS
loperamide/simethicone tab	OTC	1	ANTIDIARRHEALS
loratadine ODT (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	1	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	1	COUGH/COLD/ALLERGY
lorazepam tab (ATIVAN equiv) (QL= 3 tabs/day)	QL	1	ANTIANKXIETY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
lovastatin tab 10mg (MEVACOR equiv)	-	1	ANTIHYPERLIPIDEMICS
lovastatin tab 20mg	-	\$0	ANTIHYPERLIPIDEMICS
lovastatin tab 40mg	-	\$0	ANTIHYPERLIPIDEMICS
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
LYRICA CAP (QL= 2 caps/day)	PA-QL	2	ANTICONSULSANTS
LYSODREN TAB (Only available through Direct Success Pharmacy 732-919-1234)	LD	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAALOX TC SUSP	OTC	2	ANTACIDS
MAG-200 TAB	OTC	2	MINERALS & ELECTROLYTES
MAG-AL LIQUID	OTC	2	ANTACIDS
magnesium citrate soln	OTC	1	LAXATIVES
magnesium gluconate tab	OTC	1	MINERALS & ELECTROLYTES
MAGNESIUM GLUCONATE TAB	OTC	2	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	2	ANTACIDS
magnesium oxide tab	OTC	1	MINERALS & ELECTROLYTES
magnesium oxide tab 400mg	OTC	1	ANTACIDS
magnesium/aluminum hydroxide/simethicone chew tab	OTC	1	ANTACIDS
malathion lotion (OVIDE equiv)	-	1	DERMATOLOGICALS
MALE CONDOMS (QL= 24 units/30 days)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVYRET TAB (QL=3 tab/day)	MSP-PA-QL	2	ANTIVIRALS
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
MECLIZINE POWDER	-	2	ANTIEMETICS
meclizine tab 12.5mg, 25mg (ANTIVERT equiv)	OTC	1	ANTIEMETICS
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefloquine tab (LARIAM equiv)	-	1	ANTIMALARIALS
MEFLOQUINE TAB	-	2	ANTIMALARIALS
megestrol tab (MEGACE equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
MEKINIST TAB	MSP	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melatonin tab	OTC	1	ALTERNATIVE MEDICINES
MELATONIN TAB	OTC	2	ALTERNATIVE MEDICINES
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
mercaptopurine tab (PURINETHOL equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR tab (LIALDA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
METAMUCIL POWDER	OTC	2	LAXATIVES
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone tab 10mg (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
methadone tab 5mg (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate tab (TREXALL equiv)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylcellulose laxative powder	OTC	1	LAXATIVES
methylidopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)	-	1	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylphenidate chew tab	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylphenidate ER tab (CONCERTA equiv) (QL= 30 tabs/30 days; Prior Authorization required for members age 22 or older)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
METHYLPHENIDATE ER TAB (Prior Authorization required for members age 22 or older)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylphenidate ER tab 10mg (METADATE/RITALIN SR equiv) (QL= 1 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylphenidate ER tab 20mg (METADATE/RITALIN SR equiv) (QL= 1 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylphenidate soln (METHYLIN equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylphenidate tab (RITALIN equiv) (QL= 6 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylphenidate tab 20mg (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
methylprednisolone dose pack	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
METIPRANOLOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1	ANTIHYPERTENSIVES
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
miconazole nitrate aerosol	OTC	1	DERMATOLOGICALS
miconazole nitrate aerosol powder	OTC	1	DERMATOLOGICALS
miconazole nitrate cream	OTC	1	DERMATOLOGICALS
miconazole nitrate oint	OTC	1	DERMATOLOGICALS
miconazole nitrate powder	OTC	1	DERMATOLOGICALS
MICONAZOLE NITRATE SPRAY	OTC	2	DERMATOLOGICALS
miconazole nitrate vaginal kit	OTC	1	VAGINAL PRODUCTS
miconazole vaginal cream	OTC	1	VAGINAL PRODUCTS
MICONAZOLE VAGINAL KIT	OTC	2	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
MILK OF MAGNESIA SUSP	OTC	2	LAXATIVES
mineral oil	OTC	1	LAXATIVES
MINERAL OIL	OTC	2	LAXATIVES
MINERAL OIL LIGHT	OTC	2	LAXATIVES
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRANEL AF SOLN	OTC	2	DERMATOLOGICALS
mirtazapine tab 15mg (QL= 0.5 tab/day)	QL	1	ANTIDEPRESSANTS
mirtazapine tab 30mg (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
mirtazapine tab 45mg (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
modafinil tab (PROVIGIL equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONOJECT SYRINGE	OTC	2	MEDICAL DEVICES AND SUPPLIES
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
montelukast chew tab 4mg (Only covered for members between 2-5 years old)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast chew tab 5mg (Only covered for members between 6-14 years old)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER tab 100mg (QL= 1 tab/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 15mg (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 200mg (QL= 0.5 tab/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 30mg (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab 60mg (QL= 2 tabs/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate supp 10mg (QL= 12 supp/day)	QL	1	ANALGESICS - OPIOID

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
morphine sulfate supp 20mg (QL= 6 supp/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate supp 5mg (QL= 24 supp/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate tab 15mg (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate tab 30mg (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
moxifloxacin ophth soln	-	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
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)	-	1	DERMATOLOGICALS
mycophenolate mofetil cap (CELLCEPT equiv)	SP	1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	SP	1	ASSORTED CLASSES
MYLERAN TAB	MSP	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NALOXONE INJ (QL= 2 injections/30 days. NALOXONE INJ: NDC 76329336901 only. Covered Atomizers: NDCs 00042271802, 60112031306, 26704612625 and 68100062330)	QL	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NATACYN OPTH SUSP	-	2	OPHTHALMIC AGENTS
nateglinide tab (STARLIX equiv)	-	1	ANTIDIABETICS
NEBULIZER	OTC	2	MEDICAL DEVICES AND SUPPLIES
necon tab 1-50 (NORYNIL equiv)	-	\$0	CONTRACEPTIVES
neomycin tab	-	1	AMINOGLYCOSIDES
neomycin/bacitracin/polymyxin oint	OTC	1	DERMATOLOGICALS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv)	-	1	OPHTHALMIC 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 (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
NEULASTA INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv)	SP	1	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	SP	1	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
niacin CR tab (SLO-NIACIN equiv)	OTC	1	VITAMINS
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	2	VITAMINS
nicotine gum (NICORETTE equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
NICOTINE KIT	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
NICOTROL INHALER (QL= 1 box/11 days, 6 fills/365 days)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
NICOTROL NASAL SPRAY (QL= 1 box/fill, 3 fills/180 days)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
nifedipine ER tab (ADALAT CC equiv)	-	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	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv) (Prior Authorization required for members age 65 or older)	PA	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 65 or older)	PA	1	URINARY ANTI-INFECTIVES
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTEMP SUSP INFANTS	OTC	2	ANALGESICS - NONNARCOTIC
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
NORVIR CAP	SP	2	ANTIVIRALS
NOVOFINE PEN NEEDLE 30G x 8MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
NOVOFINE PEN NEEDLE 32G x 6MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
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
NUDEXTA CAP	PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
NUTRATEAR OPHTH SOL	OTC	2	OPHTHALMIC AGENTS
NUTROPIN AQ INJ	MSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUVARING	-	\$0	CONTRACEPTIVES
nystatin cream (MYCOSTATIN equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS
ODEFSEY TAB	-	2	ANTIVIRALS
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
OGESTREL TAB	-	2	CONTRACEPTIVES
olanzapine tab (ZYPREXA equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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)	QL	1	ULCER DRUGS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
omeprazole DR cap 20mg (PRILOSEC equiv) (QL= 2 caps/day)	QL	1	ULCER DRUGS
omeprazole DR cap 40mg (PRILOSEC equiv) (QL= 2 caps/day)	QL	1	ULCER DRUGS
omeprazole magnesium DR tab	OTC	1	ULCER DRUGS
OMEPRAZOLE TAB	OTC	2	ULCER DRUGS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	OTC	1	ULCER DRUGS
OMNIFLEX DIAPHRAGM	-	2	MEDICAL DEVICES AND SUPPLIES
ondansetron ODT (ZOFTRAN equiv) (QL= 12 tabs/15 days)	QL	1	ANTIEMETICS
ondansetron tab 24mg (QL= 1 tab/15 days)	QL	1	ANTIEMETICS
ondansetron tab 4mg, 8mg (ZOFTRAN equiv) (QL= 12 tabs/15 days)	QL	1	ANTIEMETICS
oral electrolytes soln	OTC	1	MINERALS & ELECTROLYTES
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	2	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30mg (QL= 20 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 45mg, 75mg (QL=10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir susp (Only covered for members 11 years of age and younger; QL=120 ml/fill, 2 fills/year)	QL	1	ANTIVIRALS
oxaprozin tab (DAYPRO equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
OXAZEPAM CAP (QL=4 caps/day)	QL	1	ANTI-ANXIETY AGENTS
oxazepam cap (SERAX equiv) (QL= 4 caps/day)	QL	1	ANTI-ANXIETY AGENTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONSULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone tab 10mg (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 15mg (QL= 5.25 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 20mg (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 30mg (QL= 2.5 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 5mg (QL= 16 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (QL= 10 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
OXYTROL PATCH	OTC	2	URINARY ANTISPASMODICS
OYSTER SHELL CALCIUM/VITAMIN D (ERGO-CALCIFEROL) TAB	OTC	2	MINERALS & ELECTROLYTES
oyster shell tab	OTC	1	MINERALS & ELECTROLYTES
pantoprazole EC tab (PROTONIX equiv) (QL= 2 tabs/day)	QL	1	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	PA	1	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PARVA-CAL TAB	OTC	2	MINERALS & ELECTROLYTES
PEDIA-LAX LIQUID	OTC	2	LAXATIVES
PEDIA-LAX SUPP	OTC	2	LAXATIVES
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB	OTC	2	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
peg 3350/electrolytes soln (COLYTE equiv)	-	\$0	LAXATIVES
PEGASYS INJ	MSP-PA	2	ANTIVIRALS
PEG-INTRON INJ	MSP-PA	2	ANTIVIRALS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
PEN NEEDLE 31G x 6MM, 32G x 8MM	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
PENICILLIN VK SOLN	-	2	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID AC CHEW TAB	OTC	2	ULCER DRUGS
permethrin cream (ELIMITE equiv)	-	1	DERMATOLOGICALS
permethrin creme rinse 1%	OTC	1	DERMATOLOGICALS
permethrin lotion	OTC	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	\$0	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
phenytoin cap 100mg (DILANTIN equiv)	-	1	ANTICONSULSANTS
phenytoin chew tab (DILANTIN equiv)	-	1	ANTICONSULSANTS
phytonadione tab	-	1	VITAMINS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PIN-X CHEW TAB	-	2	ANTHELMINTICS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	1	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	1	ANTIDIABETICS
PLEGRIDY INJ	MSP-PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
PLEGRIDY PEN INJ	MSP-PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
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)	-	1	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1	LAXATIVES
polyethylene glycol/propylene glycol ophth soln	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)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab 10meq (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
povidone/iodine soln	OTC	1	ANTISEPTICS & DISINFECTANTS
PRADAXA CAP	PA	2	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	ANTIHYPERLIPIDEMICS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
PRECISION INSULIN SYRINGE (\$33 max per script)	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
prednisolone ODT (ORAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	1	OPHTHALMIC AGENTS
PREDNISOLONE ORAL SYRUP	-	2	CORTICOSTEROIDS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednisolone soln 15mg/5ml (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PRENATABS FA TAB	-	2	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	2	VITAMINS
PRENATAL 19 TAB	-	2	MULTIVITAMINS
PRENATAL PLUS TAB	OTC	2	MULTIVITAMINS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA TAB	SP	2	ANTIVIRALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	\$0	ANTIpsychOTICS/ANTIMANIC AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
progesterone cap (PROMETRIUM equiv)	-	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
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	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 LIQUID	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
PSEUDOEPHEDRINE SYRUP	OTC	2	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
PULMOZYME INH SOLN	MSP-PA	2	RESPIRATORY AGENTS - MISC.
pyrantel pamoate susp	OTC	1	ANTHELMINTICS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIMETHAMINE/LEUCOVORIN COMPOUNDED CAPSULES	PA	2	ANTIMALARIALS
quetiapine tab (SEROQUEL equiv)	-	\$0	ANTIpsychOTICS/ANTIMANIC AGENTS
QUILLIVANT XR SUSP	PA	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RANEXA TAB	-	2	ANTIANGINAL AGENTS
ranitidine syrup (ZANTAC equiv) (ONLY COVERED FOR MEMBERS 9 YEARS OF AGE AND YOUNGER)	-	1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1	ULCER DRUGS
rasagiline tab (AZILECT equiv)	PA	2	ANTIPARKINSON AGENTS
REFRESH LIQUIGEL OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
REFRESH OPTIVE ADVANCED OPHTH SOLN	OTC	2	OPHTHALMIC AGENTS
RELENZA DISKHALER (QL= 2 inhalers/180 days)	QL	2	ANTIVIRALS
REMODULIN INJ	PA	2	CARDIOVASCULAR AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL=1 inj/28 days)	MSP-PA-QL	2	ANTIHYPERTENSIVES
RESCRIPTOR TAB	SP	2	ANTIVIRALS
RETAIN MGD OPHTH EMULSION	OTC	2	OPHTHALMIC AGENTS
REVLIMID CAP	MSP-PA	2	ASSORTED CLASSES
ribavirin tab 200mg (COPEGUS equiv)	MSP-PA	1	ANTIVIRALS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	1	NEUROMUSCULAR AGENTS
RISPERDAL INJ	PA	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR TAB equiv)	SP	2	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
rivastigmine patch	PA	1	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 18 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 18 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 0.5 tab/day)	QL	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 0.5 tab/day)	QL	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERTENSIVES
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 0.5 tab/day)	QL	\$0	ANTIHYPERTENSIVES
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	2	ANTICONVULSANTS
salicylic acid soln 17%	OTC	1	DERMATOLOGICALS
saline nasal spray	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
SAMSCA TAB	PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT	PA	2	DERMATOLOGICALS
SAPHRIS SL TAB	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulf 1% shampoo	OTC	1	DERMATOLOGICALS
selenium sulfide lotion	-	1	DERMATOLOGICALS
SELZENTRY ORAL SOLN	SP	2	ANTIVIRALS
SELZENTRY TAB	SP	2	ANTIVIRALS
SENNA SYRUP	OTC	2	LAXATIVES
sennosides cap	OTC	1	LAXATIVES
sennosides chew tab	OTC	1	LAXATIVES

