Medi-Cal Rx Contract Drugs List

May 1, 2022

Revision History

Drug Name	Description	Effective Date
Bisacodyl EC	Added to CDL.	February 1, 2022
Butenafine HCl	Labeler code restriction (00378) removed.	February 1, 2022
Cinacalcet HCl	Effective March 1, 2022: Labeler code restriction (55513) removed.	February 1, 2022
Clindamycin/Benzoyl Peroxide	Added to CDL.	February 1, 2022
Clotrimazole/ Betamethasone Dipropionate	Added to CDL.	February 1, 2022
Colesevelam HCl	Effective March 1, 2022: Labeler code restriction (65597) removed from tablets. Labeler code restriction (65597) added to suspension.	February 1, 2022
Dasiglucagon HCl	Added to CDL with restrictions. (Policy effective January 1, 2022.)	February 1, 2022
Diazepam	Solution added to CDL with restrictions.	February 1, 2022
Doxycycline Monohydrate	Capsules & tablets added to CDL.	February 1, 2022
Epinephrine	Labeler code (49502) restriction removed.	February 1, 2022
Erythromycin/Benzoyl Peroxide	Added to CDL.	February 1, 2022
Estrogens, conjugated and Medroxyprogesterone Acetate	Minimum dispensing restriction removed.	February 1, 2022
Ethinyl Estradiol/ Drospirenone	Added to CDL with restrictions.	February 1, 2022
Heparin	Additional formulation (vials) added to CDL.	February 1, 2022

Drug Name	Description	Effective Date
Ketorolac Tromethamine	Labeler code exclusion (00023) removed from 0.4 % solution.	February 1, 2022
Levonorgestrel and Ethinyl Estradiol	Additional strength (0.1 – 0.02 – 0.01 mg) added to CDL with restrictions.	February 1, 2022
Levonorgestrel and Ethinyl Estradiol/Ethinyl Estradiol	Added to CDL with restrictions.	February 1, 2022
Lidocaine/Prilocaine	Added to CDL.	February 1, 2022
Lorazepam	Oral concentration added to CDL with restrictions.	February 1, 2022
Mesalamine	Added to CDL with restrictions.	February 1, 2022
Molnupiravir	Effective 12/23/2021: Added to CDL with quantity limit restriction.	February 1, 2022
Nirmatrelvir/Ritonavir	Effective 12/22/2021: Added to CDL with quantity limit restriction.	February 1, 2022
Norethindrone/Ethinyl Estradiol/Iron	Added to CDL with restrictions.	February 1, 2022
Oxcarbazepine	Suspension added to CDL.	February 1, 2022
Oxybutynin Chloride	Extended-release tablets & syrup added to CDL.	February 1, 2022
Sodium Chloride	Inhalation vials added to CDL.	February 1, 2022
Tobramycin with Dexamethasone	Additional labeler restriction (00078) added.	February 1, 2022
Abiraterone Acetate	Labeler restriction (57894) removed from 250 mg tablets.	March 1, 2022
Alendronate Sodium/ Cholecalciferol	Additional labeler restriction (78206) added.	March 1, 2022
Amiodarone	Additional strengths (100 mg & 400 mg) added.	March 1, 2022
Amphetamine, mixed salts	Diagnosis restriction description updated.	March 1, 2022
Atomoxetine HCL	Maximum age limit restriction removed.	March 1, 2022

Drug Name	Description	Effective Date
Bimatoprost	Effective April 1, 2022: One strength (0.03%) moved to Continuing Care.	March 1, 2022
Carvedilol	Diagnosis restriction removed (tablets).	March 1, 2022
Carvedilol Phosphate	Diagnosis restriction removed (extended-release capsules).	March 1, 2022
Cefdinir	Additional formulation (capsules) added.	March 1, 2022
Cefixime	Age and diagnosis restrictions removed.	March 1, 2022
Cefpodoxime Proxetil	Additional formulations added.	March 1, 2022
Clindamycin Palmitate HCL	Added to CDL.	March 1, 2022
Clonidine ER	Added to CDL with restrictions.	March 1, 2022
Dexmethylphenidate HCL	Restrictions updated and additional formulation (tablets) added.	March 1, 2022
Dextroamphetamine Sulfate	Age and diagnosis descriptions updated.	March 1, 2022
Efavirenz, Emtricitabine and Tenofovir Disoproxil Fumarate	Labeler code restriction (15584) removed.	March 1, 2022
Erlotinib	Labeler code restriction (50242) removed.	March 1, 2022
Ezetimibe/Simvastatin	Additional labeler code (78206) restriction added.	March 1, 2022
Guanfacine HCl Extended-Release	Diagnosis description updated.	March 1, 2022
Ivermectin	Added to CDL with restrictions.	March 1, 2022
Lamotrigine	Age restriction removed (tablets) and labeler code restriction (00173) removed (starter kits).	March 1, 2022
Larotrectinib	Additional labeler code (50419) restriction added.	March 1, 2022
Liothyronine Sodium	Added to CDL.	March 1, 2022

Drug Name	Description	Effective Date
Methylphenidate HCl	Additional formulations added (CD & LA capsules), restriction descriptions updated for tablets & extended-release tablets, and the extended-release capsules moved to Continuing Care, effective April 1, 2022.	March 1, 2022
Montelukast Sodium	Additional strength (5 mg, chewable tablets) added.	March 1, 2022
Naloxone HCL	Labeler restriction (69547) added to the 4mg/0.1ml intranasal spray formulation.	March 1, 2022
Norelgestromin and Ethinyl Estradiol	Labeler restriction (00378) added to the 4.86mg-0.53mg formulation	March 1, 2022
Remdesivir	Added to CDL with prior authorization restriction.	March 1, 2022
Sodium Chloride	Additional strengths (7% & 3%) added.	March 1, 2022
Venlafaxine HCL	Additional formulation (tablets) added.	March 1, 2022
Alogliptin/Pioglitazone	Labeler code restriction (64764) removed.	April 1, 2022
Aspirin/Extended-Release Dipyridamole	Diagnosis restriction removed.	April 1, 2022
Azelastine HCl	Additional strength (0.15%) added to CDL.	April 1, 2022
Cilostazol	Restrictions removed.	April 1, 2022
Ciprofloxacin	Strengths clarified for oral suspension.	April 1, 2022
COVID-19 Vaccine	Additional strength (0.2ml Pfizer-BioNtech) added with restrictions.	April 1, 2022
Diroximel Fumarate	Added to CDL with restrictions.	April 1, 2022
Emtricitabine/Tenofovir Alafenamide	Additional strength (120mg/15mg) added with restrictions.	April 1, 2022

Drug Name	Description	Effective Date
Ezetimibe/Simvastatin	Established therapy restrictions removed from 10mg/80mg formulation.	April 1, 2022
Glecaprevir/Pibrentasvir	Additional formulation (pellet packet) added with restrictions.	April 1, 2022
Glucagon (Synthetic)	Additional formulation (singe-dose vial/syringe kit) added with restrictions.	April 1, 2022
Isosorbide Dinitrate and Hydralazine Hydrochloride	Diagnosis restriction removed. Labeler code restriction (24338) added.	April 1, 2022
Itraconazole	Restrictions removed. Injection kit end dated.	April 1, 2022
Ivosidenib	Labeler restriction (71334) removed. Prior authorization requirement added.	April 1, 2022
Ketorolac Tromethamine	Labeler restriction (00023) removed from the 0.5% strength.	April 1, 2022
Loperamide	Added to CDL.	April 1, 2022
Monomethyl Furmarate	Added to CDL with restrictions.	April 1, 2022
Nepafenac	Effective May 1, 2022: End dated.	April 1, 2022
Olopatadine HCL	Additional strengths (0.1% & 0.2%) added to CDL.	April 1, 2022
Ozanimod Hydrochloride	Added to CDL with restrictions.	April 1, 2022
Pentoxifylline	Restrictions removed.	April 1, 2022
Ropeginterferon alfa-2b-njft	Added to CDL with restrictions.	April 1, 2022
Secukinumab	Restrictions updated.	April 1, 2022
Tazarotene	Restrictions removed.	April 1, 2022
Pneumococcal Vaccine	Additional formulations (15-Valent, Conjugated & 20-Valent, Conjugated) added to CDL with restrictions. Effective January 1, 2022.	April 1, 2022

Drug Name	Description	Effective Date
Prednisolone Sodium Phosphate	Additional formulation (solution) added to CDL.	April 1, 2022
Brinzolamide	Additional labeler code (00078) restriction added.	May 1, 2022
Cabotegravir	Added to CDL with restriction.	May 1, 2022
Ipratropium Bromide and Albuterol Sulfate	14.7 gm formulation moved to outdated section, product is no longer manufactured or available.	May 1, 2022
Ipratropium Bromide and Albuterol Sulfate	Additional strength (20 mcg-100 mcg) added to CDL.	May 1, 2022
Lurasidone Hydrochloride	Restrictions updated.	May 1, 2022
Nilotinib	Additional strength (50 mg) added with restrictions.	May 1, 2022
Talazoparib	Additional strengths (0.5 mg and 0.75 mg) added.	May 1, 2022
Tetrabenazine	Added to CDL with restrictions.	May 1, 2022

General Provisions

1. Provisions of coverage are contained in the *California Code of Regulations* (CCR), *Title 22, Sections 51313, 51313.3*, and *51313.6*.
2. Code I drugs marked with a symbol (*) require authorization in accordance with Section 51003 unless used under the conditions specified in the Contract Drugs List, and are subject to the prescription documentation requirements in *CCR, Title 22, Section 51476(c)*. See *CCR, Title 22, Section 51313.3(b)*.
3. Drugs marked with a symbol (+) have a frequency of billing requirement. See *CCR, Title 22, Section 51513(b)(3)*. Full payment (drug ingredient cost plus a professional fee component) to a pharmacy is limited to a maximum of three claims for the same drug and strength dispensed to the same beneficiary within any 75-day period. The fourth claim from any provider, and subsequent claims for the same drug and strength dispensed to the same beneficiary within any 75-day period will be paid at the drug ingredient cost only. Exceptions are with the initial prescription, when authorization is obtained for more frequent billing, or when drugs are dispensed in a quantity of 180 or more tablets or capsules.
4. Drugs marked with a symbol (††) have a unit price based on the package size determined by the Director to be the size most frequently purchased by providers. See *CCR, Title 22, Section 51513(a)(2)*. A complete listing of these drugs is found in the *Reimbursement* section of this manual.
5. Drugs that have been end dated are subject to Prior Authorization unless the criteria for continuing care has been met. For information about continuing care, refer to the *Medi-Cal Rx Provider Manual*.

Legend Drugs

Legend drugs that are listed in the Contract Drugs List of this manual are covered by the Medi-Cal program. Legend drugs not listed may be covered subject to authorization from a Medi-Cal consultant.

Non-Legend Over-the-Counter Drugs

Non-legend Over-the-Counter (OTC) drugs that are listed in the Contract Drugs List are covered by the Medi-Cal program. OTC drugs not listed, and not otherwise excluded, may be covered subject to authorization from a Medi-Cal consultant.

OTC Antihistamine, Nasal Decongestant, and Combinations

OTC antihistamines, antihistamine combinations, decongestants, and decongestant combination products that are listed in the Contract Drugs List of this manual are covered by the Medi-Cal program. Effective March 24, 2011, legislation was passed in California eliminating OTC cough and cold products as a covered pharmacy benefit. As a result of this legislation, effective March 1, 2012, OTC cough and cold products are not a benefit of the Medi-Cal program. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible beneficiaries are exempt from this benefit elimination. In addition, all OTC cough and cold products are restricted to individuals 2 years of age and older.

Compounded Prescriptions

Prescribed drugs listed in the Contract Drugs List and unlisted drugs approved by authorization that require special compounding by the pharmacist are covered by the Medi-Cal program, provided that the name, quantity, and principal labeler of each ingredient are listed on the claim.

Erectile Dysfunction Drugs: Non-Benefit

Erectile Dysfunction (ED) drugs have not been a Medi-Cal benefit since the enactment of Assembly Bill 2885 (Chapter 95, Statutes of 2006) on July 20, 2006. AB 2885 amended *Welfare and Institutions Code*, Section 14132, that specified drugs used to treat ED, or any off-label use of those drugs, would only be reimbursable by Medi-Cal if Federal Financial Participation (FFP) was available. FFP has not been available for ED drugs since January 1, 2006.

Opioid Limitation Policy

All controlled drug products, including opioids (DEA Schedule 2-5) will have a **maximum day supply** of 35 days. Any claims submitted for greater than 35 days will require a prior authorization.

NOTE: The above days' supply limitation does **not** apply to new-start opioid prescriptions, new-start benzodiazepine prescriptions, or buprenorphine products.

Prior authorizations will be required for all intramuscular, intravenous, and subcutaneous injectable forms of opioids.

NOTE: This limit does **not** apply to buprenorphine products indicated for pain or addiction.

New-start opioid claims will be restricted to a 7 days' supply or a maximum quantity *per fill* of 30 solid dosage units (each) or 240mL for liquids.

NOTE: *New start* is defined as *absence* of paid claims for opioids in the beneficiary's history within the prior 90 days (cough preparations containing opioids are excluded from this look back.)

Subsequent fills will be restricted to a 35 days' supply.

NOTE: *Subsequent fills/Chronic Use* is defined as the *presence* of paid claims for opioids in the beneficiary's history within the prior 90 days (cough preparations containing opioids are excluded from this lookback.)