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
sennosides syrup	OTC	1	LAXATIVES
sennosides tab 8.6mg	OTC	1	LAXATIVES
sennosides/docusate sodium tab	OTC	1	LAXATIVES
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer carbonate tab (REVELA equiv)	PA	1	GASTROINTESTINAL AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILPHEN COUGH SYRUP	OTC	2	ANTIHISTAMINES
silver sulfadiazine cream (SILVADENE equiv)	-	1	DERMATOLOGICALS
simethicone chew tab	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	1	GASTROINTESTINAL AGENTS - MISC.
SIMETHICONE LIQUID	OTC	2	GASTROINTESTINAL AGENTS - MISC.
simethicone susp	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simvastatin tab 10mg	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 20mg	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 40mg	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 5mg	-	\$0	ANTIHYPERLIPIDEMICS
sirolimus tab (RAPAMUNE equiv)	SP	1	ASSORTED 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) (ONLY 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)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv)	-	1	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB	-	2	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 sulfacetamide lotion (KLARON equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream 10-2%, 10-5% (PLEXION equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-5% (ROSAC equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion 10-5% (SULFACET R equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION equiv)	-	1	DERMATOLOGICALS
SOLIRIS INJ	PA	2	HEMATOLOGICAL AGENTS - MISC.
SOOTHE OPTH DROPS	OTC	2	OPHTHALMIC AGENTS
SORBITOL SOLN	OTC	2	PHARMACEUTICAL ADJUVANTS
SORBITOL SOLN 70%	OTC	2	LAXATIVES
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab 80mg, 120mg, 160mg (BETAPACE equiv)	-	1	BETA BLOCKERS
SPINOSAD SUSP	-	2	DERMATOLOGICALS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPRYCEL TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
stavudine cap (ZERIT equiv)	SP	1	ANTIVIRALS
STERILE LUBRICANT OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
STIVARGA TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRIBILD TAB	-	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sucralfate tab (CARAFATE equiv)	-	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	-	2	SULFONAMIDES
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 4 kits/30 days)	QL	1	MIGRAINE PRODUCTS
SUMATRIPTAN NASAL SPRAY 20MG (QL= 3 boxes/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN NASAL SPRAY 5MG (QL= 3 boxes/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 18 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 8 vials/30 days)	QL	1	MIGRAINE PRODUCTS
SUPARTZ INJ 25MG/2.5ML	PA	2	MUSCULOSKELETAL THERAPY AGENTS
SUTENT CAP	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNAGIS INJ	PA	2	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYSTANE LIQUID OPHTH GEL	OTC	2	OPHTHALMIC AGENTS
tacrolimus cap (PROGRAF equiv)	SP	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC equiv)	-	1	DERMATOLOGICALS
tadalafil tab (PAH)	MSP-PA	2	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP	MSP-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	PA	2	ANTIDIABETICS
TARCEVA TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARON-BC TAB	-	2	VITAMINS
TASIGNA CAP	MSP-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEARS AGAIN NIGHT/DAY OPHTH GEL	OTC	2	OPHTHALMIC AGENTS
TECFIDERA CAP	MSP-PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
TECFIDERA STARTER PACK	MSP-PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGIC AGENTS - MISC.
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	SP	2	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE VAGINAL CREAM	-	1	VAGINAL PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	1	ANDROGENS-ANABOLIC
testosterone enanthate inj	-	1	ANDROGENS-ANABOLIC
TETANUS/DIPHThERIA TOXOID INJ	VAC	\$0	TOXOIDS
THALOMID CAP	MSP-PA	2	ASSORTED CLASSES
THEO-24 CAP	-	2	ASTHMA AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ASTHMA AND BRONCHODILATOR AGENTS
thiothixene cap (NAVANE equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
throat lozenges	OTC	1	ORAL/THROAT/ENT AGENTS
tiagabine tab (GABITRIL equiv)	-	1	ANTICONVULSANTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
TIVICAY TAB	SP	2	ANTIVIRALS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
tobramycin neb soln (TOBI equiv)	MSP-PA	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	1	DERMATOLOGICALS
tolnaftate powder	OTC	1	DERMATOLOGICALS
tolnaftate soln	OTC	1	DERMATOLOGICALS
tolnaftate spray	OTC	1	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TRACLEER TAB 32MG (QL= 4 tabs/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
tramadol tab (ULTRAM equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
tranylcypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	1	ANTIDEPRESSANTS
TRELSTAR INJ	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tretinoin cap (VESANOID equiv)	MSP	\$0	ANTINEOPLASTICS
tretinoin cream (QL= 45gm/30 days)	PA-QL	1	DERMATOLOGICALS
tretinoin gel (RETIN-A equiv) (QL= 45gm/30 days)	PA-QL	1	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv) (QL= 1 tube/30 days)	QL	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	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)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
trifluoperazine tab (STELAZINE equiv)	-	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	1	OPHTHALMIC AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	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)	-	\$0	CONTRACEPTIVES
triprolidine/pseudoephedrine liquid	OTC	1	COUGH/COLD/ALLERGY
TRIUMEQ TAB	-	2	ANTIVIRALS
TRIXAICIN CREAM 0.025%	OTC	2	DERMATOLOGICALS
tropium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUVADA TAB	SP	2	ANTIVIRALS
TWINRIX INJ	VAC	\$0	VACCINES
TYKERB TAB	MSP-PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL GO EXTRA STRENGTH CHEW TAB	OTC	2	ANALGESICS - NONNARCOTIC
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	2	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	-	2	ANTIVIRALS
ULESFIA LOTION	-	2	DERMATOLOGICALS
urea cream 20%	OTC	1	DERMATOLOGICALS
URINE TEST STRIPS (QL= 100 strips/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0	VAGINAL PRODUCTS
VELETRI INJ	PA	2	CARDIOVASCULAR AGENTS - MISC.
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	2	CARDIOVASCULAR AGENTS - MISC.

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VICKS WATERLESS VAPORIZER	OTC	2	MEDICAL DEVICES AND SUPPLIES
VIDEX SOLN	SP	2	ANTIVIRALS
vigabatrin powder pack (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	2	ANTICONVULSANTS
VIMPAT SOLN	PA	2	ANTICONVULSANTS
VIMPAT TAB	PA	2	ANTICONVULSANTS
VIRACEPT TAB	SP	2	ANTIVIRALS
VIREAD TAB	SP	2	ANTIVIRALS
VISINE TEARS OPHTH DROPS	OTC	2	OPHTHALMIC AGENTS
vitamin A cap 1000unit	OTC	1	VITAMINS
vitamin b-1	OTC	1	VITAMINS
vitamin B-1 tab	OTC	1	VITAMINS
VITAMIN B-1 TAB	OTC	2	VITAMINS
vitamin B-6 tab 25mg, 50mg, 100mg	OTC	1	VITAMINS
vitamin C tab 1000mg	OTC	1	VITAMINS
vitamin C tab 250mg	OTC	1	VITAMINS
vitamin C tab 500mg	OTC	1	VITAMINS
vitamin D cap (RX strength only)	-	1	VITAMINS
vitamin D cap 2000unit, 5000unit, 10000unit, 50000unit	OTC	1	VITAMINS
vitamin D cap 400unit	OTC	1	VITAMINS
vitamin d drops	OTC	1	VITAMINS
VITAMIN D2 TAB	OTC	2	VITAMINS
vitamin D3 liquid 400unit	OTC	1	VITAMINS
vitamin D3 tab	OTC	1	VITAMINS
vitamin E cap	OTC	1	VITAMINS
vitamin E tab	OTC	1	VITAMINS
VIVA DROPS 1%	OTC	2	OPHTHALMIC AGENTS
VOL-TAB	-	2	MULTIVITAMINS
voriconazole tab (VFEND equiv)	-	1	ANTIFUNGALS
VOSEVI TAB	PA	2	ANTIVIRALS
VOTRIENT TAB	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYVANSE CAP (QL= 1 cap/day; Prior Authorization required for members age 22 or older)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A OREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
white petrolatum/mineral oil ophth oint	OTC	1	OPHTHALMIC AGENTS
XARELTO STARTER PACK	PA	2	ANTICOAGULANTS
XARELTO TAB	PA	2	ANTICOAGULANTS
XOLAIR INJ	MSP-PA	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZEASORB-AF LOTION	OTC	2	DERMATOLOGICALS

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

Drug Name	Special Code	Tier	Category
ZELBORAF TAB	MSP-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zidovudine cap (RETROVIR equiv)	SP	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	SP	1	ANTIVIRALS
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ziprasidone cap 20mg (QL= 10 caps/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 40mg (QL= 5 caps/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 60mg (QL= 3 caps/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone cap 80mg (QL= 2 caps/day)	QL	\$0	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZOLADEX IMP	PA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLINZA CAP	MSP-PA-SF	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zonisamide cap (ZONEGRAN equiv)	-	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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

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

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 30 caps/30 days)	QL	1
amphetamine/dextroamphetamine tab 10mg (QL= 0.5 tab/day)	QL	1
amphetamine/dextroamphetamine tab 12.5mg (QL= 2 tabs/day)	QL	1
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 0.5 tab/day)	QL	1
amphetamine/dextroamphetamine tab 20mg (QL= 3 tabs/day)	QL	1
amphetamine/dextroamphetamine tab 30mg (QL= 2 tabs/day)	QL	1
amphetamine/dextroamphetamine tab 5mg (QL= 0.5 tabs/day)	QL	1
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 0.5 tab/day)	QL	1
VYVANSE CAP (QL= 1 cap/day; Prior Authorization required for members age 22 or older)	PA-QL	2

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

atomoxetine cap (STRATTERA equiv)	PA	1
-----------------------------------	----	---

STIMULANTS - MISC.

armodafinil tab (NUVIGIL equiv)	PA	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	1
methylphenidate chew tab	PA	1
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day)	PA-QL	1
methylphenidate ER tab (CONCERTA equiv) (QL= 30 tabs/30 days; Prior Authorization required for members age 22 or older)	PA-QL	1
methylphenidate ER tab 10mg (METADATE/RITALIN SR equiv) (QL= 1 tab/day)	QL	1
methylphenidate ER tab 20mg (METADATE/RITALIN SR equiv) (QL= 1 tab/day)	QL	1
methylphenidate soln (METHYLIN equiv)	PA	1
methylphenidate tab (RITALIN equiv) (QL= 6 tabs/day)	QL	1
methylphenidate tab 20mg (QL= 3 tabs/day)	QL	1
modafinil tab (PROVIGIL equiv)	PA	1
DAYTRANA PATCH (QL= 1 patch/day)	PA-QL	2
METHYLPHENIDATE ER TAB (Prior Authorization required for members age 22 or older)	PA	2
QUILLIVANT XR SUSP	PA	2

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

melatonin tab	OTC	1
MELATONIN TAB	OTC	2

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin tab	-	1
tobramycin neb soln (TOBI equiv)	MSP-PA	1

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10MG (QL= 2 syringes/28 days)	MSP-PA-QL	2
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	MSP-PA-QL	2
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	MSP-PA-QL	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	MSP-PA-QL	2
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	MSP-PA-QL	2

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

LD PA SMKG	NC =Not Covered Limited Distribution Prior Authorization Smoking Cessation	MSP QL SP	generic =small letters Mandatory Specialty Pharmacy Program Quantity Limit Available through Specialty Pharmacy Program	OTC SF VAC	BRANDS =CAPITAL LETTERS Over-the-Counter Limited to two 15 day fills per month for first 3 months 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* 11/1/2018

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	2
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 100mg, 200mg (CELEBREX equiv)	PA	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac ER tab (LODINE XL equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen chew tab	OTC	1
ibuprofen susp (ADVIL/MOTRIN equiv)	OTC	1
ibuprofen tab 200mg	OTC	1
ibuprofen tab 800mg	-	1
indomethacin cap (INDOCIN equiv)	-	1
ketoprofen cap (ORUDIS equiv)	-	1
ketorolac tab (TORADOL equiv)	-	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
oxaprozin tab (DAYPRO equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
KETOPROFEN CAP	-	2
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ	MSP-PA	2
ENBREL MINI INJ	MSP-PA	2
ENBREL SURECLICK INJ	MSP-PA	2
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
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	-	2
ANALGESICS OTHER		
acetaminophen chew tab	OTC	1
acetaminophen dispersible tab	OTC	1
acetaminophen elixer	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

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
ACETAMINOPHEN 500 LIQUID	OTC	2
FEBROL SOLN	OTC	2
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 75MG	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
aspirin tab 81mg	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	1
BUFFERIN EXTRA STRENGTH TAB	OTC	2
ANALGESICS - OPIOID		
OPIOID AGONISTS		
fentanyl patch 100mcg (QL= 3 patches/30 days)	QL	1
fentanyl patch 12mcg (QL= 10 patches/30 days)	QL	1
fentanyl patch 25mcg (QL= 10 patches/30 days)	QL	1
fentanyl patch 50mcg (QL= 10 patches/30 days)	QL	1
fentanyl patch 75mcg (QL= 3 patches/30 days)	QL	1
hydromorphone tab 2mg (QL= 15 tabs/day)	QL	1
hydromorphone tab 4mg (QL= 7.5 tabs/day)	QL	1
hydromorphone tab 8mg (QL= 3.75 tabs/day)	QL	1
methadone tab 10mg (QL= 4 tabs/day)	QL	1
methadone tab 5mg (QL= 8 tabs/day)	QL	1
morphine sulfate ER tab 100mg (QL= 1 tab/day)	QL	1
morphine sulfate ER tab 15mg (QL= 8 tabs/day)	QL	1
morphine sulfate ER tab 200mg (QL= 0.5 tab/day)	QL	1
morphine sulfate ER tab 30mg (QL= 4 tabs/day)	QL	1
morphine sulfate ER tab 60mg (QL= 2 tabs/day)	QL	1
morphine sulfate supp 10mg (QL= 12 supp/day)	QL	1
morphine sulfate supp 20mg (QL= 6 supp/day)	QL	1
morphine sulfate supp 5mg (QL= 24 supp/day)	QL	1
morphine sulfate tab 15mg (QL= 8 tabs/day)	QL	1
morphine sulfate tab 30mg (QL= 4 tabs/day)	QL	1
oxycodone tab 10mg (QL= 8 tabs/day)	QL	1
oxycodone tab 15mg (QL= 5.25 tabs/day)	QL	1
oxycodone tab 20mg (QL= 4 tabs/day)	QL	1
oxycodone tab 30mg (QL= 2.5 tabs/day)	QL	1
oxycodone tab 5mg (QL= 16 tabs/day)	QL	1
tramadol tab (ULTRAM equiv) (QL= 8 tabs/day)	QL	1
OPIOID COMBINATIONS		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 13 tabs/day)	QL	1
hydrocodone/acetaminophen tab 5mg-325mg, 7.5mg/325mg, 10mg/325mg (LORTAB equiv) (QL= 12 tabs/day)	QL	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
oxycodone/acetaminophen tab (PERCOCET equiv) (QL= 12 tabs/day)	QL	1
oxycodone/acetaminophen tab 10-325mg (QL= 8 tabs/day)	QL	1
oxycodone/acetaminophen tab 7.5-325mg (QL= 10 tabs/day)	QL	1
oxycodone/aspirin tab (PERCODAN equiv) (QL= 12 tabs/day)	QL	1
OPIOID PARTIAL AGONISTS		
buprenorphine/naloxone 2mg/0.5mg SL tablets (QL=1 tab/day)	QL	1
buprenorphine/naloxone 8mg/2mg SL tablets (QL=3 tabs/day)	QL	1
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap (DANOCRINE equiv)	-	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	1
testosterone enanthate inj	-	1
FORTESTA GEL, TESTOSTERONE GEL	PA	2
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	1
CORTIFOAM	-	2
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANTACIDS		
ANTACID COMBINATIONS		
acid gone chew tab	OTC	1
acid gone susp	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
ALMACONE CHEW TAB	OTC	2
DI-GEL SUSP	OTC	2
MAALOX TC SUSP	OTC	2
MAG-AL LIQUID	OTC	2
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE SUSP	OTC	2
ANTACIDS - BICARBONATE		
sodium bicarbonate tab	OTC	1
ANTACIDS - CALCIUM SALTS		
calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg	OTC	1
calcium carbonate tab	OTC	1
CALCIUM CARBONATE TAB	OTC	2
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 400mg	OTC	1
MAGNESIUM OXIDE CAP 140MG, 400MG	OTC	2

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab (ALBENZA equiv)	PA	1
ivermectin tab (STROMEKTOL equiv)	-	1
pyrantel pamoate susp	OTC	1
PIN-X CHEW TAB	-	2
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	2
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
ISOSORBIDE DINITRATE TAB	-	2
NITRO-BID OINT	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
ANTIANGIETY AGENTS		
ANTIANGIETY AGENTS - MISC.		
bupirone tab 5mg, 10mg, 15mg (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
BENZODIAZEPINES		
alprazolam tab 0.25mg, 0.5mg, 1mg (XANAX equiv) (QL= 3 tabs/day)	QL	1
alprazolam tab 2mg (QL= 2 tabs/day)	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 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)	QL	1
OXAZEPAM CAP (QL=4 caps/day)	QL	1
oxazepam cap (SERAX equiv) (QL= 4 caps/day)	QL	1
ALPRAZOLAM INTENSOL CONC (QL= 4ml/day)	QL	2
DIAZEPAM SOLN (QL= 40ml/day; Prior Authorization required for members age 65 or older)	PA-QL	2
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
disopyramide ER cap (NORPACE CR equiv)	-	1
NORPACE CR CAP	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
ANTIARRHYTHMICS TYPE III		
amiodarone tab 200mg (CORDARONE equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
dofetilide cap	PA	2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ	MSP-PA	2
ANTI-INFLAMMATORY AGENTS		
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	1
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	1
cromolyn neb soln (INTAL equiv) (QL= 120 nebs/30 days)	QL	1
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv) (QL= 125 vials/30 days)	QL	1
INCRUSE ELLIPTA INHALER (QL=1 inhaler/30 days)	QL	2
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	2
LEUKOTRIENE MODULATORS		
montelukast chew tab 4mg (Only covered for members between 2-5 years old)	-	1
montelukast chew tab 5mg (Only covered for members between 6-14 years old)	-	1
montelukast tab (SINGULAIR equiv)	-	1
STEROID INHALANTS		
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 60 vials/30 days)	QL	1
budesonide inh susp 1mg/2ml (QL= 30 vials/30 days)	QL	1
ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	2
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	2
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	2
FLOVENT DISKUS INHALER (QL= 1 inhaler/30 days; Only covered for members age 4-12)	QL	2
FLOVENT HFA INHALER (QL= 1 inhaler/30 days; Only covered for members age 4-12)	QL	2
SYMPATHOMIMETICS		
albuterol neb soln 0.083% (PROVENTIL equiv) (QL= 125 vials/30 days)	QL	1
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate tab	-	1
albuterol/ipratropium neb soln (DUONEB equiv) (QL= 180 nebs/30 days)	QL	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS INHALER (Only covered for members age 4-12 years; QL=1 inhaler/30 days)	QL	2
ADVAIR HFA INHALER (Only covered for members age 4-12 years; QL= 1 inhaler/30 days)	QL	2
ALBUTEROL ER TAB	-	2
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	PA-QL	2
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2
DULERA INHALER (QL= 1 inhaler/30 days)	PA-QL	2
FLUTICASONE/SALMETEROL INHALER (AIRDUO equiv) (QL=1 inhaler/30 days)	QL	2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2
XANTHINES		
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEO-24 CAP	-	2

ANTICOAGULANTS

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
XARELTO STARTER PACK	PA	2
XARELTO TAB	PA	2
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	SP	1
fondaparinux inj (ARIXTRA equiv)	SP	1
THROMBIN INHIBITORS		
PRADAXA CAP	PA	2
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	1
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	2
ANTICONVULSANTS - MISC.		
carbamazepine ER cap (CARBATROL equiv)	-	1
carbamazepine ER tab (TEGRETOL XR equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap 100mg (QL= 36 caps/day)	QL	1
gabapentin cap 300mg (QL= 12 caps/day)	QL	1
gabapentin cap 400mg (QL= 9 caps/day)	QL	1
gabapentin tab 600mg (QL=6 tabs/day)	QL	1
gabapentin tab 800mg (QL=4.5 tabs/day)	QL	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
LYRICA CAP (QL= 2 caps/day)	PA-QL	2
VIMPAT SOLN	PA	2
VIMPAT TAB	PA	2
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	1
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	2
vigabatrin powder pack (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	2
HYDANTOINS		
phenytoin cap 100mg (DILANTIN equiv)	-	1
phenytoin chew tab (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	1
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

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

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

mirtazapine tab 15mg (QL= 0.5 tab/day)	QL	1
mirtazapine tab 30mg (QL= 1 tab/day)	QL	1
mirtazapine tab 45mg (QL= 1 tab/day)	QL	1

ANTIDEPRESSANTS - MISC.

bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab 150mg (WELLBUTRIN XL equiv)	-	1
bupropion XL tab 300mg (QL= 2 tabs/day)	QL	1

MONOAMINE OXIDASE INHIBITORS (MAOIS)

phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day)	QL	1
fluoxetine cap (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine ER tab (PAXIL CR equiv)	PA	1
paroxetine tab (PAXIL equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1

SEROTONIN MODULATORS

trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	1
--	---	---

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

duloxetine EC cap 20mg, 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	1
duloxetine EC cap 30mg (QL= 1 cap/day)	QL	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1

TRICYCLIC AGENTS

amitriptyline 10mg tab (QL= 1 tab/day)	QL	1
amitriptyline 25mg tab (QL= 1 tab/day)	QL	1
amitriptyline 50mg tab (QL= 1 tab/day)	QL	1
amitriptyline tab 100mg	-	1
amitriptyline tab 150mg	-	1
amitriptyline tab 75mg	-	1
clomipramine cap (ANAFRANIL equiv)	PA	1
desipramine tab (NORPRAMIN equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab (PRECOSE equiv)	-	1
------------------------------	---	---

ANTIDIABETIC COMBINATIONS

glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE 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.

LD Limited Distribution PA Prior Authorization SMKG Smoking Cessation	MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SP Available through Specialty Pharmacy Program	generic =small letters OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	BRANDS =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* 11/1/2018

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
pioglitazone/glimepiride tab (DUETACT equiv)	-	1
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	1
ALOGLIPTIN/METFORMIN TAB 12.5-1000MG	-	2
ALOGLIPTIN/METFORMIN TAB 12.5-500MG	-	2
ALOGLIPTIN/PIOGLITAZONE TAB 12.5-15MG	-	2
ALOGLIPTIN/PIOGLITAZONE TAB 12.5-30MG	-	2
ALOGLIPTIN/PIOGLITAZONE TAB 12.5-45MG	-	2
ALOGLIPTIN/PIOGLITAZONE TAB 25-15MG	-	2
ALOGLIPTIN/PIOGLITAZONE TAB 25-30MG	-	2
ALOGLIPTIN/PIOGLITAZONE TAB 25-45MG	-	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	2
GLUCAGON INJ KIT	-	2
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN TAB 12.5MG	-	2
ALOGLIPTIN TAB 25MG	-	2
ALOGLIPTIN TAB 6.25MG	-	2
JANUVIA TAB (QL=1 tab/day)	QL	2
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON INJ	PA	2
TANZEUM INJ	PA	2
INSULIN		
ADMELOG INJ	-	2
ADMELOG SOLOSTAR INJ	-	2
APIDRA INJ	-	2
APIDRA SOLOSTAR INJ	-	2
BASAGLAR INJ	-	2
HUMALOG INJ	-	2
HUMALOG KWIKPEN INJ	-	2
HUMALOG MIX INJ	-	2
HUMALOG MIX KWIKPEN INJ	-	2
HUMALOG PEN INJ	-	2
HUMULIN MIX INJ	OTC	2
HUMULIN N INJ	OTC	2
HUMULIN N PEN INJ	OTC	2
HUMULIN PEN INJ	OTC	2
HUMULIN R INJ	OTC	2
HUMULIN R INJ U-500	-	2
TOUJEO SOLOSTAR INJ	-	2
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
MEGLITINIDE ANALOGUES		

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
nateglinide tab (STARLIX equiv)	-	1
repaglinide tab (PRANDIN equiv)	-	1
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB (QL= 1 tab/day)	PA-QL	2
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv) (Prior Authorization required for members age 65 or older)	PA	1
glyburide tab (MICRONASE equiv) (Prior Authorization required for members age 65 or older)	PA	1
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
bismuth subsalicylate chew tab	OTC	1
bismuth subsalicylate susp	OTC	1
bismuth subsalicylate tab	OTC	1
ANTIDIARRHEAL COMBINATIONS		
loperamide/simethicone tab	OTC	1
IMODIUM CHEW TAB	OTC	2
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv)	OTC	1
loperamide liquid	OTC	1
loperamide tab	OTC	1
IMODIUM A-D CHEW TAB	OTC	2
LOPERAMIDE POWDER	-	2
ANTIDOTES		
ANTIDOTES		
charcoal activated cap	OTC	1
CHARCOAL TAB	OTC	2
OPIOID ANTAGONISTS		
naltrexone tab (REVIEWA equiv)	-	1
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
NALOXONE INJ (QL= 2 injections/30 days. NALOXONE INJ: NDC 76329336901 only. Covered Atomizers: NDCs 00042271802, 60112031306, 26704612625 and 68100062330)	QL	1
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 6 tabs/15 days)	QL	1
ondansetron ODT (ZOFTRAN equiv) (QL= 12 tabs/15 days)	QL	1
ondansetron tab 24mg (QL= 1 tab/15 days)	QL	1
ondansetron tab 4mg, 8mg (ZOFTRAN equiv) (QL= 12 tabs/15 days)	QL	1
ANTIEMETICS - ANTICHOLINERGIC		
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab 12.5mg, 25mg (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
MECLIZINE POWDER	-	2

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ANTIEMETICS - MISCELLANEOUS		
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	PA-QL	1
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap 40mg (EMEND equiv) (QL= 3 caps/180 days)	QL	2
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/15 days)	QL	2
ANTIFUNGALS		
ANTIFUNGALS		
griseofulvin susp (GRIFULVIN equiv)	-	1
griseofulvin tab (GRIS-PEG equiv)	-	1
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole tab (DIFLUCAN equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	1
itraconazole soln	PA	1
voriconazole tab (VFEND equiv)	-	1
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine CR tab	-	1
chlorpheniramine maleate syrup	-	1
chlorpheniramine maleate tab	OTC	1
CHLORPHENIRAMINE POWDER	-	2
ED CHLORPED LIQUID	-	2
ANTIHISTAMINES - ETHANOLAMINES		
clemastine fumarate tab	OTC	1
diphenhydramine cap 25mg	OTC	1
diphenhydramine elixir	OTC	1
diphenhydramine liquid	OTC	1
diphenhydramine tab 25mg	OTC	1
ALER-DRYL TAB	OTC	2
CLEMASTINE TAB	-	2
SILPHEN COUGH SYRUP	OTC	2
ANTIHISTAMINES - NON-SEDATING		
cetirizine chew tab (ZYRTEC equiv)	OTC	1
cetirizine syrup (ZYRTEC equiv)	OTC	1
cetirizine tab (ZYRTEC equiv)	OTC	1
fexofenadine tab (ALLEGRA equiv)	OTC	1
loratadine ODT (CLARITIN equiv)	OTC	1
loratadine syrup (CLARITIN equiv)	OTC	1
loratadine tab (CLARITIN equiv)	OTC	1
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine tab (PHENERGAN equiv) (Prior Authorization required for members age 65 or older)	PA	1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine tab	-	1