Claims submitted for *new-start* and *subsequent fill* for opioids will be restricted to the following **maximum daily quantity limits:**

Maximum Quantity Per Day Limit(s) New-Start *and* Subsequent Fill(s)	
Dosage Form	**Allowable Daily Limit**
Solid Dosage Forms	8 each
Liquid Dosage Forms	60mL
Transdermal Dosage Forms	1 each
NOTE: These limits do not apply to buprenorphine products.	

Table 12.8.7.2-1: Maximum Quantity Per Day Limit(s) New-Start *and* Subsequent Fill(s)

Claims submitted for *subsequent fills* for opioids will be restricted to the following maximum quantities **per fill:**

Maximum Quantity Per Fill Subsequent Fill(s)	
Dosage Form	**Allowable Per Fill Limit**
Solid Oral – **Immediate** Release	120 each
Solid Oral – Extended-Release	90 each
Oral Liquids	180mL
Parenterals	100mL
Transdermal Dosage Forms	10 each
NOTE: These limits do not apply to buprenorphine products.	

Table 12.8.7.2-2: Maximum Quantity Per Fill Subsequent Fill(s)

Utilization Management Types

Code	Description
AL	Age limit: age parameters must be met.
LR	Labeler restriction: claim must reflect indicated labeler code for claim to pay.
QL	Quantity limit: claim will reject if defined quantity limits are exceeded.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Amyotrophic Lateral Sclerosis Agent					
Riluzole *	Tablets	50 mg	ea		* Riluzole is restricted to use in the treatment of amyotrophic lateral sclerosis.
Anti-Alcoholism					
Acamprosate Calcium	Delayed-release Tablets	333 mg	ea		
Disulfiram	Tablets	0.25 gm 0.5 gm	ea ea		
Anti-Infectives: Amebacide					
Paromomycin Sulfate	Capsules		ea		
Anti-Gout					
Allopurinol	Tablets +	100 mg 300 mg	ea ea		
Colchicine	Tablets	0.6 mg	ea		
Probenecid	Tablets +	500 mg	ea		
Probenecid with Colchicine	Tablets +		ea		
Anti-Infectives: Anthelmintics					
Ivermectin *	Tablets	3 mg	ea		* Restricted to use as an anthelmintic only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Mebendazole	Tablets, chewable	100 mg	ea		
Pyrantel Pamoate	Liquid		ea		
Anti-Infectives: Antibiotics					
Amikacin Sulfate	Injection, vial	500 mg/2 ml 1,000 mg/4 ml	ml ml		
Amoxicillin/ Clavulanate Potassium	Tablets, chewable	125 mg 200 mg 250 mg 400 mg	ea ea ea ea		
	Tablets, oral	250 mg 500 mg 875 mg 1 gm	ea ea ea ea		
	Solution or suspension	125 mg/ 5ml 200 mg/ 5ml 250 mg/ 5ml 400 mg/ 5ml 600 mg/ 5ml	ml ml ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Amoxicillin Trihydrate	Solution or suspension	125 mg/5 ml	ml		
		200 mg/5 ml	ml		
		250 mg/5 ml	ml		
		400 mg/5 ml	ml		
	Pediatric drops	50 mg/ml	ml		
	Capsules	250 mg	ea		
		500 mg	ea		
	Chewable Tablets	125 mg	ea		
		250 mg	ea		
	Tablets	500 mg	ea		
		875 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ampicillin	Powder for injection	125 mg/vial	ea		
		250 mg/vial	ea		
		500 mg/vial	ea		
		1 gm/vial	ea		
		2 gm/vial	ea		
		2.5 gm/vial	ea		
		10 gm/vial	ea		
		500 mg, piggyback	ea		
		1 gm, piggyback	ea		
		2 gm, piggyback	ea		
	Tablets or capsules	250 mg	ea		
		500 mg	ea		
	Solution or suspension	125 mg/5ml	ml		
		250 mg/5m	ml		
	Drops	100 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Azithromycin	Tablets Powder packet + Suspension Ophthalmic solution *	250 mg 500 mg 600 mg 1 gm 100 mg/5 ml 200 mg /5 ml 1 %	ea ea ea ea ml ml ml	 LR	 * Restricted to NDC labeler code 17478 for the ophthalmic solution only.
Cefaclor*	Capsules	250 mg 500 mg	ea ea	AL	* Restricted to use for individuals 50 years old and over with lower respiratory tract infections.
Cefazolin Sodium	Powder for injection	250 mg/vial 500 mg/vial 1 gm/vial 5 gm/vial 10 gm/vial 20 gm/vial 500 mg, piggyback 1 gm, piggyback	ea ea ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Injection	500 mg in 5 % Dextrose and water (D5W) 1 gm in 5 % Dextrose and water (D5W)	ml ml		
Cefdinir	Capsules Liquid	300 mg 125 mg/ 5 ml 250 mg/5 ml	ea ml ml		
Cefixime	Liquid Tablets or capsules	100 mg/5 ml 400 mg	ml ea		
Cefpodoxime Proxetil	Tablet Suspension	100 mg 200 mg 50 mg/5 ml 100 mg/5 ml	ea ea ml ml		
Ceftazidime	Powder for Injection Injection		ea ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ceftriaxone Sodium	Powder for Injection Injection		ea ml		
Cephalexin	Capsules Solution or Suspension	250 mg 500 mg 125 mg/5 ml 250 mg/5ml	ea ea ml ml		
Chloramphenicol	Succinate, injectable Capsules Ophthalmic Ointment Ophthalmic solution/drops	1 gm 250 mg 0.5 %	ea ea gm ml		
Chlorhexidine Gluconate	Mouthwash	0.12 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ciprofloxacin *	Suspension, Oral	5 % (250 mg/ 5 ml) 10 % (500 mg/ 5 ml)	ml ml	LR	* Restricted to NDC labeler codes 00085 and 50419 only and restricted to use in the treatment of 1) lower respiratory tract infections in persons aged 50 years and older, 2) osteomyelitis, and 3) pulmonary exacerbation of cystic fibrosis for the oral suspension only.
Ciprofloxacin HCL *	Tablets *	250 mg 500 mg 750 mg	ea ea ea		* Restricted to use in the treatment of 1) lower respiratory tract infections in persons aged 50 years and older, 2) osteomyelitis, 3) pulmonary exacerbation of cystic fibrosis, 4) urinary tract infections, including pyelonephritis and 5) prophylaxis of meningococcal disease for the tablets only.
Clarithromycin	Tablets *	250 mg 500 mg	ea ea		* Restricted to use in the prevention and treatment of infections caused by Mycobacterium organisms, the

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Liquid *	125 mg/5 ml 250 mg/5 ml	ml ml		prophylaxis and treatment of pertussis, and in the treatment of active duodenal ulcer associated with Helicobacter pylori. * Restricted to use in the prevention and treatment of infections caused by Mycobacterium organisms, the prophylaxis and treatment of pertussis, and in the treatment of active duodenal ulcer associated with Helicobacter pylori for liquid.
Clindamycin Hydrochloride	Tablets or Capsules	75 mg 150 mg 300 mg	ea ea ea		
Clindamycin Palmitate HCL	Solution	75 mg/5 ml	ml		
Dicloxacillin Sodium	Capsules Suspension Capsules	125 mg 250 mg 500 mg 62.5 mg/5 ml 50 mg 100 mg	ea ea ea ml ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Doxycycline Hyclate	Tablets Tablets	20 mg * 100 mg	ea ea	QL	* The 20 mg tablets are restricted to use as an adjunct therapy to scaling and root planing in patients with adult periodontitis, and to a maximum quantity of 60 capsules per dispensing and a maximum of nine (9) dispensings in any 12-month period.
Doxycycline Monohydrate	Tablets Capsules	100 mg 50 mg 100 mg	ea ea ea		
Erythromycin Base	Tablets Tablets, delayed release Capsules, delayed release	250 mg 500 mg 333 mg 250 mg	ea ea ea ea		
Erythromycin Ethylsuccinate	For Oral Suspension, drops Tablets, chewable	100 mg/2.5 ml 200 mg	ml ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Granules	200 mg/5 ml, 100 ml	ml		
		200 mg/5 ml, 200 ml	ml		
	Suspension	200 mg/5 ml	ml		
		400 mg/5 ml	ml		
Erythromycin Stearate	Tablets, film coated	250 mg	ea		
		500 mg	ea		
Gentamicin	Injection	10 mg/ml, 2 ml	ml		
		10 mg/ml, 6 ml	ml		
		10 mg/ml, 8 ml	ml		
		10 mg/ml, 10 ml	ml		
		40 mg/ml, 2 ml	ml		
		40 mg/ml, 20 ml	ml		
		40 mg/ml, 50 ml	ml		
	Ophthalmic Ointment	0.3 %	gm		
	Ophthalmic Solution/Drops	0.3 %, 5ml	ml		
		0.3 %, 15ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Griseofulvin	Tablets or capsules (ultramicrosize only) Liquid (micro size only)	125 mg 165 mg 250 mg 330 mg	ea ea ea ea ml		
Levofloxacin	Tablets	250 mg 500 mg 750 mg	ea ea ea		
Linezolid	Tablets Suspension	600 mg 100 mg/5 ml	ea ml		
Metronidazole	Oral Tablets Injection Powder for injection	250 mg 500 mg 500 mg/100 ml 500 mg vial	ea ea ml ea		
Moxifloxacin HCl	Tablets IV	400 mg 400 mg/250 ml	ea ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Mupirocin	See: Dermatological Preparations				
Nafcillin	Powder for injection	500 mg/vial 1 gm/vial 2 gm/vial 10 gm/vial 1 gm, piggyback 2 gm, piggyback	ea ea ea ea ea ea		
Neomycin	Tablets Liquid	0.5 gm 125 mg/5 ml	ea ml		
Ofloxacin *	Tablets	200 mg 300 mg 400 mg	ea		*Ofloxacin tablets are restricted to use in the treatment of sexually transmitted diseases.
Penicillin G	Powder for injection	1,000,000 units/vial 5,000,000 units/vial 10,000,000 units/vial 20,000,000 units/vial	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Penicillin G Benzathine	Injection	300,000U/ml,10ml 600,000 U/ml, 1ml 600,000 U/ml, 2ml 600,000 U/ml, 4ml	ml		
Penicillin G Procaine	Injection		ml		
Penicillin VK	Tablets Liquid	125 mg 250 mg 500 mg 125mg/5ml,100ml 125mg/5ml,150ml 125mg/5ml,200ml 250mg/5ml,100ml 250mg/5ml,150ml 250mg/5ml,200ml	ea ml		
Piperacillin Sodium	Powder for injection		ea		
Secnidazole *	Oral granules	2 gm	ea	LR	* Restricted to NDC labeler code 27437.
Streptomycin	Injection	1 gm dry	ea		
Tetracycline	Injection Tablets or capsules Liquid	250 mg 500 mg 250 mg 500 mg 125 mg/5 ml	ea ea ea ea ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Tinidazole	Tablets	250 mg 500 mg	ea ea		
Tobramycin	Injection	10mg/ml, 2ml vial 10mg/ml, 6ml vial 10mg/ml, 8ml vial 40mg/ml, 2ml vial 40mg/ml, 30ml vial 40mg/ml, 1.5ml syringe 40mg/ml, 2ml syringe	ml ml ml ml ml ml ml		
	Powder for injection	1.2 gm/vial	ea		
Vancomycin	Powder for injection	500 mg vial 1 gm vial 5 gm vial 10 gm vial	ea ea ea ea		
Anti-Infectives: Anti-Fungals					
Amphotericin B	Injection		ea		
Butoconazole Nitrate	Vaginal Cream (prefilled applicator)	2 %	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Clotrimazole	Topical Cream	1 %	gm		
	Topical Lotion	1 %	ml		
	Topical Solution	1 %	ml		
	Troches	10 mg	ea		
	Vaginal Tablets	100 mg	ea		
		500 mg	ea		
	Vaginal Cream	45 gm	gm		
		90 gm	gm		
Econazole Nitrate	Topical cream	1 %	gm		
Fluconazole	Injection	2 mg/ml, 100 ml (saline)	ml		
		2 mg/ml, 200 ml (saline)	ml		
		2 mg/ml, 100 ml (dextrose)	ml		
		2 mg/ml, 200 ml (dextrose)	ml		
	Tablets	50 mg	ea		
		100 mg	ea		
		150 mg	ea		
		200 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Itraconazole	Capsules	100 mg	ea		
	Oral solution	10 mg/ml	ml		
Ketoconazole	Tablets	200 mg	ea		
	Topical cream	2 %	gm		
	Shampoo	2 %	ml		
Nystatin	Tablets (oral)	500,000 units	ea		
	Suspension, oral	100,000 units/ml, 48 ml	ml		
		100,000 units/ml, 60 ml	ml		
		100,000 units/ml, 480 ml	ml		
	Vaginal tablets	15's	ea		
		30's	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Cream Ointment Topical Powder	100,000 units/gm, 15 gm 100,000 units/gm, 30 gm 100,000 units/gm, 15 gm 100,000 units/gm, 30 gm 100,000 units/gm, 240 gm	gm gm gm gm gm gm gm		
Terbinafine HCl	Tablets	250 mg	ea		
Anti-Infectives: Anti-Malarials					
Chloroquine *	Tablets	250 mg	ea	QL	* Restricted to 60 tablets per dispensing.
Hydroxychloroquine	Tablets *	200 mg	ea	QL	*Hydroxychloroquine tablets are restricted to 120 tablets per dispensing.
Primaquine	Tablets	26.3 mg	ea		
Pyrimethamine	Tablets	25 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Anti-Infectives: Anti-Protozoal					
Atovaquone *	Tablets Oral Suspension	250 mg 750 mg/ 5 ml	ea ml		* Restricted to use for the treatment or prevention of Pneumocystis carinii pneumonia in patients who are intolerant to -sulfamethoxazole.
Pentamidine *	Powder for injection Powder for aerosolized administration	300 mg/vial 300 mg/vial	ea		* The powder for aerosolized administration is restricted to the prevention of pneumocystis carinii pneumonia (PCP) and must meet all of the following criteria: 1) Patient is HIV infected, with a history of PCP or with a CD4 (T4) lymphocyte count less than or equal to 200 cells/mm3. 2) Nebulizer system must comply with the specifications in the package insert for the drug product.
Anti-Infectives: Anti-Tuberculars					
Azithromycin	See: Antibiotics				
Clarithromycin	See: Antibiotics				
Cycloserine	Capsules +	250 mg	ea		
Ethambutol	Tablets +	100 mg 400 mg	ea ea		
Ethionamide	Tablets	250 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Isoniazid	Injection Tablets + Liquid	100 mg/ml 50 mg 100 mg 300 mg 50 mg/5 ml	ml ea ea ea ml		
Pyrazinamide	Tablets or capsules	500 mg	ea		
Rifabutin	Capsules	150 mg	ea		
Rifampin	Capsules Vial	150 mg 300 mg 600 mg	ea ea ea		
Rifampin and Isoniazid	Capsules	300 mg/150 mg	ea		
Rifampin, Isoniazid and Pyrazinamide	Tablets	120 mg/50 mg/ 300 mg	ea		
Rifapentine	Tablets	150 mg	ea		
Anti-Infectives: Anti-Virals					
Abacavir Sulfate *	Tablets Liquid	300 mg 20 mg/ml	ea ml		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Abacavir Sulfate and Lamivudine *	Tablets	600 mg/300 mg	ea		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Abacavir Sulfate/Dolutegravir/ Lamivudine *	Tablets	600 mg/50 mg/ 300 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 only.
Abacavir Sulfate, Lamivudine and Zidovudine *	Tablets	300 mg/150 mg/ 300 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler codes 00173 and 49702 only.
Acyclovir	Capsules Tablets	200 mg 400 mg 800 mg	ea ea ea		
Amantadine *	See: Anti-Parkinsonism				
Atazanavir/Cobicistat *	Tablets	300 mg/150 mg	ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 00003 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Atazanavir Sulfate *	Capsules Oral Powder	100 mg 150 mg 200 mg 300 mg 50 mg/packet	ea ea ea ea ea		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Baloxavir Marboxil *	Tablets	20 mg 40 mg 80 mg	ea ea ea	AL, LR	* Restricted to NDC labeler code 50242 and to use in beneficiaries less than 12 years of age requires prior authorization approval.
Bictegravir/ Emtricitabine/Tenofovir Alafenamide *	Tablets	30 mg/120 mg/ 15 mg 50 mg/200 mg/ 25 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.
Cabotegravir *	Extended-release intramuscular injection kit	600 mg/3 ml	ml		* Restricted to use as prophylaxis therapy in Human Immunodeficiency Virus (HIV) negative patients at risk of acquiring HIV infection.
Cabotegravir/ Rilpivirine *	Injection Kit	400 mg/600 mg 600 mg/900 mg	ea ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Restricted to NDC labeler code 49702.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Elbasvir/ Grazoprevir *	Tablets	50 mg/100 mg	ea	AL, QL	* Requires prior authorization. Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection in adults (≥ 18 years of age). Also restricted to 1) a maximum quantity of 28 tablets per dispensing; and 2) duration of therapy lasting up to 12 or 16 weeks from the dispensing date of the first prescription. **Note**: When applicable, failure to submit supporting documentation may delay authorization.
Emtricitabine and Tenofovir Disoproxil Fumarate *	Tablets *	100 mg/150 mg 133 mg/200 mg 167 mg/250 mg 200 mg/300 mg *	ea	LR	* Emtricitabine and Tenofovir Disoproxil Fumarate is restricted to NDC labeler code 61958 only. * Tablets are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. * The 200 mg/300 mg tablets are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection or as prophylaxis therapy in HIV negative patients at risk of acquiring HIV infection.
Cidofovir *	Injection	75 mg/ml	ml		* Restricted to use in the treatment of AIDS-related conditions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Cobicistat *	Tablets	150 mg	ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.
Cobicistat/Darunavir *	Tablets	150 mg/800 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 only.
Darunavir *	Tablets Oral Suspension	75 mg 150 mg 300 mg 400 mg 600 mg 800 mg 100 mg/ml	ea ea ea ea ea ea ml	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 59676 only.
Darunavir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide *	Tablets	80 mg/150 mg/ 200 mg/10 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Delaviridine Mesylate *	Tablets	100 mg 200 mg	ea ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 49702 only.
Didanosine *	Tablets, chewable	25 mg 50 mg 100 mg 150 mg 200 mg	ea ea ea ea ea		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
	Powder for Oral Solution	100 mg/packet 167 mg/packet 250 mg/packet 375 mg/packet	ea ea ea ea		
	Pediatric Powder for Oral Solution	20 mg/ml	ml		
Dolutegravir *	Tablets	10 mg 25 mg 50 mg	ea ea ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702) only.
	Tablets for Oral Suspension	5 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Dolutegravir/ Lamivudine *	Tablets	50 mg/300 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 only.
Dolutegravir/ Rilpivirine*	Tablets	50 mg/25 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 only.
Doravirine *	Tablets	100 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 00006 only.
Doravirine/Lamivudine/ Tenofovir Disoproxil Fumarate *	Tablets	100 mg/300 mg/ 300 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 00006 only.
Efavirenz *	Capsules Tablets	50 mg 100 mg 200 mg 600 mg	ea ea ea ea	LR	* Efavirenz is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00056 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Efavirenz, Emtricitabine and Tenofovir Disoproxil Fumarate *	Tablets	600 mg/200 mg/ 300 mg	ea		* Efavirenz and Emtricitabine and Tenofovir Disoproxil Fumarate are restricted to use as a stand-alone therapy or in combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Efavirenz/Lamivudine Tenofovir Disoproxil Fumarate *	Tablets	400 mg/300 mg/ 300 mg 600 mg/300 mg/ 300 mg	ea ea		* Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate tablets are restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only.
Elvitegravir *	Powder for injection	85 mg 150 mg	ea	LR	* Elvitegravir is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.
Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide *	Tablets	150 mg/150 mg/ 200 mg/10 mg	ea	LR	* Elvitegravir/Cobicistat/Emtricitabine/ Tenofovir Alafenamide is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir Disoproxil Fumarate *	Tablets	150 mg/150 mg/ 200 mg/300 mg	ea	LR	* Elvitegravir/Cobicistat/Emtricitabine/ Tenofovir Disoproxil Fumarate is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.
Emtricitabine *	Capsules Oral solution	200 mg 10 mg/ml	ea ml	LR	* Emtricitabine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 61958 only.
Emtricitabine/ Rilpivirine/Tenofovir Alafenamide *	Tablets	200 mg/25 mg/25 mg	ea	LR	* Emtricitabine/Rilpivirine/Tenofovir Alafenamide is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 61958 only.
Emtricitabine/ Rilpivirine/ Tenofovir Disoproxil Fumarate *	Tablets	200 mg/25 mg/300 mg	ea	LR	* Emtricitabine/Rilpivirine/ Tenofovir Disoproxil Fumarate is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Emtricitabine/Tenofovir Alafenamide *	Tablets	120 mg/15 mg 200 mg/25 mg	ea ea	LR	* Emtricitabine/Tenofovir Alafenamide is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection or as prophylaxis therapy in HIV negative patients at risk of acquiring HIV infection only. Also restricted to NDC labeler code 61958.
Entecavir *	Tablets Liquid	0.5 mg 1.0 mg 0.05 mg/ml	ea ea ml		* Entecavir is restricted to use in the treatment of chronic Hepatitis B virus infection.
Etravirine *	Tablets	25 mg 100 mg 200 mg	ea ea ea	LR	* Etravirine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 only.
Fosamprenavir Calcium*	Tablets Oral suspension	700 mg 50 mg/ml	ea ml	LR	* Fosamprenavir Calcium is restricted to use as a combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection; also restricted to NDC labeler code 49702 only.
Foscarnet Sodium Calcium *	Injection	24 mg/ml, 250 ml 24 mg/ml, 500 ml	ml ml		* Restricted to use in patients with AIDS or AIDS-related conditions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Fostemsavir *	Extended -Release Tablets	600 mg	ea	LR	* Fostemsavir is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) Infection. Also restricted to NDC labeler code 49702 only.
Ganciclovir	Capsules *	250 mg 500 mg	ea		* Restricted to use in the treatment of AIDS-related conditions for the capsules only.
Ganciclovir Sodium *	Powder for injection	500 mg/vial	ea		*Ganciclovir Sodium is restricted to use in the treatment of AIDS-related conditions.
Glecaprevir/Pibrentasvir	Tablets (dose-pack) *	100 mg/40 mg	ea	LR, QL	* Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection and to a maximum quantity of 84 tablets per dispensing. Also restricted to NDC labeler code 00074. **Note:** "ea" means tablets.
	Pellet Packet *	50 mg/20 mg	ea	LR, QL	* Pellet packets are restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection and to a maximum quantity of 140 pellet packets per dispensing. Also restricted to NDC labeler code 00074.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ibalizumab-Uiyk *	Injection	200 mg/1.33ml	ml		* Ibalizumab-uiyk is restricted to use in the treatment Human Immunodeficiency Virus (HIV) infection only.
Indinavir Sulfate *	Capsules	100 mg 200 mg 333 mg 400 mg	ea	LR	* Indinavir Sulfate is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00006 only.
Lamivudine	Liquid * Oral solution * Tablets *	10 mg/ml 5 mg/ml 100 mg 150 mg 300 mg	ml ml ea ea ea		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection for the liquid only. * The oral solution is restricted to use for the treatment of chronic Hepatitis B virus. * The 100 mg tablets are restricted to use for the treatment of chronic Hepatitis B virus infection * Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection for the 150 mg and 300 mg tablets only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Lamivudine and Zidovudine *	Tablets	150 mg/300 mg	ea		* Lamivudine and Zidovudine are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Lamivudine/Tenofovir Disoproxil Fumarate *	Tablets	300 mg/300 mg	ea	LR	* Lamivudine/Tenofovir Disoproxil Fumarate is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49502 only.
Ledipasvir/Sofosbuvir *	Pellet packets Tablets	33.75 mg/150 mg 45 mg/200 mg 45 mg/200 mg 90 mg/400 mg	ea ea ea ea	LR, QL	* Requires Prior Authorization. Restricted to 1) use in the treatment of chronic Hepatitis C Virus (HCV) infection; 2) a maximum quantity of 28 tablets or packets per dispensing; and 3) duration of therapy lasting up to 8 or 12 weeks from the dispensing date of the first prescription. **Note:** When applicable, failure to submit supporting documentation may delay authorization