ANTIHYPERTENSIVES

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
FIBRIC ACID DERIVATIVES		
fenofibrate tab 48mg, 50mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (QL= 0.5 tab/day)	QL	\$0
atorvastatin tab 20mg (QL= 0.5 tab/day)	QL	\$0
atorvastatin tab 40mg (QL= 0.5 tab/day)	QL	\$0
lovastatin tab 20mg	-	\$0
lovastatin tab 40mg	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 0.5 tab/day)	QL	\$0
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 0.5 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 0.5 tab/day)	QL	\$0
simvastatin tab 10mg	-	\$0
simvastatin tab 20mg	-	\$0
simvastatin tab 40mg	-	\$0
simvastatin tab 5mg	-	\$0
atorvastatin tab 80mg	-	1
lovastatin tab 10mg (MEVACOR equiv)	-	1
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
REPATHA INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
REPATHA PUSHTRONEX INJ (QL=1 inj/28 days)	MSP-PA-QL	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv) (QL= 4 patches/30 days)	QL	1
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25mg (QL= 0.5 tab/day)	QL	1
eplerenone tab 50mg (QL= 1 tab/day)	QL	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv) (ONLY COVERED FOR MEMBERS 11 YEARS OF AGE AND YOUNGER)	-	1
LEPROSTATICS		
dapsone tab	-	2
LINCOSAMIDES		
clindamycin cap 150mg (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
COARTEM TAB	-	2
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
mefloquine tab (LARIAM equiv)	-	1
MEFLOQUINE TAB	-	2
PYRIMETHAMINE/LEUCOVORIN COMPOUNDED CAPSULES	PA	2
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
rifampin cap (RIFADIN equiv)	-	1
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	MSP	\$0
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	MSP	\$0
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
AFINITOR TAB	MSP-PA-SF	\$0
cyclophosphamide cap	-	\$0
cyclophosphamide tab (CYTOXAN equiv)	-	\$0
GLEOSTINE CAP, LOMUSTINE CAP	-	\$0
HEXALEN CAP	-	\$0
LEUKERAN TAB	-	\$0
melphalan tab	-	\$0
MYLERAN TAB	MSP	\$0
temozolomide cap (TEMODAR equiv)	MSP-PA	\$0
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	MSP-PA	\$0
mercaptopurine tab (PURINETHOL equiv)	-	\$0
methotrexate tab (TREXALL equiv)	-	\$0
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	MSP-SF	\$0
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv)	-	\$0
bicalutamide tab (CASODEX equiv)	-	\$0
exemestane tab (AROMASIN equiv)	-	\$0
FARESTON TAB	-	\$0
FIRMAGON INJ	PA	\$0
flutamide cap (EULEXIN equiv)	-	\$0
letrozole tab (FEMARA equiv)	-	\$0
leuprolide inj (LUPRON equiv)	MSP-PA	\$0
LUPRON DEPOT INJ	MSP-PA	\$0
LYSODREN TAB (Only available through Direct Success Pharmacy 732-919-1234)	LD	\$0
megestrol tab (MEGACE equiv)	-	\$0
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
TRELSTAR INJ	PA	\$0
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	\$0

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZOLADEX IMP	PA	\$0
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	PA	\$0
ANTINEOPLASTIC ENZYME INHIBITORS		
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	\$0
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-SF	\$0
imatinib tab (GLEEVEC equiv)	MSP-PA-SF	\$0
INLYTA TAB	MSP-SF	\$0
ISTODAX INJ	PA	\$0
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	\$0
MEKINIST TAB	MSP	\$0
NEXAVAR TAB	MSP-PA-SF	\$0
SPRYCEL TAB	MSP-PA-SF	\$0
STIVARGA TAB	MSP-PA-SF	\$0
SUTENT CAP	MSP-PA-SF	\$0
TAFINLAR CAP	MSP-SF	\$0
TARCEVA TAB	MSP-PA-SF	\$0
TASIGNA CAP	MSP-SF	\$0
TYKERB TAB	MSP-PA	\$0
VOTRIENT TAB	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
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	\$0
hydroxyurea cap (HYDREA equiv)	-	\$0
INTRON-A INJ	MSP-PA	\$0
MATULANE CAP	-	\$0
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	\$0
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	1
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
bromocriptine cap (PARLODEL equiv)	-	1
bromocriptine tab (PARLODEL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	PA	2
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	\$0
lithium carbonate ER tab (LITHOBID equiv)	-	\$0
lithium carbonate tab	-	\$0
ANTIPSYCHOTICS - MISC.		
ziprasidone cap 20mg (QL= 10 caps/day)	QL	\$0
ziprasidone cap 40mg (QL= 5 caps/day)	QL	\$0
ziprasidone cap 60mg (QL= 3 caps/day)	QL	\$0
ziprasidone cap 80mg (QL= 2 caps/day)	QL	\$0
BENZISOXAZOLES		
FANAPT TAB	-	\$0
INVEGA SUSTENNA INJ	PA	\$0
RISPERDAL INJ	PA	\$0
risperidone tab (RISPERDAL equiv)	-	\$0
BUTYROPHENONES		
haloperidol tab (HALDOL equiv)	-	\$0
DIBENZAPINES		
clozapine tab (CLOZARIL equiv)	-	\$0
olanzapine tab (ZYPREXA equiv)	-	\$0
quetiapine tab (SEROQUEL equiv)	-	\$0
SAPHRIS SL TAB	-	\$0
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	\$0
fluphenazine inj	-	\$0
fluphenazine tab (PROLIXIN equiv)	-	\$0
perphenazine tab (TRILAFON equiv)	-	\$0
prochlorperazine tab (COMPazine equiv)	-	\$0
trifluoperazine tab (STELAZINE equiv)	-	\$0
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA INJ	PA	\$0
aripiprazole tab 10mg (QL= 0.5 tab/day)	QL	\$0
aripiprazole tab 15mg (QL= 0.5 tab/day)	QL	\$0
aripiprazole tab 20mg (QL= 1 tab/day)	QL	\$0
aripiprazole tab 30mg (QL= 1 tab/day)	QL	\$0
aripiprazole tab 5mg (QL= 0.5 tab/day)	QL	\$0
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	\$0

ANTISEPTICS & DISINFECTANTS

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS Cont.		
ANTISEPTICS & DISINFECTANTS		
hydrogen peroxide soln	OTC	2
CHLORINE ANTISEPTICS		
chlorhexidine gluconate liquid	OTC	1
IODINE ANTISEPTICS		
povidone/iodine soln	OTC	1
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir soln	-	1
abacavir tab (ZIAGEN equiv)	SP	1
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	SP	1
atazanavir cap 150mg, 200mg, 300mg	SP	1
didanosine DR cap (VIDEX EC equiv)	SP	1
efavirenz cap	SP	1
efavirenz tab	SP	1
lamivudine tab (EPIVIR equiv)	SP	1
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	1
nevirapine ER tab (VIRAMUNE XR equiv)	SP	1
nevirapine tab (VIRAMUNE equiv)	SP	1
stavudine cap (ZERIT equiv)	SP	1
zidovudine cap (RETROVIR equiv)	SP	1
zidovudine tab (RETROVIR equiv)	SP	1
abacavir/lamivudine tab (EPZICOM equiv)	SP	2
APTIVUS CAP	SP	2
ATRIPLA TAB	SP	2
COMPLERA TAB	SP	2
CRIXIVAN CAP	SP	2
DESCOVY TAB	SP	2
EDURANT TAB	SP	2
EMTRIVA CAP	SP	2
EVOTAZ TAB (QL= 1 tab/day)	QL-SP	2
fosamprenavir tab (LEXIVA TAB equiv)	SP	2
GENVOYA TAB	SP	2
INTELENCE TAB	SP	2
INVIRASE CAP	SP	2
INVIRASE TAB	SP	2
ISENTRESS POWDER PACK	SP	2
ISENTRESS TAB	SP	2
KALETRA TAB	SP	2
NORVIR CAP	SP	2
ODEFSEY TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA TAB	SP	2
RESCRIPTOR TAB	SP	2
ritonavir tab (NORVIR TAB equiv)	SP	2
SELZENTRY ORAL SOLN	SP	2
SELZENTRY TAB	SP	2

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
STRIBILD TAB	-	2
tenofovir disoproxil fumarate tab	SP	2
TIVICAY TAB	SP	2
TRIUMEQ TAB	-	2
TRUVADA TAB	SP	2
VIDEX SOLN	SP	2
VIRACEPT TAB	SP	2
VIREAD TAB	SP	2
CMV AGENTS		
valganciclovir tab (VALCYTE equiv)	-	1
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv)	MSP	1
entecavir tab (BARACLUDE equiv)	SP	1
lamivudine tab 100mg (EPIVIR HBV equiv)	SP	1
ribavirin tab 200mg (COPEGUS equiv)	MSP-PA	1
EPIVIR HBV SOLN	SP	2
INFERGEN INJ	MSP	2
MAVYRET TAB (QL=3 tab/day)	MSP-PA-QL	2
PEGASYS INJ	MSP-PA	2
PEG-INTRON INJ	MSP-PA	2
TYZEKA TAB	-	2
VOSEVI TAB	PA	2
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
INFLUENZA AGENTS		
oseltamivir cap 30mg (QL= 20 caps/fill)	QL	1
oseltamivir cap 45mg, 75mg (QL=10 caps/fill)	QL	1
oseltamivir susp (Only covered for members 11 years of age and younger; QL=120 ml/fill, 2 fills/year)	QL	1
RELENZA DISKHALER (QL= 2 inhalers/180 days)	QL	2
ASSORTED CLASSES		
IMMUNOMODULATORS		
REVLIMID CAP	MSP-PA	2
THALOMID CAP	MSP-PA	2
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	SP	1
cyclosporine modified cap, gengraf cap (NEORAL equiv)	SP	1
mycophenolate mofetil cap (CELLCEPT equiv)	SP	1
mycophenolate mofetil tab (CELLCEPT equiv)	SP	1
sirolimus tab (RAPAMUNE equiv)	SP	1
tacrolimus cap (PROGRAF equiv)	SP	1
POTASSIUM REMOVING RESINS		
sodium polystyrene soln 15gm/60ml (SPS equiv)	-	1

BETA BLOCKERS

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
BETA BLOCKERS CARDIO-SELECTIVE		
atenolol tab (TENORMIN equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BETA BLOCKERS NON-SELECTIVE		
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab 80mg, 120mg, 160mg (BETAPACE equiv)	-	1
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	PA	1
REMODULIN INJ	PA	2
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	2
VELETRI INJ	PA	2
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	2
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB (QL= 1 tab/day)	PA-QL	2
TRACLEER TAB 32MG (QL= 4 tabs/day)	PA-QL	2
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day)	PA-QL	2
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH)	MSP-PA	2
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap 250mg, 500mg (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFTIN SUSP	-	2
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab (LO/OVRAL equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0
necon tab 1-50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN equiv)	-	\$0
OGESTREL TAB	-	2
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB (QL= 4 fills/year)	QL	\$0
levonorgestrel tab (PLAN B equiv) (QL= 4 fills/year)	OTC-QL	\$0
LEVONORGESTREL TAB 0.75MG (QL= 4 fills/year)	QL	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv) (QL= 3 caps/day)	QL	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
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 syrup (PRELONE equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
PREDNISOLONE ORAL SYRUP	-	2
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
dextromethorphan ER liquid	OTC	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
COUGH/COLD/ALLERGY COMBINATIONS		
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	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	1
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	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
EXPECTORANTS		
guaifenesin ER tab (MUCINEX equiv)	OTC	1
guaifenesin liquid	OTC	1
guaifenesin syrup (ROBITUSSIN equiv)	OTC	1
guaifenesin tab (ALLFEN JR equiv)	OTC	1
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
sodium chloride neb soln 0.9%	OTC	1
MUCOLYTICS		
acetylcysteine soln 20%	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
benzoyl peroxide gel 10%	OTC	1
benzoyl peroxide gel 5%	OTC	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
benzoyl peroxide liquid 10%	OTC	1
benzoyl peroxide liquid 2.5%	-	1
benzoyl peroxide liquid 5%	OTC	1
clindamycin gel (CLEOCIN equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
erythromycin soln	-	1
isotretinoin cap (ACCU TANE equiv)	PA	1
sodium sulfacetamide lotion (KLARON equiv)	-	1
sodium sulfacetamide/sulfur cream 10-2%, 10-5% (PLEXION equiv)	-	1
sodium sulfacetamide/sulfur emulsion 10-5% (ROSAC equiv)	-	1
sodium sulfacetamide/sulfur lotion 10-5% (SULFACET R equiv)	-	1
sodium sulfacetamide/sulfur pad (PLEXION equiv)	-	1
tretinoin cream (QL= 45gm/30 days)	PA-QL	1
tretinoin gel (RETIN-A equiv) (QL= 45gm/30 days)	PA-QL	1
ACNE MEDICATION LOTION 10%	OTC	2
ACNE MEDICATION LOTION 5%	OTC	2
BENZOYL PEROXIDE GEL 2.5%	OTC	2
CLEAR PORE OPHTH LIQUID 3.5%	OTC	2
DIFFERIN OTC GEL 0.1%	OTC	2
ANTIBIOTICS - TOPICAL		
bacitracin oint	OTC	1
bacitracin zinc oint	OTC	1
bacitracin/polymyxin B oint	OTC	1
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN equiv)	-	1
neomycin/bacitracin/polymyxin oint	OTC	1
ANTIFUNGALS - TOPICAL		
ciclopirox nail soln (PENLAC equiv)	-	1
clotrimazole cream (LOTRIMIN AF equiv)	OTC	1
ketoconazole cream (NIZORAL equiv)	-	1
ketoconazole shampoo (NIZORAL equiv)	-	1
miconazole nitrate aerosol	OTC	1
miconazole nitrate aerosol powder	OTC	1
miconazole nitrate cream	OTC	1
miconazole nitrate oint	OTC	1
miconazole nitrate powder	OTC	1
nystatin cream (MYCOSTATIN equiv)	-	1
nystatin oint	-	1
nystatin topical powder (QL= 60gm/30 days)	QL	1
tolnaftate aerosol powder	OTC	1
tolnaftate cream	OTC	1
tolnaftate powder	OTC	1
tolnaftate soln	OTC	1
tolnaftate spray	OTC	1
MICONAZOLE NITRATE SPRAY	OTC	2
MIRANEL AF SOLN	OTC	2