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Lopinavir and Ritonavir*	Capsules Oral solution Tablets	133.3 mg-33.3mg 400 mg-100 mg/ 5 ml 200 mg-50 mg 100 mg-25 mg	ea ml ea ea	LR	* Lopinavir and Ritonavir are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00074 only.
Maraviroc *	Tablets Oral solution	25 mg 75 mg 150 mg 300 mg 20 mg/ml	ea ea ea ea ml	LR	* Maraviroc is restricted to use as combination antiretroviral treatment in individuals infected with only detectable CCR5-tropic specific HIV-1. Also restricted to NDC labeler code 49702 only.
Molnupiravir *	Capsules	200 mg	ea	QL	* Restricted to a maximum quantity of 40 capsules per dispensing.
Nelfinavir Mesylate *	Tablets Oral powder	250 mg 625 mg 50 mg/gm	ea ea gm		* Nelfinavir Mesylate is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Nevirapine *	Tablets	200 mg 100 mg	ea ea		* Nevirapine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Tablets, extended release	400 mg	ea		
	Liquid *	50 mg/5 ml	ml	LR	*Liquid restricted to NDC labeler code 00597.
Nirmatrelvir/Ritonavir *	Tablets	150 mg/100 mg	ea	QL	* Restricted to a maximum quantity of 30 tablets per dispensing.
Oseltamivir Phosphate	Capsules	30 mg 45 mg 75 mg	ea		
	Oral suspension	6 mg/ml, 60ml	ml		
Peginterferon Alfa-2A *	Syringes, package of four, without alcohol pads *	180 mcg/0.5 ml	ml	QL	* Peginterferon Alfa-2A is restricted to use in the treatment of chronic viral Hepatitis B or C infection.
	Injection	180 mcg/ml	ml		* The syringes are restricted to a maximum of 2 ml per dispensing for the 180 mcg/0.5 ml syringes, package of four, without alcohol pads.
Raltegravir *	Tablets	400 mg 600 mg	ea ea	LR	* Raltegravir is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV)
	Chewable tablets	25 mg 100 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Oral Suspension packets	100 mg	ea		infection. Also restricted to NDC labeler code 00006 only.
Remdesivir	Vial Single Dose Vial	100 mg/20 ml 100 mg	ea ea		* Requires prior authorization.
Ribavirin *	Capsules Tablets	200 mg 200 mg	ea ea		* Ribavirin is restricted to use as combination therapy in the treatment of Hepatitis C.
Rilpivirine *	Tablets	25 mg	ea	LR	* Rilpivirine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 only.
Ritonavir *	Capsules Tablets Solution Oral powder packets	100 mg 100 mg 80 mg/ml 100 mg	ea ea ml ea	LR	* Ritonavir is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00074 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Saquinavir Mesylate *	Tablets	500 mg	ea	LR	* Saquinavir Mesylate is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Saquinavir Mesylate is also restricted to NDC labeler code 00004 only.
Sofosbuvir *	Pellet packets Tablets	150 mg 200 mg 200 mg 400 mg	ea ea ea ea	QL	* Requires Prior Authorization. Restricted to 1) use in the treatment of chronic Hepatitis C Virus (HCV) infection in patients with hepatocellular carcinoma awaiting liver transplantation; 2) a maximum quantity of 28 tablets or packets per dispensing; and 3) duration of therapy lasting up to 48 weeks from the dispensing date of the first prescription. **Note**: When applicable, failure to submit supporting documentation may delay authorization.
Sofosbuvir/Velpatasvir *	Tablets Pellet packets	200 mg/ 50 mg 400 mg/100 mg 150 mg/37.5 mg 200 mg/50 mg	ea ea	QL	* Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection and to a maximum quantity of 28 tablets or pellet packets per dispensing.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Stavudine *	Capsules Powder for oral solution	15 mg 20 mg 30 mg 40 mg 1 mg/ml	ea ea ea ea ml		*Stavudine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Tenofovir Alafenamide*	Tablets	25 mg	ea		* Tenofovir Alafenamide is restricted to the use in the treatment of chronic Hepatitis B virus infection only.
Tenofovir Disoproxil Fumarate *	Tablets Oral Powder	150 mg 200 mg 250 mg 300 mg 40 mg/1 gm oral powder	ea ea ea ea gm	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection and for the treatment of Chronic Hepatitis B Virus infection and also restricted to labeler code 61958 only except for the 300mg tablet.
Tipranavir *	Capsules Oral solution	250 mg 100 mg/ ml	ea ml	LR	* Tipranavir is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC code 00597 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Valacyclovir HCl	Tablets	500 mg 1 gm	ea ea		
Valganciclovir HCL *	Tablets	450 mg	ea		* Valganciclovir HCL is restricted to use in the treatment of AIDS-related conditions only.
Zanamivir	Powder for inhalation	5 mg/inhalation	ea		**Note**: "each" means one blister of drug.
Zidovudine *	Tablets Capsules Liquid Injection	300 mg 100 mg 50 mg/5 ml 10 mg/ ml	ea ea ml ml	LR	* Zidovudine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Restricted to NDC labeler codes 00173 and 49702 for capsules, liquid, and injection only.
Anti-Infectives: Irrigating Solutions					
Acetic Acid	Irrigating Solution	0.25 %	ml		
Neomycin and Polymyxin	Ampule – G.U. Irrigant		ml		
Sodium Chloride Irrigating Solution	Solution	0.9 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Anti-Infectives: Sulfonamides					
Dapsone	Tablets	25 mg 100 mg	ea ea		
Sulfadiazine	Tablets	500 mg	ea		
Sulfasalazine	Tablets +	0.5 gm	ea		
Trimethoprim and Sulfamethoxazole	Tablets Double strength tablets Suspension Injection	80/400 mg 160/800 mg 40/200 mg per 5 ml	ea ea ml ml		
Anti-Infectives: Trichomonacide					
Metronidazole	See: Antibiotics or Vaginal Preparations				
Anti-Infectives: Urinary Tract Anti-Infectives					
Methenamine Hippurate	Tablets +	1 gm	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Methenamine Mandelate	Tablets + Liquid	0.5 gm 1.0 gm 500 mg/5ml	ea ea ml		
Nitrofurantoin	Capsules (macrocrystals only) Capsules (monohydrate/ macrocrystals) Tablets Liquid	25 mg 50 mg 100 mg 100 mg 50 mg 100 mg 5 mg/ml	ea ea ea ea ea ea ml		
Trimethoprim	Tablets Solution	100 mg 200 mg 50 mg/5 ml	ea ea ml		
Trimethoprim and Sulfamethoxazole	Tablets Double strength tablets Suspension Injection	80/400 mg 160/800 mg 40/200mg per 5ml	ea ea ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Anti-Lipidemic Agents					
Atorvastatin Calcium	Tablets +	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		
Cholestyramine	Light powder + Regular powder +	210 – 268 gm can 378 gm can	gm gm		
Colesevelam HCl	Tablets Oral suspension *	625 mg 3.75 gm packet	ea ea	 LR	 * Restricted to NDC labeler code 65597 for the oral suspension packets only.
Colestipol Hydrochloride	Granules (bottle) Granules, flavored (bottle)	500 gm 450 gm	gm gm		
Evolocumab *	Single-dose prefilled syringe	140 mg/ml	ml	LR, QL	* Evolocumab requires a prior authorization. Restricted to 1) Use in patients taking both maximally

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Single-dose prefilled SureClick autoinjector Single-dose Pushtronex system (on-body infusor with prefilled cartridge)	140 mg/ml 420 mg/3.5 ml	ml ml		tolerated statin and ezetimibe therapy; OR 2) Use in patients unable to tolerate a statin; and 3) Maximum fill quantity of 2 prefilled syringes or 1 Kit (2 SureClick® prefilled autoinjectors) or 1 Pushtronex® system (on-body infusor and prefilled cartridge) per 28-day period. Also restricted to NDC labeler code 72511 only.
Ezetimibe	Tablets +	10 mg	ea		
Ezetimibe/Simvastatin *	Tablets +	10 mg/10 mg 10 mg/20 mg 10 mg/40 mg 10 mg/80 mg	ea	LR	* Ezetimibe/Simvastatin is restricted to NDC labeler codes 66582 and 78206 only for all strengths.
Fenofibrate	Tablets	48 mg 145 mg	ea ea		
Fenofibrate, Micronized	Capsules	43 mg 130 mg 67 mg 134 mg 200 mg	ea ea ea ea ea		
Fenofibric Acid	Delayed-release capsules	45 mg 135 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Gemfibrozil	Tablets or capsules +	600 mg	ea		
Lovastatin	Tablets	10 mg 20 mg 40 mg	ea ea ea		
Niacin	Tablets, extended release (includes film coated tablets)	500 mg 750 mg 1000 mg	ea ea ea		
Pravastatin	Tablets +	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		
Rosuvastatin Calcium	Tablets	5 mg 10 mg 20 mg 40 mg	ea ea ea ea		
Simvastatin	Tablets +	5 mg 10 mg 20 mg 40 mg 80 mg *	ea ea ea ea ea		* The 80 mg tablets are restricted to Medi-Cal beneficiaries who have been taking the 80 mg dose long term (e.g., for 12 months or longer) without evidence of muscle toxicity.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Anti-Neoplastics					
Abemaciclib *	Tablets	50 mg 100 mg 150 mg 200 mg	ea ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 only.
Abiraterone Acetate *	Tablets Film-coated Tablets	125 mg * 250 mg 500 mg *	ea ea ea	LR	* Restricted to use in the treatment of cancer only. * For 125mg tablets, restricted to NDC labeler code 47335 only. * For film-coated tablets, restricted to NDC labeler code 57894 only.
Acalabrutinib *	Capsules	100 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Ado-Trastuzumab Emtansine *	Vial	100 mg 160 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Afatinib *	Tablets	20 mg 30 mg 40 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00597 only.
Alectinib *	Capsules	150 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Alitretinoin *	Gel	0.1 %	gm		* Restricted to use in the topical treatment of cutaneous lesions in patients with AIDS-related Kaposi's sarcoma.
Alpelisib *	Tablets	50 mg 150 mg 200 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Altretamine *	Capsules	50 mg	ea		* Restricted to use in the treatment of cancer only.
Amivantamab-vmjw *	Vial	350 mg/7 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 57894.
Anastrozole	Tablets	1 mg	ea		* Restricted to use in the treatment of cancer only.
Apalutamide *	Tablets	60 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 59676 only.
Arsenic Trioxide *	Injection	1 mg/ml 12 mg/6 ml	ml ml	LR	* Restricted to use in the treatment of cancer only and to claims submitted with a date of service on or after July 1, 2016, and to NDC labeler code 63459 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Asciminib *	Film-coated tablets	20 mg 40 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Asparaginase Erwinia Chrysanthemi (Recombinant-Rywn) *	Vial	10 mg/0.5 ml	ea		* Restricted to use in the treatment of cancer only and prior authorization required.
Atezolizumab *	Injection	1200 mg/20 ml 840 mg/14 ml	ml ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Avapritinib *	Tablets	25 mg 50 mg 100 mg 200 mg 300 mg	ea ea ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72064 only.
Avelumab *	Injection	200 mg/10 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 44087 only.
Axitinib *	Tablets	1 mg 5 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72064 only.
Belantamab mafodotin-blmf	Injection	100 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00173 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Belzutifan *	Tablets	40 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006 only.
Bendamustine HCL *	Powder for Injection Injection	25 mg 100 mg 45 mg/0.5 ml 180 mg/2 ml 100 mg/4 ml	ea ea ml ml ml	LR	* Restricted to use in the treatment of cancer only and to NDC labeler code 63459 only.
Bevacizumab *	Injection	25 mg/ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Bicalutamide *	Tablets	50 mg	ea		* Restricted to use in the treatment of cancer only.
Binimetinib *	Tablets	15 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 70255 only.
Bleomycin Sulfate	Injections	15 Units/Ampule	ea		
Blinatumomab*	Injection kit	35 mcg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Bortezomib *	Powder for Injection	3.5 mg/vial	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020 only.
Bosutinib *	Tablets	100 mg 400 mg 500 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Brigatinib *	Tablets Tablets (starter pack)	30 mg 90 mg 180 mg 90 mg/180 mg (7x90 mg/bottle and 23x180 mg/bottle)	ea ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020 only. **Note**: "ea" means total number of tablets.
Busulfan *	Tablets* Injection	2 mg 6 mg/ml	ea ml	LR	* Restricted to use in the treatment of cancer only. * Tablets also restricted to NDC labeler code 76388 only.
Cabazitaxel *	Kit for Injection	60 mg/1.5 ml	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Cabozantinib S-Malate*	Capsules	60 mg daily-dose carton (84x20 mg) 100mg daily-dose carton (28x80 mg and 28x20 mg) 140mg daily-dose carton (28x80 mg and 84x20 mg)	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 42388 only. **Note**: "ea" means tablet or capsule.
	Tablets	20 mg 40 mg 60 mg	ea ea ea		
Capecitabine *	Tablets	150 mg 500 mg	ea ea	LR	* Restricted to use in the treatment of cancer and also restricted to NDC labeler code 00004 only.
Capmatinib *	Tablets	150 mg 200 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Carboplatin	Injection Powder for Injection	10 mg/ml 50 mg/vial 150 mg/vial 450 mg/vial	ml ea ea ea		
Carfilzomib *	Injection	10 mg 30 mg 60 mg	ea ea ea		* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76075 only.
Carmustine	Powder for Injection	100 mg/vial	ea		
Cemiplimab-Rwlc *	Injection	350 mg/7 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 61755 only.
Ceritinib *	Capsule Tablets	150 mg 150 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Cetuximab *	Injection	100 mg/50 ml 200 mg/100 ml	ml ml		* Restricted to use in the treatment of cancer only.
Chlorambucil *	Tablets	2 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76388 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Cisplatin	Powder for Injection Injection	10 mg/vial 50 mg/vial 1.0 mg/ml	ea ea ml		
Cladribine	Injection	1mg/ml	ml		
Cobimetinib *	Tablets	20 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Copanlisib *	Lyophilized solid	60 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 only.
Crizotinib *	Capsules	200 mg 250 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Cyclophosphamide	Injection Tablets/Capsules Powder for Injection	100 mg/10 ml 200 mg/20 ml 500 mg/30 ml 25 mg 50 mg 1000 mg/vial 2000 mg/vial	ea ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Lyophilized	100 mg/vial 200 mg/vial 500 mg/vial 1000 mg/vial 2000 mg/vial	ea ea ea ea ea		
Cytarabine	Powder for Injection	100 mg/vial 500 mg/vial 1 gm/vial 2 gm/vial	ea ea ea ea		
Dabrafenib *	Capsules	50 mg 75 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only.
Dacarbazine	Powder for Injection	100 mg/vial 200 mg/vial 500 mg/vial	ea ea ea		
Dacomitinib	Tablets	15 mg 30 mg 45 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Daratumumab *	Injection	100 mg/5 ml 400 mg/20 ml	ml ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 57894 only.
Daratumumab and Hyaluronidase-Fihj *	Injection	1800 mg/30,000 units/15 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 57894 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Darolutamide *	Tablets	300 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 only.
Dasatinib *	Tablets	20 mg 50 mg 70 mg 80 mg 100 mg 140 mg	ea ea ea ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Daunorubicin Citrate Liposome	Injection		ml		
Daunorubicin HCL	Injection Powder for Injection		ml ea		
Decitabine *	Injection	50 mg/vial	ea		* Restricted to use in the treatment of cancer only.
Degarelix *	Powder for Injection	80 mg/vial/kit 120 mg/vial/kit	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55566 only.
Docetaxel *	Injection, concentrate	20 mg/0.5 ml 80 mg/2 ml 20 mg/ml 80 mg/4 ml	ml ml ml ml		* Restricted to use in the treatment of cancer only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Dostarlimab-gxly *	Injection	500 mg/10 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to labeler code 00173.
Doxorubicin HCL	Injection Powder for Injection		ml ea		
Doxorubicin HCL Liposome *	Injection	20 mg/10 ml 50 mg/10 ml	ml ml		* Restricted to use in the treatment of cancer only.
Durvalumab *	Injection	500 mg/10 ml 120 mg/2.4 ml	ml ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Duvelisib *	Capsules	15 mg 25 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 71779 only.
Elotuzumab *	Powder for injection	300 mg 400 mg	ea	LR	* Elotuzumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Encorafenib *	Capsules	75 mg	ea	LR	* Encorafenib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 70255 only.
Entrectinib *	Capsules	100 mg 200 mg	ea	LR	*Entrectinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Enzalutamide *	Capsules Tablets	40 mg 40 mg 80 mg	ea ea ea	LR	*Enzalutamide is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00469 only.
Epirubicin HCl	Injection	2 mg/ml	ml		
Erdafitinib *	Tablets	3 mg 4 mg 5 mg	ea	LR	* Erdafitinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 59676 only.
Eribulin Mesylate *	Injection	0.5 mg/ml	ml		* Eribulin Mesylate is restricted to use in the treatment of cancer only.
Erlotinib *	Tablets	25 mg 100 mg 150 mg	ea ea ea		* Erlotinib is restricted to use in the treatment of cancer only.
Estradiol	See: Estrogens & Combinations				
Estramustine Phosphate	Capsules	140 mg	ea		
Etoposide	Injection Capsules		ml ea		
Etoposide Phosphate	Powder for injection		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Everolimus *	Tablets Tablets for oral suspension	2.5 mg 5 mg 7.5 mg 10 mg 2 mg 3 mg 5 mg	ea ea ea ea ea ea ea	LR	* Everolimus is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Exemestane	Tablets	25 mg	ea		
Fam-Trastuzumab Deruxtecan-Nxki *	Powder for injection	100 mg	ea	LR	* Fam-Trastuzumab Deruxtecan-nxki is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 65597 only
Floxuridine	Powder for injection	500 mg/vial			
Fludarabine Phosphate	Powder for injection Tablets	50 mg/vial 10 mg	ea ea		
Fluorouracil	Injection	50 mg/ml, 10 ml 50 mg/ml, 20 ml 50 mg/ml, 50 ml 50 mg/ml, 100 ml	ml ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Solution, topical Cream	1 % 2 % 5 % 1 % 5 %	ml ml ml gm gm		
Flutamide	Capsules	125 mg	ea		
Fulvestrant *	Injection	50 mg/ml	ml	LR	* Fulvestrant is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Gefitinib *	Tablets	250 mg	ea	LR	* Gefitinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Gemcitabine HCl *	Powder for Injection	200 mg/vial 1 gm/vial	ea		* Gemcitabine HCl is restricted to use in the treatment of cancer only.
Gilteritinib *	Tablets	40 mg	ea	LR	* Gilteritinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00469 only.
Glasdegib *	Tablets	25 mg 100 mg	ea ea	LR	* Glasdegib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hydroxyurea	Capsules Tablets *	200 mg 300 mg 400 mg 500 mg 100 mg 1000 mg	ea ea ea ea ea ea	 AL, LR	 * Restricted to patients 2-17 years of age with sickle cell anemia for the tablets only. Also restricted to NDC labeler code 71770 only for tablets.
Ibrutinib *	Capsules Tablets	140 mg 70 mg 140 mg 280 mg 420 mg 560 mg	ea ea	LR	* Ibrutinib is restricted use in the treatment of cancer only. Also restricted to NDC labeler code 57962 only.
Idelalisib *	Tablets	100 mg 150 mg	ea ea	LR	* Idelalisib is restricted use in the treatment of cancer only. Also restricted to NDC labeler code 61958 only.
Ifosfamide	Powder for Injection	1 gm/vial 3 gm/vial	ea		
Ifosfamide With Mesna	Combo pack injection		Each package		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Imatinib Mesylate *	Tablets	100 mg 400 mg	ea		* Imatinib Mesylate is restricted to use in the treatment of cancer only for all strengths and dosage forms.
Infigratinib *	Capsule 21-Day Dose Pack (25 mg & 100 mg capsules)	50 mg 75 mg 100 mg 100 mg/25 mg	ea ea ea ea		* Restricted to use in the treatment of cancer only. Prior authorization required.
Inotuzumab Ozogamcin*	Injection	0.9 mg/vial	ea	LR	* Inotuzumab Ozogamcin is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00008 only.
Interferon Alfa-2a	Injection Injection, prefilled syringe Powder for injection		ml ea ea		
Interferon Alfa-2b	Injection Powder for injection Injection kit Injection pen		ml ea ea ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ipilimumab *	Injection	50 mg/10 ml 200 mg/40 ml	ml ml	LR	* Ipilimumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Irinotecan HCl	Injection		ml		
Irinotecan Liposome *	Injection	43 mg/10 ml	ml	LR	* Irinotecan is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 15054 only.
Isatuximab-Irfc *	Injection	100 mg/ 5 ml 500 mg/25 ml	ml ml	LR	* Isatuximab-Irfc is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 only.
Ivosidenib *	Tablets	250 mg	ea		* Restricted to the use in the treatment of cancer and PA required.