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ZEASORB-AF LOTION	OTC	2
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 100gm/30 days)	QL	1
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX equiv)	-	1
ANTIPSORIATICS		
calcipotriene cream (DOVONEX equiv) (QL= 120gm/30 days)	QL	1
calcipotriene oint (QL= 120gm/30 days)	QL	1
calcipotriene soln (DOVONEX equiv)	-	1
ANTISEBORRHEIC PRODUCTS		
selenium sulf 1% shampoo	OTC	1
selenium sulfide lotion	-	1
ANTIVIRALS - TOPICAL		
ABREVA CREAM	OTC	2
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE equiv)	-	1
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
alclometasone oint (ACLOVATE equiv)	-	1
betamethasone augmented cream (DIPROLENE AF equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented lotion (DIPROLENE equiv)	-	1
betamethasone augmented oint (DIPROLENE equiv)	-	1
betamethasone dipropionate cream (DIPROSONE equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	PA	1
clobetasol propionate gel (TEMOVATE equiv)	PA	1
clobetasol propionate oint (TEMOVATE equiv)	PA	1
clobetasol propionate soln (TEMOVATE equiv)	PA	1
desoximetasone cream (TOPICORT equiv)	-	1
fluocinolone acetonide cream 0.025%	-	1
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) (QL = 1 bottle/30 days)	QL	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05%	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
halobetasol propionate cream (ULTRAVATE equiv)	PA	1
halobetasol propionate oint (ULTRAVATE equiv)	PA	1
hydrocortisone acetate oint	OTC	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
hydrocortisone cream (PROCTOCORT equiv)	OTC	1
hydrocortisone gel	OTC	1
hydrocortisone lotion 1%, 2.5% (HYTONE equiv)	-	1
hydrocortisone oint	OTC	1
hydrocortisone oint in absorbbase	OTC	1
hydrocortisone soln	OTC	1
hydrocortisone/aloe vera cream	OTC	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
CORTIZONE-10/ALOE LIQUID	OTC	2
DIFLORASONE CREAM	-	2
HYDROCORTISONE/ALOE OINT	OTC	2
ITCH-X FOAM	OTC	2
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 20%	OTC	1
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion 12% (LAC-HYDRIN equiv)	OTC	1
ENZYMES - TOPICAL		
SANTYL OINT	PA	2
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC equiv)	-	1
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln (CONDYLOX equiv)	-	1
salicylic acid soln 17%	OTC	1
LINIMENTS		
TRIXAICIN CREAM 0.025%	OTC	2
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream	OTC	1
lidocaine gel 2% (QL= 60gm/30 days)	QL	1
lidocaine patch (LIDODERM equiv)	PA	1
lidocaine/prilocaine cream (EMLA equiv) (QL= 60gm/30 days)	QL	1
CAPSAICIN CREAM	OTC	2
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
skin protectants cream	OTC	1
skin protectants lotion	OTC	1
ALCOHOL WIPES	OTC	2
CALAMINE LOTION	OTC	2
DIMETHICONE CREAM 1%	OTC	2

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DRYSOL SOLN	-	2
MINERAL OIL LIGHT	OTC	2
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	1
SCABICIDES & PEDICULICIDES		
malathion lotion (OVIDE equiv)	-	1
permethrin cream (ELIMITE equiv)	-	1
permethrin creme rinse 1%	OTC	1
permethrin lotion	OTC	1
SPINOSAD SUSP	-	2
ULESFIA LOTION	-	2
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	\$0
ACCU-CHEK GUIDE TEST STRIP	OTC	\$0
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	\$0
ACCU-CHEK TEST STRIP	OTC	\$0
KETO-DIASTIX TEST STRIP	OTC	\$0
URINE TEST STRIPS (QL= 100 strips/30 days)	OTC-QL	\$0
KETOSTIX	OTC	2
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
folbic tab (FOLTX equiv)	-	1
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
lactase chew tab	OTC	1
lactase tab	OTC	1
CREON CAP	-	2
LACTAID CHEW TAB	OTC	2
LACTASE TAB	OTC	2
LACTRASE CAP	OTC	2
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
ALDACTAZIDE TAB 50-50MG	-	2
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
LOOP DIURETICS		

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
DIURETICS Cont.		
bumetanide tab (BUMEX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab 25mg, 50mg (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
CHLORTHALIDONE TAB 25MG (QL= 0.5 tab/day)	QL	2
CHLORTHALIDONE TAB 50MG (QL= 1 tab/day)	QL	2
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
ALENDRONATE TAB 40MG	-	2
CALCIUM REGULATORS - MISC.		
calcitonin nasal spray (MIACALCIN equiv)	-	1
FORTEO INJ	MSP-PA	2
GROWTH HORMONES		
NUTROPIN AQ INJ	MSP-PA	2
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
doxercalciferol cap (HECTOROL equiv)	-	1
paricalcitol cap (ZEMPLAR equiv)	-	1
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	2
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	PA	1
desmopressin acetate tab (DDAVP equiv)	PA	1
desmopressin nasal soln (DDAVP equiv)	PA	1
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB	PA	2
ESTROGENS		
ESTROGEN COMBINATIONS		
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
COMBIPATCH	-	2

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ESTROGENS Cont.		
ESTROGENS		
estradiol patch (CLIMARA equiv) (Prior Authorization required for members age 65 or older)	PA	1
estradiol patch (VIVELLE-DOT equiv)	PA--	1
estradiol tab (ESTRACE equiv) (Prior Authorization required for members age 65 or older)	PA	1
estropipate tab (OGEN equiv)	-	1
FLUROQUINOLONES		
FLUROQUINOLONES		
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
simethicone chew tab	OTC	1
simethicone liquid	OTC	1
simethicone susp	OTC	1
BICARSIM TAB	OTC	2
SIMETHICONE LIQUID	OTC	2
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
GASTROINTESTINAL STIMULANTS		
metoclopramide tab (REGLAN equiv)	-	1
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
mesalamine DR tab (LIALDA equiv)	-	1
mesalamine enema (ROWASA equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
APRISO CAP	-	2
CANASA SUPP	-	2
DIPENTUM CAP	-	2
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
sevelamer carbonate tab (RENVELA equiv)	PA	1
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate CR tab (UROKIT-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
URINARY ANALGESICS		
phenazopyridine tab 100mg, 200mg (PYRIDIDIUM equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
GOUT AGENTS		
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
COLCHICINE TAB (COLCRYS equiv)	-	2
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
COMPLEMENT INHIBITORS		
CINRYZE SOLN	PA	2
SOLIRIS INJ	PA	2
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv) (QL= 1 tab/day)	QL	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
HEMATOPOIETIC AGENTS		
COBALAMINS		
cyanocobalamin inj (QL= 1 inj/30 days)	QL	1
cyanocobalamin tab	OTC	1
B-12 CAP	OTC	2
B-12 TAB	OTC	2
FOLIC ACID/FOLATES		
folic acid tab 1mg (\$0 for females)	OTC	1
folic acid tab 400mcg (\$0 for females)	OTC	1
folic acid tab 800mcg (\$0 for females)	OTC	1
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ	PA	2
ARANESP INJ 25MG, 40MG, 60MG, 100MG, 150MG, 200MG, 300MG, 500MG	PA	2
NEULASTA INJ	MSP-PA	2
NEUPOGEN INJ	MSP-PA	2
PROMACTA TAB	MSP-PA	2
HEMATOPOIETIC MIXTURES		
folic acid/vitamin B6/vitamin B12 tab 2.2-25-0.5mg, 2.2-25-1mg, 2.5-25-1mg	OTC	1
IRON		
ferrous gluconate tab 324mg (\$0 for members age 6-12 months)	OTC	1
ferrous gluconate tab 325mg (\$0 for members age 6-12 months)	OTC	1
ferrous sulfate 325mg	OTC	1
ferrous sulfate drops	OTC	1
ferrous sulfate EC tab (\$0 for members age 6-12 months)	OTC	1
ferrous sulfate elixir (\$0 for members age 6-12 months)	OTC	1
ferrous sulfate tab CR 142mg (45mg Fe equivalent)	OTC	1
FE GLUCONATE TAB 239MG (27MG ELEMENTAL FE) (\$0 for members age 6-12 months)	OTC	2
FERROUS FUMARATE TAB 325MG (\$0 for members age 6-12 months)	OTC	2
FERROUS FUMARATE TAB 90MG (\$0 for members age 6-12 months)	OTC	2

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

LD	NC =Not Covered Limited Distribution	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
FERROUS GLUCONATE TAB 225MG (\$0 for members age 6-12 months)	OTC	2
FERROUS GLUCONATE TAB 324MG (\$0 for members age 6-12 months)	OTC	2
FERROUS SULFATE EC TAB (\$0 for members age 6-12 months)	OTC	2
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine (sleep) cap 50mg	OTC	1
diphenhydramine (sleep) dispersible tab	OTC	1
diphenhydramine (sleep) tab	OTC	1
doxylamine succinate (sleep) tab	OTC	1
BARBITURATE HYPNOTICS		
phenobarbital tab	-	1
NON-BARBITURATE HYPNOTICS		
temazepam cap 15mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1
temazepam cap 30mg (RESTORIL equiv) (QL= 1 cap/day)	QL	1
zaleplon cap (SONATA equiv)	-	1
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
LAXATIVES		
BULK LAXATIVES		
calcium polycarbophil tab	OTC	1
methylcellulose laxative powder	OTC	1
psyllium powder	OTC	1
METAMUCIL POWDER	OTC	2
LAXATIVE COMBINATIONS		
peg 3350/electrolytes soln (COLYTE equiv)	-	\$0
trilyte soln (NULYTELY equiv)	-	\$0
sennosides/docusate sodium tab	OTC	1
LAXATIVES - MISCELLANEOUS		
glycerin supp 1g, 1.2g, 2g, 2.1g, 80.7%	OTC	1
lactulose soln	-	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
LUBRICANT LAXATIVES		
mineral oil	OTC	1
MINERAL OIL	OTC	2
MINERAL OIL LIGHT	OTC	2
SALINE LAXATIVES		
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
MILK OF MAGNESIA SUSP	OTC	2
STIMULANT LAXATIVES		

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
LAXATIVES Cont.		
bisacodyl DR tab	OTC	1
bisacodyl supp	OTC	1
sennosides cap	OTC	1
sennosides chew tab	OTC	1
sennosides syrup	OTC	1
sennosides tab 8.6mg	OTC	1
AGORAL MAXIMUM STRENGTH LIQUID	OTC	2
EVAC-U-GEN CHEW TAB	OTC	2
SENNA SYRUP	OTC	2
SURFACTANT LAXATIVES		
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
DOCUSAL/ENEMEEZ MINI ENEMA	OTC	2
PEDIA-LAX LIQUID	OTC	2
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYCIN SUSP	-	2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
MALE CONDOMS (QL= 24 units/30 days)	OTC-QL	\$0
OMNIFLEX DIAPHRAGM	-	2
DIABETIC SUPPLIES		
ACCU-CHEK CALIBRATION SOLUTION (QL=1 bottle/365 days; \$11 max per script)	OTC-QL	\$0
ACCU-CHEK GUIDE METER (QL= 1 meter/365 days)	OTC-QL	\$0
LANCET DEVICE (QL= 1 device/365 days; \$17 max per script)	OTC-QL	\$0
LANCETS (\$17 max per script)	OTC	\$0
MISC. DEVICES		
ALCOHOL SWABS (\$6 max per script)	OTC	\$0
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE (\$33 max per script)	OTC	\$0
B-D INSULIN SYRINGE U-500 (\$33 max per script)	OTC	\$0
B-D PEN NEEDLE 29G x 12.7MM	OTC	\$0
B-D PEN NEEDLE 29G x 12MM	OTC	\$0
B-D PEN NEEDLE 29G x 5MM	OTC	\$0
B-D PEN NEEDLE 29G x 8MM	OTC	\$0
B-D PEN NEEDLE 30G x 5MM	OTC	\$0
B-D PEN NEEDLE 31G x 5MM	OTC	\$0

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
B-D PEN NEEDLE 31G x 8MM	OTC	\$0
B-D PEN NEEDLE 32G x 4MM	--OTC	\$0
FREESTYLE INSULIN SYRINGE (\$33 max per script)	OTC	\$0
INSULIN SYRINGE	OTC	\$0
INSULIN SYRINGE (\$33 max per script)	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	OTC	\$0
PRECISION INSULIN SYRINGE (\$33 max per script)	OTC	\$0
MONOJECT SYRINGE	OTC	2
RESPIRATORY THERAPY SUPPLIES		
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	OTC	2
POCKET CHAMBER (QL= 1 spacer/365 days)	QL	2
POCKET SPACER (QL= 1 spacer/365 days)	QL	2
VICKS WATERLESS VAPORIZER	OTC	2
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
CAFERGOT TAB	-	2
ergotamine tartrate/cafeine tab (CAFERGOT equiv)	-	2
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	1
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	2
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 18 tabs/30 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 18 tabs/30 days)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 kits/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 18 tabs/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL= 8 vials/30 days)	QL	1
SUMATRIPTAN NASAL SPRAY 20MG (QL= 3 boxes/30 days)	QL	2
SUMATRIPTAN NASAL SPRAY 5MG (QL= 3 boxes/30 days)	QL	2
MINERALS & ELECTROLYTES		
CALCIUM		
calcium carbonate susp 1250mg/5ml	OTC	1
calcium carbonate tab	OTC	1
calcium carbonate w/vitamin D chew tab	OTC	1
calcium carbonate/cholecalciferol tab 250-125, 250-250, 500-125, 500-200, 500-400, 600-200, 600-400	OTC	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
calcium carbonate/ergocalciferol tab	OTC	1
calcium carbonate/vitamin D 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 tab	OTC	1
CALCI-CHEW 1250MG	OTC	2
OYSTER SHELL CALCIUM/VITAMIN D (ERGO-CALCIFEROL) TAB	OTC	2
PARVA-CAL TAB	OTC	2
ELECTROLYTE MIXTURES		
oral electrolytes soln	OTC	1
ENFAMIL ENFALYTE SOLN	OTC	2
FLUORIDE		
sodium fluoride chew tab (LURIDE equiv)	-	1
sodium fluoride soln (LURIDE equiv)	-	1
FLURA-DROPS 0.25MG	-	2
SODIUM FLUORIDE TAB	-	2
MAGNESIUM		
magnesium gluconate tab	OTC	1
magnesium oxide tab	OTC	1
magnesium oxide tab 400mg	OTC	1
MAG-200 TAB	OTC	2
MAGNESIUM GLUCONATE TAB	OTC	2
POTASSIUM		
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab 10meq (KLOR-CON equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
ZINC		
zinc sulfate cap	-	1
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln 2%	-	1
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX equiv)	-	1
nystatin susp	-	1
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
sodium fluoride cream (PREVIDENT equiv)	-	1
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
LOZENGES		
throat lozenges	OTC	1
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv) (QL= 1 tube/30 days)	QL	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
MULTIVITAMINS		
B-COMPLEX VITAMINS		
B-complex vitamin cap	OTC	1
B-COMPLEX W/ C		
B-complex with C/E + Zn tab	OTC	1
B-COMPLEX W/ FOLIC ACID		
B-complex with vitamin C and folic acid tab	OTC	1
renaphro cap (NEPHROCAP equiv)	-	1
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/iron tab	OTC	1
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/minerals liquid	OTC	1
multivitamin cap	OTC	1
multivitamin/minerals tab (STROVITE equiv)	OTC	1
ICAPS PLUS TAB	OTC	2
MULTIVITAMINS		
multiple vitamin tab	OTC	1
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multivitamin w/minerals/C chew tab 60mg	OTC	1
PED MV W/ IRON		
multivitamin with iron drops	OTC	1
pediatric multiple vitamins w/iron chew tab	OTC	1
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB	OTC	2
PEDIATRIC MULTIPLE VITAMINS		
multivitamin drops	OTC	1
pediatric multivitamin w/C/FA chew tab	OTC	1
PEDIATRIC VITAMINS		
HONEY BEARS CHEW TAB	OTC	2
PRENATAL VITAMINS		
CITRANATAL HARMONY CAP	-	2
PRENATABS FA TAB	-	2
PRENATAL 19 TAB	-	2
PRENATAL PLUS TAB	OTC	2
VOL-TAB	-	2
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
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
DIRECT MUSCLE RELAXANTS		

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
dantrolene cap (DANTRIUM equiv)	-	1
MUSCLE RELAXANT COMBINATIONS		
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	2
VISCOSUPPLEMENTS		
SUPARTZ INJ 25MG/2.5ML	PA	2
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray	OTC	1
AYR NASAL DROPS	OTC	2
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL=2 bottles/30 days)	QL	1
cromolyn nasal spray	OTC	1
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	1
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	QL	1
triamcinolone otc nasal spray (NASACORT AQ equiv) (QL= 1 bottle/30 days)	OTC-QL	1
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/30 days)	QL	2
triamcinolone nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	QL	2
SYMPATHOMIMETIC DECONGESTANTS		
pseudoephedrine ER tab	OTC	1
pseudoephedrine liquid	OTC	1
pseudoephedrine tab	OTC	1
PSEUDOEPHEDRINE LIQUID	OTC	2
PSEUDOEPHEDRINE SYRUP	OTC	2
SUDAFED SR TAB	OTC	2
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	1
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
omega-3 fatty acids cap 1000mg	OTC	1
omega-3 fatty acids cap 1200mg	OTC	1
PROTEINS		
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
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tears ophth oint	OTC	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
artificial tears ophth soln	OTC	1
carboxymethylcellulose sodium ophth soln	OTC	1
carboxymethylcellulose/hypromellose ophth gel	OTC	1
carboxymethylcelluloseglycerin 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/propylene glycol ophth soln	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
NUTRATEAR OPHTH SOL	OTC	2
REFRESH LIQUIGEL OPHTH DROPS	OTC	2
REFRESH OPTIVE ADVANCED OPHTH SOLN	OTC	2
RETAINe MGD OPHTH EMULSION	OTC	2
SOOTHE OPHTH DROPS	OTC	2
STERILE LUBRICANT OPHTH DROPS	OTC	2
SYSTANE LIQUID OPHTH GEL	OTC	2
TEARS AGAIN NIGHT/DAY OPHTH GEL	OTC	2
VISINE TEARS OPHTH DROPS	OTC	2
VIVA DROPS 1%	OTC	2
BETA-BLOCKERS - OPHTHALMIC		
dorzolamide/timolol ophth soln (COSOPT equiv)	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
COMBIGAN OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN	-	2
CYCLOPLEGIC MYDRIATICS		
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 5ml/30 days)	QL	1
cyclopentolate ophth soln 1%	-	1
ATROPINE OPHTH SOLN (QL= 5ml/30 days)	QL	2
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln	-	1
brimonidine ophth soln (ALPHAGAN P equiv)	-	1
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln	-	1
neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv)	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBEX equiv)	-	1
trifluridine ophth soln (VIROPTIC equiv)	-	1
BACITRACIN OPHTH OINT	-	2
NATACYN OPHTH SUSP	-	2
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	1
prednisolone ophth soln (PRED FORTE equiv)	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv)	OTC	1
sodium chloride hypertonic ophth soln	OTC	1
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv)	-	1
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
carbamide peroxide otic soln	OTC	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	2
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	1
OTIC COMBINATIONS		
neomycin/polymyxin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
CIPRODEX OTIC SUSP	-	2
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	1
PASSIVE IMMUNIZING AGENTS		
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	2
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv) (ONLY COVERED FOR MEMBERS 11 YEARS OF AGE AND YOUNGER)	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab 875mg (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp	-	1
AMPICILLIN CAP	-	2
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN VK SOLN	-	2
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
SORBITOL SOLN	OTC	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	PA	1
disulfiram tab (ANTABUSE equiv)	-	1
ANTIDEMENTIA AGENTS		
donepezil tab 5mg, 10mg (ARICEPT equiv)	-	1
galantamine ER cap (RAZADYNE ER equiv)	-	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
rivastigmine patch	PA	1
EXELON SOLN	-	2
MULTIPLE SCLEROSIS AGENTS		
glatopa inj, glatiramer inj	MSP-PA	1
PLEGRIDY INJ	MSP-PA	2
PLEGRIDY PEN INJ	MSP-PA	2
TECFIDERA CAP	MSP-PA	2
TECFIDERA STARTER PACK	MSP-PA	2
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP	PA	2
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv)	SMKG	\$0
CHANTIX PAK	SMKG	\$0
CHANTIX TAB	SMKG	\$0
nicotine gum (NICORETTE equiv)	OTC-SMKG	\$0
NICOTINE KIT	OTC-SMKG	\$0
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0
NICOTROL INHALER (QL= 1 box/11 days, 6 fills/365 days)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (QL= 1 box/fill, 3 fills/180 days)	QL-SMKG	\$0
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
PULMOZYME INH SOLN	MSP-PA	2
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	2
TETRACYCLINES		
TETRACYCLINES		
doxycycline hyclate tab 20mg (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
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
THYROID HORMONES		
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ, BOOSTRIX INJ	VAC	\$0
TETANUS/DIPHThERIA TOXOID INJ	VAC	\$0
ULCER DRUGS		

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab 1mg, 2mg (ROBINUL equiv)	-	1
hyoscyamine sulfate CR tab (LEVVID equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
H-2 ANTAGONISTS		
cimetidine tab (TAGAMET equiv)	-	1
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	1
ranitidine syrup (ZANTAC equiv) (ONLY COVERED FOR MEMBERS 9 YEARS OF AGE AND YOUNGER)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
PEPCID AC CHEW TAB	OTC	2
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
lansoprazole DR cap OTC (PREVACID equiv) (QL= 2 caps/day)	OTC-QL	1
omeprazole DR cap 10mg (PRILOSEC equiv) (QL= 2 caps/day)	QL	1
omeprazole DR cap 20mg (PRILOSEC equiv) (QL= 2 caps/day)	QL	1
omeprazole DR cap 40mg (PRILOSEC equiv) (QL= 2 caps/day)	QL	1
omeprazole magnesium DR tab	OTC	1
pantoprazole EC tab (PROTONIX equiv) (QL= 2 tabs/day)	QL	1
OMEPRAZOLE TAB	OTC	2
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	OTC	1
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
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
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 65 or older)	PA	1
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin tab (DITROPAN equiv)	-	1
tropium tab (SANCTURA equiv)	-	1
OXYTROL PATCH	OTC	2
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
VACCINES		
VIRAL VACCINES		
AFLURIA INJ, FLUZONE INJ	VAC	\$0

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
VACCINES Cont.		
ENGERIX-B INJ	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
EZ FLU SHOT QUAD KIT	-	\$0
FLUAD INJ	VAC	\$0
FLUARIX QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUADRIVALENT INJ	VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH-DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL	VAC	\$0
FLUZONE PF INJ	VAC	\$0
FLUZONE QUAD INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
TWINRIX INJ	VAC	\$0

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
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
clotrimazole vaginal cream	OTC	1
metronidazole vaginal gel (METROGEL equiv)	-	1
miconazole nitrate vaginal kit	OTC	1
miconazole vaginal cream	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
MICONAZOLE VAGINAL KIT	OTC	2
VAGINAL ESTROGENS		
estradiol vaginal cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab	-	1
FEMRING (3 copays per Rx)	-	2

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (Only NDCs 49502010102 and 49502010202 are covered)	-	1

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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* 11/1/2018

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (Only NDCs 49502010102 and 49502010202 are covered)	-	1
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
MISC. NUTRITIONAL FACTORS		
CITRANATAL TAB RX	-	2
INATAL ULTRA TAB	-	2
PRENATAL 19 CHEW TAB	-	2
TARON-BC TAB	-	2
OIL SOLUBLE VITAMINS		
phytonadione tab	-	1
vitamin A cap 1000unit	OTC	1
vitamin D cap (RX strength only)	-	1
vitamin D cap 2000unit, 5000unit, 10000unit, 50000unit	OTC	1
vitamin D cap 400unit	OTC	1
vitamin d drops	OTC	1
vitamin D3 liquid 400unit	OTC	1
vitamin D3 tab	OTC	1
vitamin E cap	OTC	1
vitamin E tab	OTC	1
VITAMIN D2 TAB	OTC	2
WATER SOLUBLE VITAMINS		
ascorbic acid chew tab 500mg	OTC	1
calcium ascorbate tab 500mg	OTC	1
niacin CR tab (SLO-NIACIN equiv)	OTC	1
niacin tab	OTC	1
vitamin b-1	OTC	1
vitamin B-1 tab	OTC	1
vitamin B-6 tab 25mg, 50mg, 100mg	OTC	1
vitamin C tab 1000mg	OTC	1
vitamin C tab 250mg	OTC	1
vitamin C tab 500mg	OTC	1
NIACIN TR TAB	OTC	2
VITAMIN B-1 TAB	OTC	2

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

LD	NC =Not Covered Limited Distribution	MSP	generic =small letters Mandatory Specialty Pharmacy Program	OTC	BRANDS =CAPITAL LETTERS Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	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
Prior Authorization Drug List
Last Updated* 11/1/2018**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY MAINTENA INJ	\$0
acamprosate calcium DR tab	1
AFINITOR TAB	\$0
albendazole tab	1
ARANESP INJ	2
ARANESP INJ 25MG, 40MG, 60MG, 100MG, 150MG, 200MG, 300MG, 500MG	2
armodafinil tab	1
atomoxetine cap	1
bexarotene cap	\$0
BOSULIF TAB	\$0
BREO ELLIPTA INHALER	2
BYDUREON INJ	2
capecitabine tab	\$0
CAPRELSA TAB	\$0
celecoxib cap 100mg, 200mg	1
chlordiazepoxide cap	1
CINRYZE SOLN	2
clobetasol propionate cream	1
clobetasol propionate gel	1
clobetasol propionate oint	1
clobetasol propionate soln	1
clomipramine cap	1
DAYTRANA PATCH	2
desmopressin acetate nasal spray	1
desmopressin acetate tab	1
desmopressin nasal soln	1
diazepam conc	1
DIAZEPAM SOLN	2
diazepam tab	1
dofetilide cap	2
dronabinol cap	1
DULERA INHALER	2
ENBREL INJ	2
ENBREL MINI INJ	2
ENBREL SURECLICK INJ	2
epoprostenol inj	1
estradiol patch	1
estradiol tab	1
FIRMAGON INJ	\$0
FORTEO INJ	2
FORTESTA GEL, TESTOSTERONE GEL	2
glatopa inj, glatiramer inj	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* 11/1/2018