Ixabepilone *	Injection kit	15 mg 45 mg	ea ea		* Ixabepilone is restricted to use in the treatment of cancer only.
Ixazomib *	Capsules	2.3 mg 3 mg 4 mg	ea ea ea		* Ixazomib is restricted to use in the treatment of cancer only.
Lanreotide Acetate *	Injection	60 mg/0.2 ml 90 mg/0.3 ml 120 mg/0.5 ml	ml ml ml	LR	* Lanreotide Acetate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 15054 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Lapatinib *	Tablets	250 mg	ea	LR	* Lapatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only.
Larotrectinib *	Capsules Oral solution	25 mg 100 mg 20 mg/ml	ea ea ml	LR	* Larotrectinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 71777 and 50419 only.
Lenvatinib *	Capsules	8 mg/day 10 mg/day 14 mg/day 18 mg/day 20 mg/day 24 mg/day	ea	LR	* Lenvatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 62856 only. **Note**: "each" means capsule
Letrozole *	Tablets	2.5 mg	ea		* Letrozole is restricted to use in the treatment of cancer only.
Leuprolide Acetate *	Injection, prefilled dual chamber syringe	7.5 mg 22.5 mg 30 mg 45 mg	ea ea ea ea	LR	* Leuprolide Acetate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00074.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Syringe Kit (Eligard®)	7.5 mg 22.5 mg 30 mg 45 mg	ea ea ea ea	LR	* Leuprolide Acetate (Eligard®) is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 62935.
Loncastuximab Tesirine-LPYL *	Injection	10 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler Code 79952 only.
Lorlatinib *	Tablets	25 mg 100 mg	ea ea	LR	* Lorlatinib is restricted use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Margetuximab-cmkb *	Vial	250 mg/10 mL	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 74527.
Mechlorethamine HCl *	Topical gel	0.016 %	gm		* Mechlorethamine Hydrochloride is restricted to use in the treatment of cancer only.
Medroxyprogesterone Acetate	See: Progestins & Combinations				
Megestrol Acetate	Tablets Suspension	20 mg 40 mg 40 mg/ml	ea ea ml		
Melphalan	Tablets	2 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Melphalan Flufenamide *	Injection	20 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 73657 only.
Mercaptopurine	Tablets	50 mg	ea		
Methotrexate	Injection	2.5 mg/ml, 2 ml 25 mg/ml, 2 ml 2.5mg/ml, 4 ml 25 mg/ml, 8 ml 25 mg/ml, 10 ml	ml		
	Tablets	2.5 mg 5 mg * 7.5 mg * 10 mg * 15 mg *	ea ea ea ea ea	LR	* The 5 mg, 7.5 mg, 10 mg and 15 mg tablets are restricted to use in the treatment of cancer only and to claims submitted with a date of service on or after July 1, 2016, and to NDC labeler code 51285 only.
	Oral solution *	2.5 mg/ml	ml	LR	
	Powder for injection	20 mg/vial 50 mg/vial 100 mg/vial 250 mg/vial	ea ea ea ea		* Methotrexate oral solution is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 52652 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Midostaurin *	Capsules	25 mg	ea	LR	* Midostaurin is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only. **Note**: "each" means number of capsules per carton of either 56 or 112.
Mitomycin *	Powder for injection Single-dose carton*	5 mg/vial 20 mg/vial 40 mg/vial (40 mg x 2)	ea ea ea ea	LR	* Mitomycin is restricted to use in the treatment of cancer only. * Lyophilized powder for pyelocalyceal solution. Restricted to NDC labeler code 72493 only.
Mitotane	Tablets	500 mg	ea		
Mitoxantrone *	Injection	2 mg/ml, 10 ml 2 mg/ml, 12.5 ml 2 mg/ml, 15 ml	ml ml ml		* Mitoxantrone is restricted to use in the treatment of cancer.
Mobocertinib *	Capsules	40 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020 only.
Moxetumomab Pasudotox-Tdfk *	Injection	1 mg	ea	LR	* Moxetumomab Pasudotox-Tdfk is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Necitumumab *	Injection	800 mg/50 ml	ml	LR	* Necitumumab is restricted to use in the treatment of cancer only. Necitumumab is also restricted to NDC labeler code 00002 only.
Nelarabine *	Injection	5 mg/ml	ml	LR	* Nelarabine is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Nilotinib *	Capsules	50 mg 150 mg 200 mg	ea ea ea	LR	* Nilotinib is restricted to use in the treatment of cancer only for all strengths. Also restricted to NDC labeler code 00078 only.
Nilutamide *	Tablets	150 mg	ea		* Nilutamide is restricted to use in the treatment of cancer only.
Niraparib *	Capsules	100 mg	ea	LR	* Niraparib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 69656 only.
Nivolumab *	Injection	40 mg/4 ml 100 mg/10 ml 240 mg/24 ml	ml ml ml	LR	* Nivolumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Obinutuzumab *	Injection	25 mg/ml	ml	LR	* Obinutuzumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ofatumumab *	Injection	100 mg/5 ml 1000 mg/50 ml	ml	LR	* Ofatumumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only.
Olaparib *	Capsules Tablets	50 mg 100 mg 150 mg	ea ea	LR	* Olaparib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Omacetaxine Mepesuccinate *	Powder for injection	3.5 mg	ea	LR	* Omacetaxine Mepesuccinate is restricted to use in the treatment of cancer. Also restricted to NDC labeler code 63459 only.
Osimertinib *	Tablets	40 mg 80 mg	ea	LR	* Osimertinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Oxaliplatin *	Injection	5 mg/ml	ml		* Oxaliplatin is›› restricted to use in the treatment of cancer only.
Paclitaxel, Semi-Synthetic	Injection		ml		
Palbociclib *	Capsules and tablets	75 mg 100 mg 125 mg	ea	LR	* Palbociclib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Panobinostat *	Capsules	10 mg 15 mg 20 mg	ea	LR	* Panobinostat is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 73116 only.
Panitumumab *	Injection	100 mg/5 ml 200 mg/10ml 400 mg/20 ml	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 only.
Pazopanib Hydrochloride *	Tablets	200 mg	ea	LR	* Pazopanib Hydrochloride is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078.
Pegaspargase	Injection	750 units/ml	ml		
Pembrolizumab *	Powder for injection Solution for injection	50 mg/vial 100 mg/4 ml	ea ml	LR	* Pembrolizumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006 only.
Pemetrexed *	Powder for injection	100 mg/vial 500 mg/vial	ea	LR	* Pemetrexed is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 only.
Pentostatin	Powder for injection	10 mg/vial	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Pertuzumab *	Injection	420 mg/14 ml	ml	LR	* Pertuzumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Pertuzumab, Trastuzumab and Hyaluronidase-Zzxf *	Subcutaneous Injection	600 mg/600 mg/ 20,000 units/10ml 1200 mg/600 mg/ 30,000 units/15ml	ml ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Pexidartinib *	Capsules	200 mg	ea	LR	* Pexidartinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 65597 only.
Polatuzumab Vedotin-Piiq *	Injection	140 mg	ea	LR	* Polatuzumab Vedotin-Piiq is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 50242 only.
Ponatinib *	Tablets	10 mg 15 mg 30 mg 45 mg	ea	LR	* Ponatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020.
Porfimer Sodium	Powder for injection		ea		
Pralsetinib *	Capsules	100 mg	ea	LR	* Pralsetinib is restricted to use in the treatment of cancer. Also restricted to NDC labeler code 72064 & 50242 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Procarbazine	Capsules	50 mg	ea		
Ramucirumab *	Injection	100 mg/10 ml 500 mg/50 ml	ml ml	LR	* Ramucirumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 only.
Regorafenib *	Tablets	40 mg	ea	LR	* Regorafenib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 only.
Relugolix *	Tablets	120 mg	ea		* Relugolix is restricted to use in the treatment of cancer only.
Ribociclib *	Tablets	600mg daily dose (3 x 21 tablet blister packs) 400mg daily dose (3 x 14 tablet blister packs) 200mg daily dose (1 x 21 tablet blister packs)	ea ea ea	LR	* Ribociclib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only. **Note**: "each" means number of tablets per box of either 63, 42 or 21.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ribociclib and Letrozole*	Tablets	600mg daily dose (3x21 tablet blister packs) and 2.5 mg (bottle of 28 tablets) 400mg daily dose (3x14 tablet blister packs) and 2.5 mg (bottle of 28 tablets) 200mg daily dose (1x21 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	ea ea ea	LR	* Ribociclib and Letrozole is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only. **Note**: "each" means total number of tablets carton of either 91, 70 or 49.
Ripretinib *	Tablets	50 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 73207 only.
Rituximab *	Injection	10 mg/ml	ml	LR	* Rituximab is restricted to use in the treatment of cancer. Also restricted to NDC labeler code 50242 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Rituximab-ABBS *	Injection	100 mg/10 ml 500 mg/50 ml	ea ea	LR	* Rituximab is restricted to use in the treatment of cancer. Also restricted to NDC labeler 63459 only.
Rituximab and Hyaluronidase Human *	Injection	1400 mg/23400 units/11.7 ml 1600 mg/26800 units/13.4 ml	ml ml	LR	* Rituximab and Hyaluronidase Human is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Ropeginterferon alfa-2b-njft *	Syringe	500 mcg/ml	ml	LR	* Restricted to the treatment of cancer and restricted NDC labeler code 73536.
Sacituzumab Govitecan-hziy *	Vial	180 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55135.
Selpercatinib *	Capsules	40 mg 80 mg	ea ea	LR	* Selpercatinib is restricted to use in the treatment of cancer only. Selpercatinib is also restricted to NDC labeler code 00002 only.
Sonidegib *	Capsules	200 mg	ea	LR	* Sonidegib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00078 and 47335 only.
Sorafenib *	Tablets	200 mg	ea	LR	* Sorafenib is restricted to use in the treatment of cancer only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Sotorasib *	Tablets	120 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513.
Streptozocin	Powder for injection	1 gm/vial	each		
Sunitinib Malate *	Capsules	12.5 mg 25 mg 37.5 mg 50 mg	ea ea ea ea	LR	* Sunitinib Malate is restricted to use in the treatment of cancer and also restricted to NDC labeler code 00069 only.
Talazoparib *	Capsules	0.25 mg 0.5 mg 0.75 mg 1 mg	ea ea ea ea	LR	* Talazoparib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Talimogene Laherparepvec	Injection	10^6 (1 million) PFU/ml 10^8 (100 million) PFU/ml	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 only.
Tamoxifen Citrate	Tablets	10 mg 20 mg	ea ea		
Tazemetostat *	Tablets	200 mg	ea	LR	* Tazemetostat is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72607 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Temozolomide *	Capsules Powder for injection	5 mg 20 mg 100 mg 140 mg 180 mg 250 mg 100 mg/vial	ea ea ea ea ea ea ea		* Temozolomide is restricted to use in the treatment of cancer only.
Temsirolimus *	Injection Kit	25 mg/ ml	ml	LR	* Temozolomide is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00008 only.
Teniposide	Injection		ml		
Tepotinib *	Tablets	225 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 44087.
Testosterone *	Injection in aqueous susp.	25 mg/ ml 50 mg/ ml 100 mg/ ml	ml ml ml		* Testosterone is restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Injection in oil	25 mg/ ml 50 mg/ ml 100 mg/ ml 200 mg/ml, 1 ml/vial 200 mg/ml, 10 ml/vial	ml ml ml ml ml		(congenital or acquired), delayed puberty or metastatic mammary cancer in females. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Thioguanine *	Tablets	40 mg	ea	LR	* Thioguanine is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76388 only.
Thiotepa	Injection	15 mg	ea		
Tisotumab Vedotin-TFTV *	Injection	40 mg	ea		* Restricted to use in the treatment of cancer only. Prior authorization required.
Tivozanib *	Capsules	0.89 mg 1.34 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 45629 only.
Topotecan HCL *	Capsules * Powder for injection	0.25 mg * 1 mg * 4 mg/vial	ea ea ea	LR	* Topotecan HCL is restricted to use in the treatment of cancer only. * Topotecan HCL capsules are restricted to labeler code 00078 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Trabectedin *	Vial	1 mg	ea	LR	* Trabectedin is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 59676 only.
Trametinib *	Tablets	0.5 mg 2 mg	ea ea	LR	* Trametinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only.
Trastuzumab *	Powder for injection	150 mg 440 mg	ea ea	LR	* Trastuzumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Trastuzumab-pkrb *	Injection	150 mg 20 mg	ea ea	LR	* Trastuzumab-pkrb is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63459 only.
Trastuzumab and Hyaluronidase-oysk *	Injection	600 mg/10,000 units	ml	LR	* Trastuzumab and Hyaluronidase-oysk are restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Trastuzumab-dttb *	Injection	150 mg 420 mg	ea ea	LR	* Trastuzumab-dttb is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00006 and 78206 only.
Tretinoin	Capsules		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Triptorelin Pamoate *	Powder for injection	3.75 mg/vial 11.25 mg/vial 22.5 mg/vial	ea ea ea	LR	* Triptorelin Pamoate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 74676. **Note**: All Triptorelin Pamoate dosage forms should be billed in units of "each" and package quantities of "1".
Umbralisib *	Tablets	200 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 73150 only.
Vandetanib *	Tablets	100 mg 300 mg	ea ea	LR	* Vandetanib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00310 and 58468 only.
Vemurafenib *	Film-coated Tablets	240 mg	ml	LR	* Vemurafenib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Venetoclax *	Tablets Tablets, Starting Pack (42 tablets/pack)	10 mg 50 mg 100 mg 14 x 10 mg 7 x 50 mg 21 x 100 mg	ea ea ea ea ea ea	LR	* Venetoclax is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00074 only