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
glyburide micronized tab	1
glyburide tab	1
glyburide/metformin tab	1
halobetasol propionate cream	1
halobetasol propionate oint	1
HUMIRA INJ 10MG	2
HUMIRA INJ 20MG	2
HUMIRA INJ 40MG	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	2
HUMIRA PEN INJ 40MG	2
ILARIS INJ	2
imatinib tab	\$0
INTRON-A INJ	\$0
INVEGA SUSTENNA INJ	\$0
isotretinoin cap	1
ISTODAX INJ	\$0
itraconazole soln	1
JAKAFI TAB	\$0
JARDIANCE TAB	2
KUVAN TAB	2
LETAIRIS TAB	2
leuprolide inj	\$0
lidocaine patch	1
LUPRON DEPOT INJ	\$0
LYRICA CAP	2
MAVYRET TAB	2
methylphenidate chew tab	1
methylphenidate ER cap	1
METHYLPHENIDATE ER TAB	2
methylphenidate soln	1
modafinil tab	1
NEULASTA INJ	2
NEUPOGEN INJ	2
NEXAVAR TAB	\$0
nitrofurantoin macrocrystals cap 50mg, 100mg	1
nitrofurantoin monohydrate cap	1
nitrofurantoin susp	1
NUEDEXTA CAP	2
NUTROPIN AQ INJ	2
paroxetine ER tab	1
PEGASYS INJ	2

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

Hennepin Health Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2018

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
PEG-INTRON INJ	2
PLEGRIDY INJ	2
PLEGRIDY PEN INJ	2
POMALYST CAP	\$0
PRADAXA CAP	2
PRALUENT INJ	2
PROMACTA TAB	2
promethazine tab	1
PULMOZYME INH SOLN	2
PYRIMETHAMINE/LEUCOVORIN COMPOUNDED CAPSULES	2
QUILLIVANT XR SUSP	2
rasagiline tab	2
REMODULIN INJ	2
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
REVLIMID CAP	2
ribavirin tab 200mg	1
RISPERDAL INJ	\$0
rivastigmine patch	1
SABRIL TAB	2
SAMSCA TAB	2
SANTYL OINT	2
sevelamer carbonate tab	1
sildenafil tab 20mg	1
SOLIRIS INJ	2
SPRYCEL TAB	\$0
STIVARGA TAB	\$0
SUPARTZ INJ 25MG/2.5ML	2
SUTENT CAP	\$0
SYNAGIS INJ	2
tadalafil tab (PAH)	2
TANZEUM INJ	2
TARCEVA TAB	\$0
TECFIDERA CAP	2
TECFIDERA STARTER PACK	2
temozolomide cap	\$0
testosterone cypionate inj	1
THALOMID CAP	2
tobramycin neb soln	1
TRACLEER TAB 32MG	2
TRACLEER TAB 62.5MG, 125MG	2
TRELSTAR INJ	\$0
tretinoin cream	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* 11/1/2018

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
tretinoin gel	1
TYKERB TAB	\$0
TYVASO INH SOLN	2
VELETRI INJ	2
VENTAVIS INH SOLN	2
vigabatrin powder pack	2
VIMPAT SOLN	2
VIMPAT TAB	2
VOSEVI TAB	2
VOTRIENT TAB	\$0
VYVANSE CAP	2
XARELTO STARTER PACK	2
XARELTO TAB	2
XOLAIR INJ	2
XTANDI CAP	\$0
ZOLADEX IMP	\$0
ZOLINZA CAP	\$0
ZYDELIG TAB	\$0
ZYKADIA CAP	\$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* 11/1/2018
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

ABREVA CREAM	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK CALIBRATION SOLUTION	ACCU-CHEK GUIDE METEOR
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	ACETAMINOPHEN 500 LIQUID
acetaminophen chew tab	acetaminophen dispersible tab	acetaminophen elixer	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	ACNE MEDICATION LOTION 10%	ACNE MEDICATION LOTION 5%	AGORAL MAXIMUM STRENGTH LIQUID
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
aluminum/magnesium/simethicone susp	ammonium lactate cream	ammonium lactate lotion 12%	200-200-20mg/5ml
400-400-40mg/5ml	artificial tears ophth oint	ascorbic acid chew tab 500mg	ARIAL CHAMBER
artificial tears ophth oint	artificial tears ophth soln	aspirin EC tab 325mg	aspirin buffered tab
ASPIRIN CHEW TAB 75MG	aspirin chew tab 81mg	aspirin tab 81mg	aspirin EC tab 81mg
ASPIRIN TAB	aspirin tab 325mg	bacitracin oint	AYR NASAL DROPS
B-12 CAP	B-12 TAB	B-complex with C/E + Zn tab	bacitracin zinc oint
bacitracin/polymyxin B oint	B-complex vitamin cap	B-D INSULIN SYRINGE U-500	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 29G x 12MM
B-D PEN NEEDLE 29G x 5MM	B-D PEN NEEDLE 29G x 8MM	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	benzoyl peroxide gel 10%	BENZOYL PEROXIDE GEL 2.5%
benzoyl peroxide gel 5%	benzoyl peroxide liquid 10%	benzoyl peroxide liquid 5%	BICARSIM TAB
bisacodyl DR tab	bisacodyl supp	bismuth subsalicylate chew tab	bismuth subsalicylate susp
bismuth subsalicylate tab	BLINK TEARS OPHTH DROPS	budesonide nasal spray	BUFFERIN EXTRA STRENGTH TAB
CALAMINE LOTION	CALCI-CHEW 1250MG	calcium ascorbate tab 500mg	calcium carbonate (antacid) chew tab 400mg, 500mg, 600mg, 750mg, 1000mg
calcium carbonate susp 1250mg/5ml	calcium carbonate tab	calcium carbonate w/vitamin D chew tab	calcium carbonate/cholecalciferol tab 250-125, 250-250, 500-125, 500-200, 500-400, 600-200, 600-400

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

calcium carbonate/ergocalciferol tab	calcium carbonate/magnesium hydroxide chew tab 700-300mg	calcium carbonate/magnesium hydroxide susp	calcium carbonate/simethicone chew tab
calcium carbonate/vitamin D tab calcium w/vitamin D tab	calcium citrate plus vitamin D tab capsaicin cream	calcium citrate/vitamin D tab	calcium polycarbophil tab
carboxymethylcellulose/hypromellose ophth gel cetirizine tab	carboxymethylcelluloseglycerin ophth soln cetirizine/pseudoephedrine 12-hour tab	cetirizine chew tab	carboxymethylcellulose sodium ophth soln cetirizine syrup
chlorhexidine gluconate liquic	chlorpheniramine maleate tal	charcoal activated cap	CHARCOAL TAB
clotrimazole cream CONTRACEPTIVE GEL	clotrimazole vaginal cream CONTRACEPTIVE SUPP	CLEAR PORE OPHTH LIQUID 3.5% COMPUTER EYE DROPS CORTIZONE-10/ALOE LIQUID	clemastine fumarate tab CONTRACEPTIVE FOAM cromolyn nasal spray
cyanocobalamin tab	DAKRINA OPHTH SOLN	dextromethorphan ER liquid	dextromethorphan/guaifenesin ER tab 30-600mg dextromethorphan/guaifenesin liquid 5-100mg/5ml diphenhydramine (sleep) cap 50mg diphenhydramine elixir
dextromethorphan/guaifenesin ER tab 60-1200mg DIFFERIN OTC GEL 0.1%	dextromethorphan/guaifenesin liquid 10-100mg/5ml DI-GEL SUSP	dextromethorphan/guaifenesin liquid 10-200mg/5ml DIMETHICONE CREAM 1%	
diphenhydramine (sleep) dispersible tab diphenhydramine liquid	diphenhydramine (sleep) tab diphenhydramine tab 25mg	diphenhydramine cap 25mg	
docusate sodium cap docusate sodium tab	docusate sodium enema doxylamine succinate (sleep) tab	DOCUSAL/ENEMEEZ MINI ENEMA docusate sodium liquid ENFAMIL ENFALYTE SOLN	docusate calcium cap docusate sodium syrup EVAC-U-GEN CHEW TAB
famotidine tab	FE GLUCONATE TAB 239MG (27MG ELEMENTAL FE)	FEBROL SOLN	FERROUS FUMARATE TAB 325MG
FERROUS FUMARATE TAB 90MG ferrous sulfate 325mg ferrous sulfate tab CR 142mg (45mg Fe equivalent) folic acid tab 1mg	FERROUS GLUCONATE TAB 225MG ferrous sulfate drops FEVERALL INFANTS SUPP folic acid tab 400mcg	ferrous gluconate tab 324mg ferrous sulfate EC tab fexofenadine tab folic acid tab 800mcg	ferrous gluconate tab 325mg ferrous sulfate elixir FLEET LIQUID GLYCERIN ENEMA folic acid/vitamin B6/vitamin B12 tab 2.2-25-0.5mg, 2.2-25-1mg, 2.5-25-1mg GENTEAL OPHTH SOLN
FREESTYLE INSULIN SYRINGE glycerin supp 1g, 1.2g, 2g, 2.1g, 80.7% guaifenesin syrup	GENTEAL MILD OPHTH DROPS glycerin/hypromellose/peg 400 ophth soln guaifenesin tab	GENTEAL OPHTH GEL guaifenesin ER tab guaifenesin/codeine soln 100-10mg/5ml HUMULIN N INJ hydrocortisone acetate oint hydrocortisone oint in absorbbase	guaifenesin liquid guaifenesin/dextromethorphan syrup HUMULIN N PEN INJ hydrocortisone cream hydrocortisone soln
HONEY BEARS CHEW TAB HUMULIN PEN INJ hydrocortisone gel	HUMULIN MIX INJ HUMULIN R INJ hydrocortisone oint		

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.

HYDROCORTISONE/ALOE OINT	hydrocortisone/alo vera cream	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 STRIF
KETOSTIX	ketotifen ophth soln	LACTAID CHEW TAB	lactase chew tab
LACTASE TAB	LACTRASE CAP	LANCET DEVICE	LANCETS
lansoprazole DR cap OTC	L-CARNITINE CAP	L-CARNITINE TAB	L-CARNITINE TAB 500MG
levocarnitine cap	levocarnitine fumarate cap	levocarnitine tab	levonorgestrel tab
loperamide cap	loperamide liquid	loperamide tab	loperamide/simethicone tab
loratadine ODT	loratadine syrup	loratadine tab	loratadine/pseudoephedrine 12-hour tab
loratadine/pseudoephedrine 24-hour tab	lubricant eye drop 0.6%	LUBRICANT EYE DROPS	MAALOX TC SUSP
MAG-200 TAB	MAG-AL LIQUID	magnesium citrate soln	magnesium gluconate tab
magnesium hydroxide chew tab	magnesium hydroxide susp	magnesium oxide (laxative) tab	MAGNESIUM OXIDE CAP 140MG, 400MG
magnesium oxide tab	magnesium oxide tab 400mg	magnesium/aluminum hydroxide/simethicone chew tab	MALE CONDOMS
meclizine chew tab	meclizine tab 12.5mg, 25mg	melatonin tab	METAMUCIL POWDER
methylcellulose laxative powder	miconazole nitrate aerosol	miconazole nitrate aerosol powder	miconazole nitrate cream
miconazole nitrate oint	miconazole nitrate powder	MICONAZOLE NITRATE SPRAY	miconazole nitrate vaginal kit
miconazole vaginal cream	MICONAZOLE VAGINAL KIT	miconazole vaginal supp	MILK OF MAGNESIA SUSP
MINERAL OIL	MINERAL OIL LIGHT	MIRANEL AF SOLN	MONOJECT SYRINGE
multiple vitamin tab	multiple vitamins w/iron tab	multiple vitamins w/minerals liquid	multivitamin cap
multivitamin drops	multivitamin with iron drops	multivitamin/minerals tab	NEBULIZER
neomycin/bacitracin/polymyx in oint	niacin CR tab	niacin tab	NIACIN TR TAB
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NORTEMP SUSP INFANTS	NOVOFINE PEN NEEDLE 30G x 8MM	NOVOFINE PEN NEEDLE 32G x 6MM	NOVOTWIST PEN NEEDLE 32G x 5MM
NOVOTWIST/NOVOFINE PEN NEEDLE 30G x 8MM	NUTRATEAR OPHTH SOL	omega-3 fatty acids cap 1000mg	omega-3 fatty acids cap 1200mg
omeprazole magnesium DR tab	OMEPRAZOLE TAB	omeprazole/sodium bicarbonate cap	oral electrolytes soln
OXYTROL PATCH	OYSTER SHELL CALCIUM/VITAMIN D (ERGOCALCIFEROL) TAB	oyster shell tab	PARVA-CAL TAB
PEDIA-LAX LIQUID	PEDIA-LAX SUPP	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB	pediatric multiple vitamins w/iron chew tab
pediatric multivitamin w/C/FA chew tab	pediatric multivitamin w/minerals/C chew tab 60mg	PEN NEEDLE 31G x 6MM, 32G x 8MM	PEPCID AC CHEW TAB
permethrin creme rinse 1%	permethrin lotion	polyethylene glycol 3350 powder	polyethylene glycol/propylene glycol ophth soln
polyvinyl alcohol ophth soln			

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.

polyvinyl alcohol/povidone ophth soln	povidone/iodine soln	PRECISION INSULIN SYRINGE	PRENATAL PLUS TAB
propylene glycol/glycerin ophth soln	pseudoephedrine ER tab	PSEUDOEPHEDRINE LIQUID	PSEUDOEPHEDRINE SYRUP
pseudoephedrine tab	pseudoephedrine/brompheni amine elixir	pseudoephedrine/guaifenesir syrup 30-100mg/5ml	psyllium powder
pyrantel pamoate susp	REFRESH LIQUIGEL OPHTH DROPS	REFRESH OPTIVE ADVANCED OPHTH SOLN	RETAIN MGD OPHTH EMULSION
salicylic acid soln 17%	saline nasal spray	selenium sulf 1% shampoo	SENNA SYRUP
sennosides cap	sennosides chew tab	sennosides syrup	sennosides tab 8.6mg
sennosides/docusate sodium tab	SILPHEN COUGH SYRUP	simethicone chew tab	simethicone liquid
simethicone susp	skin protectants cream	skin protectants lotion	sodium bicarbonate tab
sodium chloride hypertonic ophth soln	sodium chloride neb soln 0.9%	sodium phosphates enema	sodium phosphates soln
SOOTHE OPHTH DROPS	SORBITOL SOLN	SORBITOL SOLN 70%	STERILE LUBRICANT OPHTH DROPS
SUDAFED SR TAB	SYSTANE LIQUID OPHTH GEL	TEARS AGAIN NIGHT/DAY OPHTH GEL	throat lozenges
TODAY SPONGE	tolnaftate aerosol powder	tolnaftate cream	tolnaftate powder
tolnaftate soln	tolnaftate spray	triamcinolone otc nasal spray	triprolidine/pseudoephedrine liquid
TRIXAICIN CREAM 0.025%	TYLENOL GO EXTRA STRENGTH CHEW TAB	urea cream 20%	URINE TEST STRIPS
vcf vaginal gel	VICKS WATERLESS VAPORIZER	VISINE TEARS OPHTH DROPS	vitamin A cap 1000unit
vitamin b-1	vitamin B-1 tab	vitamin B-6 tab 25mg, 50mg, 100mg	vitamin C tab 1000mg
vitamin C tab 250mg	vitamin C tab 500mg	vitamin D cap 2000unit, 5000unit, 10000unit, 50000unit	vitamin D cap 400unit
vitamin d drops	VITAMIN D2 TAB	vitamin D3 liquid 400unit	vitamin D3 tab
vitamin E cap	vitamin E tab	VIVA DROPS 1%	white petrolatum/mineral oil ophth oint
ZEASORB-AF 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.