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Vinblastine Sulfate	Injection Powder for injection	1 mg/ml, 10 ml 10 mg/vial	ml ea		
Vincristine Sulfate	Injection	1 mg/1 ml 2 mg/2 ml	ml ml		
Vinorelbine Tartrate			ea		
Vismodegib *	Capsules	150 mg	ea	LR	* Vismodegib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Vorinostat *	Capsules	100 mg	ea	LR	* Vorinostat is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006 only.
Zanubrutinib *	Capsules	80 mg	ea	LR	* Zanubrutinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72579 only.
Ziv-Aflibercept *	Injection	100 mg/4 ml 200 mg/8 ml	ml ml	LR	* Ziv-Aflibercept is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Anti-Platelet Agents					
Aspirin *	Tablets or Capsules, long-acting + Tablets or Capsules, enteric-coated +	800 mg 975 mg	ea ea		* Restricted to use for arthritis.
Aspirin/Extended-Release Dipyridamole	Capsules	25 mg/200 mg	ea		
Autonomic Drugs: Anti-Asthmatics					
Albuterol Sulfate	Tablets or Capsules + Long-acting Tablets + Inhaler (without chlorofluorocarbons as the propellant) Solution for inhalation	2 mg 4 mg 4 mg 8 mg 6.7 gm 8.5 gm 18 gm 0.5%, 20 ml	ea ea ea ea gm gm gm ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Solution for inhalation, premixed	0.083% 1.25 mg/3 ml 0.63 mg/3 ml	ml ml ml		
	Liquid	2 mg/5 ml	ml		
	Capsules for inhalation with inhalation device	Package containing 96 or 100 Capsules and one inhalation device	ea capsule		
	Capsules only, for inhalation		ea		
Aminophylline	Injection	250 mg 500 mg	ml ml		
	Suppository	0.25 gm 0.5 gm	ea ea		
	Tablets +	100 mg 200 mg	ea ea		
	Liquid	105 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Beclomethasone Dipropionate	Oral Inhaler *	40 mcg/actuation 10.6 gm or 8.7gm 80 mcg/actuation 10.6 gm or 8.7gm	gm gm	LR	* Restricted to NDC labeler code 59310 for the oral inhaler only.
Budesonide	Oral Powder for Inhalation *	90 mcg/ Inhalation 60 Inhalations/ container 180 mcg/ Inhalation 120 Inhalations/ container	ea ea	LR, QL	* Restricted to a maximum quantity per dispensing of one container in any 30-day period for the 90 mcg/inhalation strength. Also restricted to brand name Pulmicort with NDC labeler code 00186 for the oral powder for inhalation only. **Note**: The billing unit for this product is each container.
	Suspension for Inhalation *	0.25 mg/2 ml ampule 0.5 mg/2 ml ampule 1.0 mg/2 ml ampule	ml ml ml	AL	* Restricted to use by individuals less than 4 years of age for the suspension for inhalation only.
Budesonide/Formoterol Fumarate Dihydrate *	Inhalation Aerosol	80 mcg/4.5 mcg 10.2 gm 160 mcg/4.5 mcg 10.2 gm	gm gm	LR	* Restricted to NDC labeler code 00186 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Cromolyn Sodium	Capsules Inhaler Inhaler device for capsules Nebulizer Solution	20 mg 8.1 gm 14.2 gm 2 ml	ea gm gm ea ml		
Epinephrine	Auto-injector * Injection	1:1000, 0.3 ml 1:1000, 0.3 ml 1:1000, 1 ml 1:1000, 30 ml	ml ml ml ml	QL	* Auto-injectors are restricted to no more than two (2) auto-injectors per dispensing and two (2) dispensings in any 12-month period.
Flunisolide	Inhalation Aerosol (without chlorofluorocarbons as the propellant)	80 mcg/actuation, 8.9 gm	gm		
Fluticasone Propionate and Salmeterol *	Oral powder for inhalation	100 mcg/50 mcg per inhalation 250 mcg/50 mcg per inhalation 500 mcg/50 mcg per inhalation	60each 60each 60each	LR	* Fluticasone Propionate and Salmeterol are restricted to NDC labeler code 00173 only. **Note**: “each” means one blister of drug.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Oral Inhaler, without chlorofluorocarbons as the propellant	45 mcg/21 mcg per inhalation, 12 gm 115 mcg/21 mcg per inhalation, 12 gm 230 mcg/21 mcg per inhalation, 12 gm	gm gm gm		
Glycopyrrolate and Formoterol Fumarate	Oral Inhaler	9 mcg/4.8 mcg, 10.7 gm	gm		
Ipratropium Bromide and Albuterol Sulfate	Inhaler Solution for inhalation	4 gm 20 mcg-100 mcg 0.5 mg/3.0 mg, 3 ml	gm gm ml		
Ipratropium Bromide	HFA inhaler * Inhalant solution	12.9 gm 0.02 %, 2.5 ml	gm ml	LR	* Restricted NDC labeler code 00597 for the HFA inhaler only.
Levalbuterol HCl	Inhalation solution	0.31 mg 0.63 mg 1.25 mg	ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Levalbuterol Tartrate	Oral Inhaler without Chlorofluorocarbons as the Propellant	15 gm	ea		
Metaproterenol	Inhalant solution	0.6%, 2.5 ml 5%, 10 ml 5%, 30 ml	ml ml ml		
	Tablets +	10 mg 20 mg	ea ea		
	Liquid	10 mg/ 5 ml	ml		
Mometasone Furoate and Formoterol Fumarate Dihydrate	Oral inhaler	100 mcg/5 mcg per actuation/ 13 gm 200 mcg/5 mcg per actuation/ 13 gm	gm gm		
Montelukast Sodium	Granules	4 mg	ea		
	Chewable tablets +	4 mg 5 mg	ea ea		
	Tablets +	5 mg 10 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Salmeterol Xinafoate	Inhalation powder *	60s	ea	LR	* The inhalation powder is restricted to NDC labeler code 00173.
Terbutaline	Tablets + Injection Aerosol inhaler with adapter Aerosol inhaler without adapter	2.5 mg 5 mg 1 mg/ ml 7.5 ml 7.5 ml	ea ea ml ml ml		
Theophylline	Tablets or capsules + Long-acting tablets or capsules + Liquid		ea ea ml	QL	**Note**: Payment limited to a minimum dispensing quantity of 480 milliliter. See California Code of Regulations (CCR), Title 22, Section 51513(b)(5) regarding exceptions.
Tiotropium Bromide *	Capsules for inhalation with inhalation device Inhaler	Package containing 30 or 90 Capsules and one inhalation device 1.25 mcg, 4 gm 2.5 mcg, 4 gm	each capsule gm gm	LR	* Tiotropium Bromide is restricted to NDC labeler code 00597 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Autonomic Drugs: Anti-Emetics					
Aprepitant *	Capsules + Tri-Fold Pack *	40 mg * 80 mg 125 mg 1 x 125 mg 2 x 80 mg	ea ea ea ea ea	QL	* The 40 mg capsules are restricted to use for the prevention of postoperative nausea and vomiting and limited to a maximum of one capsule per dispensing, not to exceed one dispensing in any 30-day period. * Restricted to use in cancer patients and to a maximum of either 1) one tri-fold pack per dispensing, or 2) one 125 mg capsule and/or two 80 mg capsules per dispensing.
Chlorpromazine *	See: Psychotropics				
Diphenhydramine Hydrochloride	Injection Tablets or Capsules +	50 mg/ml 10 mg/ml 50 mg	ml ml ea		
Dolasetron Mesylate	Injection * + Tablets * +	100 mg/5 ml 50 mg 100 mg	ml ea ea	QL	* Restricted to a maximum of 5 ml per dispensing. * Restricted to a maximum of 3 tablets per dispensing.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Doxylamine/ Pyridoxine HCL *	Tablets, delayed release	10 mg/10 mg	ea	LR, QL	* Restricted to use in the treatment of nausea and vomiting of pregnancy in women. Also restricted to a maximum quantity of 60 tablets per dispensing and a maximum of two (2) dispensings in any 12-month period. Also restricted to NDC labeler code 55494 only.
Granisetron Hydrochloride	Injection * + Tablets * +	1 mg/ml, 1 ml 1 mg	ml ea	QL	* Granisetron Hydrochloride injection is restricted to a maximum of 1 ml per dispensing. * Granisetron Hydrochloride tablets are restricted to a maximum of 6 tablets per dispensing.
Meclizine HCl	Tablets + Tablets, chewable +	25 mg 25 mg	ea ea		
Ondansetron	Injection + * Tablets + Tablets, orally disintegrating + Liquid	2 mg/ml, 2 ml 4 mg 8 mg 4 mg 8 mg 4 mg/5 ml	ml ea ea ea ea ml		* The 2 mg/ml, 2 ml injection is restricted to a maximum of 16 mg per dispensing.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Perphenazine *	Injection	5 mg/ml, 1 ml	ml	AL	* Perphenazine is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
	Tablets +	2 mg 4 mg 8 mg 16 mg	ea ea ea ea		
	Liquid	16 mg/5 ml	ml		
Prochlorperazine	Injection	5 mg/ml	ml		
	Injection, Prefilled Syringe		ml		
	Tablets +	5 mg 10 mg 25 mg	ea ea ea		
	Liquid	5 mg/5 ml	ml		
	Capsules, Sustained Release +	10 mg 15 mg 30 mg	ea ea ea		
	Suppositories	2.5 mg 5 mg 25 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Autonomic Drugs: Antihistamines					
Azelastine HCl	Nasal Spray Nasal Spray Ophthalmic Solution	137 mcg (0.1 %) 0.15 % 0.05 %	ml ml ml		
Cyproheptadine	Tablets Liquid	4 mg 2 mg/5 ml	ea ml		
Diphenhydramine HCL	Injection Tablets or Capsules +	50 mg/ml 10 mg/ml 50 mg	ml ml ea		
Loratadine	Tablet Liquid	10 mg 5 mg/5 ml	ea ml		
Olopatadine HCL *	Nasal spray	0.6%	gm		* Olopatadine HCL is restricted to NDC labeler code 00065 only.
Olodaterol HCl *	Inhaler	2.5 mcg, 4 gm	gm	LR	* Olodaterol HCL is NDC labeler code 00597 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Promethazine *	Injection Tablets + Liquid Liquid Fortis Suppositories	25 mg/ml, 1 ml 25 mg/ml, 10 ml 50 mg/ml 12.5 mg 25 mg 50 mg 6.25 mg/5 ml 25 mg/5 ml 12.5 mg 25 mg 50 mg	ml ml ml ea ea ea ml ml ea ea ea	AL	*Promethazine is restricted to individuals 2 years of age or older.
Tiotropium Bromide/ Olodaterol HCLHC *	Inhaler	2.5 mg/2.5 mcg, 4 gm	gm		* Tiotropium Bromide and Olodaterol HCL is restricted to NDC labeler code 00597 only.
Autonomic Drugs: Anti-Parkinsonism					
Amantadine *	Capsules + Liquid	100 mg 50 mg/5 ml	ea ml	AL	* Use in beneficiaries less than 2 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Benztropine Mesylate *	Injection Tablets	1 mg/ml 0.5 mg 1 mg 2 mg	ml ea ea ea	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval.
Carbidopa and Levodopa *	Tablets + Tablets, long-acting +	10 mg/100 mg 25 mg/100 mg 25 mg/250 mg 25 mg/100 mg 50 mg/200 mg	ea ea ea ea ea	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval.
Carbidopa and Levodopa and Entacapone *	Tablets +	12.5 mg/50 mg/ 200 mg 25 mg/100 mg/ 200 mg 37.5 mg/150 mg/ 200 mg	ea ea ea	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval.
Entacapone *	Tablets	200 mg	ea	AL	* Use of Entacapone in beneficiaries less than 18 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Pramipexole Dihydrochloride *	Tablets Tablets, extended-release	0.125 mg 0.25 mg 0.5 mg 1.0 mg 1.5 mg 0.375 mg 0.75 mg 1.5 mg 3.0 mg 4.5 mg	ea ea	AL	* Use of Pramipexole Dihydrochloride in beneficiaries less than 18 years of age requires prior authorization approval.
Ropinirole HCL *	Tablets	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg 5 mg	ea ea ea ea ea ea ea	AL	* Use of Ropinirole HCL in beneficiaries less than 18 years of age requires prior authorization approval.
Selegiline HCL *	Tablets	5 mg	ea	AL	* Use of Selegiline HCL in beneficiaries less than 18 years of age requires prior authorization approval.
Trihexyphenidyl HCL *	Tablets Liquid	2 mg 5 mg 2 mg/5 ml	ea ea ml	AL	* Use of Trihexyphenidyl Hydrochloride in beneficiaries less than 6 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Autonomic Drugs: Migraine					
Ergotamine Tartrate and Caffeine	Tablets Suppositories		ea ea		
Isometheptene Mucate, Dichloralphenazone and APAP *	Capsules +	65 mg 100 mg 325 mg	ml ml ml	QL	* Isometheptene Mucate, Dichloralphenazone and APAP are restricted to a maximum dispensing quantity of 45 capsules per dispensing and a maximum of three (3) dispensings in any 75-day period. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Fremanezumab-VFRM *	Prefilled autoinjector Prefilled syringe	225 mg/1.5 ml 225 mg/1.5 ml x 3 225 mg/1.5 ml	ml ml ml	LR	* Restricted to use for the preventative treatment of migraine only. Also restricted to labeler code 51759 only.
Galcanezumab-Gnlm *	Injection	120 mg/ml	Ml	LR	* Restricted to use for the preventative treatment of migraine only. Also restricted to NDC labeler code 00002 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Lasmiditan Succinate *	Tablets	50 mg 100 mg	ea ea	LR, QL	Requires Prior Authorization. Restricted to 1) Use in patients who have failed or are unable to tolerate a drug in the triptan class of medication; 2) Acute treatment of migraine headache; 3) Maximum fill quantity of 8 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 00002 only.
Rimegepant *	Tablets, orally disintegrating	75 mg	ea	LR, QL	* Rimegepant requires a prior authorization request. Rimegepant is restricted to 1) Use in patients who have failed or are unable to tolerate a drug in the triptan class of medication; 2) Acute treatment of migraine headache; 3) Maximum fill quantity of 8 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 72618 only.
Rizatriptan *	Tablets Tablets, orally disintegrating	5 mg 10 mg 5 mg 10 mg	ea ea ea ea	QL	* Rizatriptan is restricted to a maximum quantity per dispensing of nine (9) tablets.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Sumatriptan *	Nasal Spray	5 mg 20 mg	ea ea	QL	* Sumatriptan is restricted to a maximum quantity per dispensing of six (6) spray containers and a maximum of three (3) dispensings in any 12-month period.
Sumatriptan Succinate	Injection (kit or refill) Tablets	4 mg * 6 mg * 25 mg * 50 mg * 100 mg *	ml ml ea ea ea	QL	* The 4 mg and 6 mg injections (kit or refill) are restricted to a maximum quantity per dispensing of two (2) 0.5 milliliter injections (that is, one kit or one refill unit totaling 1 milliliter) and a maximum of ten (10) dispensings per patient in any 12-month period. * The 25 mg, 50 mg, and 100 mg tablets are restricted to a maximum quantity per dispensing of nine (9) tablets.
Ubrogepant *	Tablets	50 mg 100 mg	ea ea	LR, QL	* Ubrogepant is restricted to NDC labeler codes 00023 only. Also requires a prior authorization request. Restricted to 1) Use in patients who have failed or are unable to tolerate a drug in the triptan class of medication; 2) Acute treatment of migraine headache; 3) Maximum fill quantity of 10 tablets per dispensing and one dispensing in 30 days.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Autonomic Drugs: Parasympatholytic (Anticholinergic) Agents					
Atropine	See: Ophthalmic mydriatics				
Dicyclomine	Tablets or Capsules + Liquid	10 mg 20 mg 10 mg/5 ml	ea ea ml		
Glycopyrrolate	Injection Tablets +	0.2 mg/ml, 1 ml 0.2 mg/ml, 2 ml 0.2 mg/ml, 5 ml 0.2 mg/ml, 20 ml 1mg 2mg	ml ml ml ml ea ea		
Propantheline Bromide	Tablets +	7.5 mg 15 mg	ea ea		
Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also see Ophthalmic Miotics					
Bethanechol Chloride	Tablets	5 mg 10 mg 25 mg 50 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Donepezil HCL *	Tablets or Orally Disintegrating Tablets	5 mg 10 mg	ea ea	AL	* Restricted to treatment of dementia of the Alzheimer's type. Use in beneficiaries less than 18 years of age requires prior authorization approval.
Galantamine Hydrobromide *	Extended-Release Capsules	8 mg 16 mg 24 mg	ea ea ea	AL	* Use of Galantamine Hydrobromide in beneficiaries less than 18 years of age requires prior authorization approval. * Extended-release capsules are restricted to treatment of mild to moderate dementia of the Alzheimer's type.
Pyridostigmine	Tablets + Tablets, long acting + Liquid	60 mg 180 mg	ea ea ml		
Rivastigmine *	Transdermal System	4.6 mg/24 hr 9.5 mg/24 hr 13.3 mg/24 hr	ea ea ea	AL	* Rivastigmine is restricted to treatment of dementia of the Alzheimer's type and to treatment of mild to moderate dementia associated with Parkinson's disease. Use in beneficiaries less than 18 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Rivastigmine Tartrate *	Capsules	1.5 mg 3.0 mg 4.5 mg 6.0 mg	ea ea ea ea	AL	* Rivastigmine Tartrate is restricted to treatment of mild to moderate dementia of the Alzheimer's type and to treatment of mild to moderate dementia associated with Parkinson's disease. Use in beneficiaries less than 18 years of age requires prior authorization approval.
Autonomic Drugs: Sympatholytic (Adrenergic Blocking) Agents					
Ergotamine Tartrate and Caffeine	See: Migraine				
Propranolol	See: Antihypertensive				
Autonomic Drugs: Sympathomimetic (Adrenergic) Agents					
Epinephrine	See: Anti-Asthmatics				
Blood Modifiers: Anticoagulant Antagonist					
Phytonadione	Injection Tablets	10 mg/ml, 1 ml 10 mg/ml, 2.5 ml 10 mg/ml, 5 ml 5 mg	ml ml ml ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Blood Modifiers: Anticoagulants					
Apixaban *	Tablets Starter Pack Tablets	2.5 mg 5 mg 5 mg	ea ea ea	LR	* Restricted to NDC labeler code 00003 only.
Dabigatran Etexilate Mesylate *	Capsules	75 mg 110 mg 150 mg	ea ea ea	LR	* Restricted to NDC labeler code 00597 only.
Enoxaparin Sodium *	Prefilled syringe	30 mg 40 mg 60 mg 80 mg 100 mg 120 mg 150 mg	ml	QL	* Enoxaparin Sodium is restricted to a maximum of twenty (20) syringes per dispensing and a maximum of two (2) dispensings per patient in any 12-month period.
Heparin	Injection Injection, premixed Vial	in 5% Dextrose and water (D5W) in 0.9% Sodium Chloride (NS)	ml ml ea		
Heparin Lock Flush Solution					