Hennepin Health Formulary
Last Updated* 11/1/2018
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

adefovir dipivoxil tab	AFINITOR TAB	bexarotene cap	BOSULIF TAB
capecitabine tab	CAPRELSA TAB	COMETRIQ KIT	ENBREL INJ
ENBREL MINI INJ	ENBREL SURECLICK INJ	ERIVEDGE CAP	etoposide cap
FORTEO INJ	glatopa inj, glatiramer inj	HUMIRA INJ 10MG	HUMIRA INJ 20MG
HUMIRA INJ 40MG	HUMIRA INJ	HUMIRA INJ PEDIATRIC	HUMIRA INJ
	CROHNS/UC/HIDRADENITI	CROHNS STARTER PACK	PSORIASIS/UVEITIS
	STARTER PACK		STARTER PACK
HUMIRA PEN INJ 40MG	ICLUSIG TAB	imatinib tab	INFERGEN INJ
INLYTA TAB	INTRON-A INJ	JAKAFI TAB	KUVAN TAB
leuprolide inj	LUPRON DEPOT INJ	LYSODREN TAB	MAVYRET TAB
MEKINIST TAB	MYLERAN TAB	NEULASTA INJ	NEUPOGEN INJ
NEXAVAR TAB	NUTROPIN AQ INJ	PEGASYS INJ	PEG-INTRON INJ
PLEGRIDY INJ	PLEGRIDY PEN INJ	PRALUENT INJ	PROMACTA TAB
PULMOZYME INH SOLN	REPATHA INJ	REPATHA PUSHTRONEX	REVLIMID CAP
		INJ	
ribavirin tab 200mg	SABRIL TAB	SPRYCEL TAB	STIVARGA TAB
SUTENT CAP	tadalafil tab (PAH)	TAFINLAR CAP	TARCEVA TAB
TASIGNA CAP	TECFIDERA CAP	TECFIDERA STARTER	temozolomide cap
		PACK	
THALOMID CAP	tobramycin neb soln	tretinoin cap	TYKERB TAB
TYVASO INH SOLN	VENTAVIS INH SOLN	vigabatrin powder pack	VOTRIENT TAB
XOLAIR INJ	XTANDI CAP	ZELBORAF TAB	ZOLINZA CAP
ZYDELIG 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.

**Hennepin Health Formulary
Smoking Cessation Agents
Last Updated* 11/1/2018**

Drug Name	Tier # for Drug Copay
BUPROPION SR TAB	\$0
CHANTIX PAK	\$0
CHANTIX TAB	\$0
NICOTINE GUM	\$0
NICOTINE KIT	\$0
NICOTINE LOZENGE	\$0
NICOTINE PATCH	\$0
NICOTROL INHALER(QL= 1 box/11 days, 6 fills/365 days)	\$0
NICOTROL NASAL SPRAY(QL= 1 box/fill, 3 fills/180 days)	\$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* 11/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ACCU-CHEK CALIBRATION SOLUTION	QL=1 bottle/365 days; \$11 max per script
ACCU-CHEK GUIDE METER	QL= 1 meter/365 days
acetaminophen supp	QL= 100 supp/30 days
acetaminophen tab 325mg	QL= 8 tabs/day
acetaminophen/codeine tab	QL= 13 tabs/day
ADVAIR DISKUS INHALER	Only covered for members age 4-12 years; QL=1 inhaler/30 days
ADVAIR HFA INHALER	Only covered for members age 4-12 years; 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
albuterol neb soln 0.083%	QL= 125 vials/30 days
albuterol/ipratropium neb soln	QL= 180 nebs/30 days
ALPRAZOLAM INTENSOL CONC	QL= 4ml/day
alprazolam tab 0.25mg, 0.5mg, 1mg	QL= 3 tabs/day
alprazolam tab 2mg	QL= 2 tabs/day
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= 30 caps/30 days
amphetamine/dextroamphetamine tab 10mg	QL= 0.5 tab/day
amphetamine/dextroamphetamine tab 12.5mg	QL= 2 tabs/day
amphetamine/dextroamphetamine tab 15mg	QL= 0.5 tab/day
amphetamine/dextroamphetamine tab 20mg	QL= 3 tabs/day
amphetamine/dextroamphetamine tab 30mg	QL= 2 tabs/day
amphetamine/dextroamphetamine tab 5mg	QL= 0.5 tabs/day
amphetamine/dextroamphetamine tab 7.5mg	QL= 0.5 tab/day
aprepitant cap 40mg	QL= 3 caps/180 days
aprepitant cap 80mg	QL= 2 caps/15 days
ARIAL CHAMBER	QL= 1 spacer/365 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 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
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

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* 11/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
azelastine nasal spray 0.1%	QL=2 bottles/30 days
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml	QL= 60 vials/30 days
budesonide inh susp 1mg/2ml	QL= 30 vials/30 days
budesonide SR cap	QL= 3 caps/day
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
butalbital/acetaminophen/caffeine tab	QL= 2 tabs/day
butalbital/aspirin/caffeine cap	QL= 2 caps/day
calcipotriene cream	QL= 120gm/30 days
calcipotriene oint	QL= 120gm/30 days
chlorthalidopoxide cap	QL= 2 caps/day; Prior Authorization required for members age 65 or older
CHLORTHALIDONE TAB 25MG	QL= 0.5 tab/day
CHLORTHALIDONE TAB 50MG	QL= 1 tab/day
clonidine patch	QL= 4 patches/30 days
clopidogrel tab 75mg	QL= 1 tab/day
COMBIVENT RESPIMAT INHALER	QL= 1 inhaler/30 days
cromolyn neb soln	QL= 120 nebs/30 days
cyanocobalamin inj	QL= 1 inj/30 days
DAYTRANA PATCH	QL= 1 patch/day
diazepam conc	QL= 8ml/day; Prior Authorization required for members age 65 or older
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
diclofenac gel 1%	QL= 100gm/30 days
dronabinol cap	QL= 2 caps/day
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine EC cap 20mg, 60mg	QL= 2 caps/day
duloxetine EC cap 30mg	QL= 1 cap/day
ELLA TAB	QL= 4 fills/year
eplerenone tab 25mg	QL= 0.5 tab/day
eplerenone tab 50mg	QL= 1 tab/day
escitalopram tab	QL= 1 tab/day
EVOTAZ TAB	QL= 1 tab/day
fentanyl patch 100mcg	QL= 3 patches/30 days
fentanyl patch 12mcg	QL= 10 patches/30 days
fentanyl patch 25mcg	QL= 10 patches/30 days
fentanyl patch 50mcg	QL= 10 patches/30 days
fentanyl patch 75mcg	QL= 3 patches/30 days
FEVERALL INFANTS SUPP	QL= 100 supp/30 days
FLOVENT DISKUS INHALER	QL= 1 inhaler/30 days; Only covered for members age 4-12
FLOVENT HFA INHALER	QL= 1 inhaler/30 days; Only covered for members age 4-12

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* 11/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/30 days
flucinolone acetonide oil	QL = 1 bottle/30 days
fluticasone nasal spray	QL= 1 bottle/30 days
FLUTICASONE/SALMETEROL INHALER	QL=1 inhaler/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
granisetron tab	QL= 6 tabs/15 days
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone/acetaminophen tab 5mg-325mg, 7.5mg/325mg, 10mg/325mg	QL= 12 tabs/day
hydromorphone tab 2mg	QL= 15 tabs/day
hydromorphone tab 4mg	QL= 7.5 tabs/day
hydromorphone tab 8mg	QL= 3.75 tabs/day
INCRUSE ELLIPTA INHALER	QL=1 inhaler/30 days
ipratropium neb soln	QL= 125 vials/30 days
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL=1 tab/day
JARDIANCE TAB	QL= 1 tab/day
LANCET DEVICE	QL= 1 device/365 days; \$17 max per script
lansoprazole DR cap OTC	QL= 2 caps/day
LETAIRIS TAB	QL= 1 tab/day
levonorgestrel tab	QL= 4 fills/year
LEVONORGESTREL TAB 0.75MG	QL= 4 fills/year
lidocaine gel 2%	QL= 60gm/30 days
lidocaine/prilocaine cream	QL= 60gm/30 days
LITEAIRE	QL= 1 spacer/365 days
lorazepam tab	QL= 3 tabs/day
LYRICA CAP	QL= 2 caps/day
MALE CONDOMS	QL= 24 units/30 days
MAVYRET TAB	QL=3 tab/day
methadone tab 10mg	QL= 4 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* 11/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methadone tab 5mg	QL= 8 tabs/day
methylphenidate CD cap	QL= 1 cap/day
methylphenidate ER cap	QL= 1 cap/day
methylphenidate ER tab	QL= 30 tabs/30 days; Prior Authorization required for members age 22 or older
methylphenidate ER tab 10mg	QL= 1 tab/day
methylphenidate ER tab 20mg	QL= 1 tab/day
methylphenidate tab	QL= 6 tabs/day
methylphenidate tab 20mg	QL= 3 tabs/day
MICROCHAMBER	QL= 1 spacer/365 days
MICROSPACER	QL= 1 spacer/365 days
mirtazapine tab 15mg	QL= 0.5 tab/day
mirtazapine tab 30mg	QL= 1 tab/day
mirtazapine tab 45mg	QL= 1 tab/day
morphine sulfate ER tab 100mg	QL= 1 tab/day
morphine sulfate ER tab 15mg	QL= 8 tabs/day
morphine sulfate ER tab 200mg	QL= 0.5 tab/day
morphine sulfate ER tab 30mg	QL= 4 tabs/day
morphine sulfate ER tab 60mg	QL= 2 tabs/day
morphine sulfate supp 10mg	QL= 12 supp/day
morphine sulfate supp 20mg	QL= 6 supp/day
morphine sulfate supp 5mg	QL= 24 supp/day
morphine sulfate tab 15mg	QL= 8 tabs/day
morphine sulfate tab 30mg	QL= 4 tabs/day
NALOXONE INJ	QL= 2 injections/30 days. NALOXONE INJ: NDC 76329336901 only. Covered Atomizers: NDCs 00042271802, 60112031306, 26704612625 and 68100062330
NICOTROL INHALER	QL= 1 box/11 days, 6 fills/365 days
NICOTROL NASAL SPRAY	QL= 1 box/fill, 3 fills/180 days
nystatin topical powder	QL= 60gm/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= 12 tabs/15 days
ondansetron tab 24mg	QL= 1 tab/15 days
ondansetron tab 4mg, 8mg	QL= 12 tabs/15 days
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir cap 45mg, 75mg	QL=10 caps/fill
oseltamivir susp	Only covered for members 11 years of age and younger; QL=120 ml/fill, 2 fills/year
OXAZEPAM CAP	QL=4 caps/day
oxycodone tab 10mg	QL= 8 tabs/day
oxycodone tab 15mg	QL= 5.25 tabs/day
oxycodone tab 20mg	QL= 4 tabs/day
oxycodone tab 30mg	QL= 2.5 tabs/day
oxycodone tab 5mg	QL= 16 tabs/day
oxycodone/acetaminophen tab	QL= 12 tabs/day
oxycodone/acetaminophen tab 10-325mg	QL= 8 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* 11/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oxycodone/acetaminophen tab 7.5-325mg	QL= 10 tabs/day
oxycodone/aspirin tab	QL= 12 tabs/day
pantoprazole EC tab	QL= 2 tabs/day
POCKET CHAMBER	QL= 1 spacer/365 days
POCKET SPACER	QL= 1 spacer/365 days
PRALUENT INJ	QL= 2 inj/28 days
RELENZA DISKHALER	QL= 2 inhalers/180 days
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL=1 inj/28 days
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
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 kits/30 days
SUMATRIPTAN NASAL SPRAY 20MG	QL= 3 boxes/30 days
SUMATRIPTAN NASAL SPRAY 5MG	QL= 3 boxes/30 days
sumatriptan tab	QL= 18 tabs/30 days
sumatriptan vial inj	QL= 8 vials/30 days
temazepam cap 15mg	QL= 1 cap/day
temazepam cap 30mg	QL= 1 cap/day
TRACLEER TAB 32MG	QL= 4 tabs/day
TRACLEER TAB 62.5MG, 125MG	QL= 2 tabs/day
tramadol tab	QL= 8 tabs/day
tretinoin cream	QL= 45gm/30 days
tretinoin gel	QL= 45gm/30 days
triamcinolone in orabase paste	QL= 1 tube/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone otc nasal spray	QL= 1 bottle/30 days
URINE TEST STRIPS	QL= 100 strips/30 days
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VYVANSE CAP	QL= 1 cap/day; Prior Authorization required for members age 22 or older
XTANDI CAP	QL= 4 caps/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
zolpidem 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.