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Prasugrel	Tablets	5 mg 10 mg	ea ea		
Rivaroxaban *	Tablets Starter Pack Tablets	10 mg 15 mg 20 mg 15 mg to 20 mg Tablets from 51-tablet pack	ea ea ea ea	LR	* Rivaroxaban is restricted to NDC labeler code 50458 only.
Warfarin Sodium	Tablets	1 mg 2 mg 2.5 mg 3 mg 4 mg 5 mg 7.5 mg 10 mg	ea ea ea ea ea ea ea ea		
Blood Modifiers: Anti-Platelet					
Clopidogrel	Tablets	75 mg	ea		
Ticagrelor *	Tablets	60 mg 90 mg	ea ea	LR	* Ticagrelor is restricted to NDC labeler code 00186 only.
Blood Modifiers: Hematinics					
Ferrous Sulfate					

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Iron Dextran Injection	Injection	2 ml	ml		
Blood Modifiers: Hematopoietic					
Epoetin Alfa *	Injection	2000 u/ml 3000 u/ml 4000 u/ml 10,000 u/ml 20,000 u/ml 40,000 u/ml	ml ml ml ml ml ml		* Epoetin Alfa is restricted to use for the treatment of anemia due to: zidovudine therapy, cancer chemotherapy or chronic renal failure.
Blood Modifiers: Thrombocytopenic					
Anagrelide Hydrochloride	Capsules	0.5 mg 1.0 mg	ea ea		
Analgesics: Anti-Inflammatory (also see Glucocorticoids)					
Aspirin	See: Anti-platelet Agents				
Celecoxib	Capsules	100 mg 200 mg	ea ea		
Diclofenac Sodium	Ophthalmic Solution Tablets Gel	0.1 % 25 mg 50 mg 75 mg 1%	ml ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Diflunisal	Tablets or Capsules +	250 mg 500 mg	ea ea		
Fenoprofen	Tablets or Capsules +	300 mg 600 mg	ea ea		
Flurbiprofen	Tablets +	50 mg 100 mg	ea		
Ibuprofen	Tablets Suspension	400 mg 600 mg 800 mg 100 mg/5 ml	ea ea ea ml		
Indomethacin	Capsules +	25 mg 50 mg	ea ea		
Ketoprofen *	Tablets or Capsules +	25 mg 50 mg 75 mg	ea		* Ketoprofen is restricted to use for arthritis.
Meloxicam	Tablets	7.5 mg 15 mg	ea ea		
Nabumetone	Tablets	500 mg 750 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Naproxen	Tablets or Capsules + Liquid	250 mg 375 mg 500 mg 125 mg/5ml	ea ea ea ea		
Piroxicam	Tablets or Capsules +	10 mg 20 mg	ea		
Salsalate	Tablets or Capsules	500 mg 750 mg	ea ea		
Sulindac	Tablets or Capsules +	150 mg 200 mg	ea ea		
Tolmetin	Tablets or Capsules +	200 mg 400 mg 600 mg	ea ea ea		
Analgesics: Narcotic Antagonists					
Buprenorphine	Sublingual Tablets * Transdermal Patch *	2 mg 8 mg 5 mcg/hour 7.5 mcg/hour 10 mcg/hour 15 mcg/hour 20 mcg/hour	ea ea ea ea ea ea ea	LR, QL	* Limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver. * Transdermal Patch restricted to a maximum quantity of 4 patches per dispensing and one dispensing every 25 days and restricted to NDC labeler code 59011.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Buprenorphine/ Naloxone	Sublingual Tablets *	2 mg/0.5 mg 8 mg/2 mg 0.7 mg/0.18 mg 1.4 mg/0.36 mg 2.9 mg/0.71 mg 5.7 mg/1.4 mg 8.6 mg/2.1 mg 11.4 mg/2.9 mg	ea ea ea ea ea ea ea ea		* Limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver.
	Sublingual Film *	2 mg/0.5mg 4 mg/1 mg 8 mg/2 mg 12 mg/3 mg	ea ea ea ea	LR	* Sublingual film is restricted to NDC labeler code 12496.
Naloxone HCL	Injection	0.4 mg/ml 1.0 mg/ml	ml ml		
	Intranasal Spray	4 mg/0.1ml * 8 mg/0.1 ml *	ea ea	LR LR	* Restricted to NDC labeler code 69547. * Restricted to NDC labeler code 59467.
Analgesics: Narcotics					
Naltrexone HCL	Tablets	50 mg	ea		
Codeine and Acetaminophen	Tablets or Capsules *	15 mg – 300 to 325mg 30 mg – 300 to 325mg	ea ea	QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Liquid	12 mg – 120 mg/5 ml	ml		
Fentanyl *	Transdermal Patch	25 mcg 50 mcg 75 mcg 100 mcg	ea ea ea ea	QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Hydrocodone and Acetaminophen *	Tablets Oral Solution *	5 mg/325 mg 7.5 mg/325 mg 10 mg/325 mg 7.5mg/325mg/ 15ml	ea ea ea ml	QL AL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations. * Restricted to use in individuals less than 14 years of age for the oral solution only.
Hydromorphone *	Injection Tablets Suppositories	1 mg/ml, 1 ml 2 mg/ml, 1 ml 2 mg/ml, 20 ml 3 mg/ml 4 mg/ml 10 mg/ml, 1 ml 10 mg/ml, 5 ml 2 mg 4 mg 8 mg 3 mg	ml ml ml ml ml ml ml ea ea ea ea	QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Levorphanol Tartrate *	Injection Tablets	2 mg, 1 ml 2 mg, 1 0ml 2 mg	ml ml ea		* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Meperidine HCl *	Injection, multi-dose vial Injection, single-dose vial or ampule Elixir	50 mcg/ml, 30 ml 100 mg/ml, 20 ml 25 mg 50 mg 75 mg 100 mg 50 mg/5 ml	ml ml ml ml ml ml ml		* Meperidine HCl requires a prior authorization request.
Morphine Sulfate *	Injection Capsules, Extended-Release Pellets Tablets, Oral	 10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 80 mg 100 mg 200 mg 10 mg 15 mg 30 mg	ml ea ea ea ea ea ea ea ea ea ea ea ea	 QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Tablets, Long-Acting Liquid	15 mg 30 mg 60 mg 100 mg 10 mg/5 ml 20 mg/5 ml 20 mg/ml	ea ea ea ea ml ml ml		
Oxycodone and Acetaminophen *	Tablets	5 mg to 325 mg 7.5 mg to 325 mg 10 mg to 325 mg	ea	QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Oxycodone HCl *	Tablets or Capsules Solution Concentrate	5 mg 15 mg 30 mg	ea ml ml	QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Oxycodone HCl and Aspirin *	Tablets	4.8355 mg to 325 mg	ea	QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Oxymorphone	Ampule Suppositories	1 mg/ml, 1 ml 1.5 mg/ml, 1 ml 1.5 mg/ml, 10 ml 5 mg	ml ea ml ea		* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Analgesics: Non-Narcotics					
Aspirin	See: Anti-Platelet Agents				
Lidocaine	Topical system * Viscous solution Jelly Cream Ointment	1.8 % 2% 2% 3% 5%	ea ml ml gm gm	LR	* Lidocaine is restricted to NDC labeler code 69557 only. **Note**: Billing unit "each" means patch.
Phenazopyridine HCL	Tablets	100 mg 200 mg	ea ea		
Tramadol HCL *	Tablets	50 mg	ea	AL, QL	* The use of tramadol for Medi-Cal beneficiaries younger than 17 years of age requires prior authorization approval. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Bisphosphonates					
Alendronate Sodium	Tablets +	5 mg 10 mg 35 mg 40 mg 70 mg	ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Alendronate Sodium/ Cholecalciferol *	Tablets +	70 mg/2800 IU 70 mg/5600 IU	ea ea	LR	* Restricted to NDC labeler codes 00006 and 78206 only.
Ibandronate Sodium	Tablets	150 mg	ea		
Pamidronate Disodium	Powder for Injection		ea		
Risedronate Sodium	Tablets	5 mg 30 mg 35 mg	ea ea ea		
Zoledronic Acid	Injection Powder for Injection	4 mg/5 ml	ml ea		
Broncho-Pulmonary Secretion Modifiers					
Acetylcysteine	Solution	10 % 20 %	ml ml		
Sodium Chloride	Inhalation Vials	0.9 % 7 % 3 %	ml ml ml		
Calcimimetic Agent					
Cinacalcet HCl *	Tablets	30 mg 60 mg 90 mg	ea ea ea		* Restricted to use in secondary hyperparathyroidism in patients with chronic kidney disease on dialysis or hypercalcemia in patients with

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					parathyroid carcinoma, or in patients with severe hypercalcemia with primary hyperparathyroidism who are unable to undergo parathyroidectomy.
Central Nervous System: Antianxiety					
Buspirone *	Tablets	5 mg 10 mg 15 mg 30 mg	ea ea ea ea	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval.
Chlordiazepoxide HCl *	Capsules	5 mg 10 mg 25 mg	ea ea ea	QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Hydroxyzine HCl	Tablets + Syrup	10 mg 25 mg 50 mg 10 mg/5 mg	ea ml		
Hydroxyzine Pamoate	Capsules +	25 mg 50 mg	ea		
Lorazepam	Tablets *	0.5 mg 1 mg 2 mg	ea	AL, QL	* Restricted to a maximum quantity per dispensing of 60 tablets. Use in beneficiaries less than 18 years of age

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Oral concentration*	2 mg/ml	ml		requires prior authorization approval. Please refer to the *Opioid Limitation Policy* section for drug specific limitations. *Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Central Nervous System: Anticonvulsants					
Carbamazepine *	Capsules, and Tablets extended release Chewable Tablets Tablets Liquid	100 mg 200 mg 300 mg 400 mg 100 mg 200 mg 100 mg/5 ml	ea ea ea ea ea ea ml	AL	* Use in beneficiaries less than 6 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Clobazam *	Tablets Suspension	10 mg 20 mg 2.5 mg/ml	ea ea ml	AL	* Restricted to use in patients 2 years of age or older for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS). Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Clonazepam *	Tablets +	0.5 mg 1.0 mg 2.0 mg	ea ea ea	QL	* Restricted to a maximum quantity per dispensing of 90 tablets. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Diazepam *	Injection * Nasal Spray *	5 mg/ml 5 mg 10 mg 15 mg 20 mg	ml ea ea ea ea	AL LR QL	* Restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration for the injection only. * Restricted to use in the treatment of acute epilepsy in patients 6 years of age and older. Also restricted to a maximum quantity of 20 blister packs (10 cartons) in any 12-month period; and to NDC labeler code 72252 for the nasal spray only. **Note**: The billing unit for the nasal spray is a blister pack. Each carton contains 2 blister packs.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Tablets + *	2 mg 5 mg 10 mg	ea ea ea	AL QL	* Restricted to a maximum quantity per dispensing of 60 tablets for the tablets only. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
	Rectal Gel *	2.5 mg twin pack 10 mg delivery system twin pack 20 mg delivery system twin pack	ea ea ea	AL LR QL	* Restricted to use in the treatment of acute epilepsy in patients 2 years of age and older. Also restricted to a maximum quantity of 10 twin packs (kits) in any 12-month period; and to NDC labeler codes 66490 and 00187 for the rectal gel only. **Note**: The billing unit for the rectal gel is each twin pack
	Solution *	5 mg/5 ml	ml	AL QL	* Please refer to the *Opioid Limitation Policy* section for drug specific limitations for the solution. * Use in beneficiaries less than 2 years of age requires prior authorization approval for all dosage forms except the nasal spray.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Divalproex Sodium	Capsules + Tablets, enteric coated + Tablets, Extended Release +	125 mg 125 mg 250 mg 500 mg 250 mg 500 mg	ea ea ea ea ea ea		
Ethosuximide	Capsules Syrup	250 mg 250 mg/5 ml	ea ml		
Gabapentin	Capsules Tablets Solution, Oral	100 mg 300 mg 400 mg 600 mg 800 mg 250 mg/5 ml	ea ea ea ea ea ml		
Lamotrigine	Tablets +	25 mg 100 mg 150 mg 200 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Starter Kits Tablets	25 mg, tablets from 35-Tablet Kit 25 mg – 100 mg, tablets from 49-tablet kit 25 mg – 100 mg, tablets from 98-tablet kit			
Levetiracetam	Solution, oral Tablets Tablets, extended-release	100 mg/ml 250 mg 500 mg 750 mg 1000 mg 500 mg 750 mg	ml ea ea ea ea ea ea		
Midazolam *	Nasal spray	5 mg	ea	AL, LR, QL	* Restricted to use in the treatment of acute epilepsy in patients 12 years of age and older. Also restricted to a maximum quantity of 20 blister packs (10 boxes) in any 12-month period; and NDC labeler code 50474 only. **Note:** The billing unit is a blister pack. Each box contains 2 blister packs.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Oxcarbazepine	Tablets * Suspension	150 mg 300 mg 600 mg 300 mg/5 ml	ea ml	AL	* Use of Oxcarbazepine in beneficiaries less than 2 years of age requires prior authorization approval.
Perampanel *	Suspension Tablets	0.5 mg/ml 2 mg 4 mg 6 mg 8 mg 10 mg 12 mg	ml ea ea ea ea ea ea	AL, LR	* The suspension & tablets are restricted to treatment of seizures in patients with epilepsy 4 years of age and older. Also restricted to NDC labeler code 62856.
Phenobarbital *	Injection Tablets + Liquid	120 to 130 mg/ml, 1 ml 15 mg 16.2 mg 30 mg 32.4 mg 60 mg 65 mg 97.2 mg 100 mg 20 mg/5 ml	ml ea ea ea ea ea ea ea ea ml		* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Phenytoin	Tablets, chewable +	50 mg	ea		
	Capsules, extended release +	30 mg 100 mg 200 mg 300 mg	ea ea ea ea		
	Capsules, prompt +	100 mg	ea		
	Suspension	125 mg/5 ml 30 mg/5 ml	ml ml		
Pregabalin *	Capsules	25 mg 50 mg 75 mg 100 mg 150 mg 200 mg 225 mg 300 mg	ea ea ea ea ea ea ea ea		* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Primidone	Tablets +	50 mg 250 mg	ea ea		
	Liquid	0.25 gm/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Tiagabine HCL *	Tablets, plain +	2 mg 4 mg 12 mg 16 mg	ea ea ea ea	AL	* Tiagabine HCL is restricted to use as adjunctive therapy in adults and children 12 years and older in the treatment of partial seizures.
Topiramate *	Tablets Capsules, sprinkle	25 mg 50 mg 100 mg 200 mg 15 mg 25 mg	ea ea ea ea ea ea	AL	* Use of Topiramate in beneficiaries less than 2 years of age requires prior authorization approval.
Valproic Acid *	Tablets or Capsules Liquid	250 mg 250 mg/5 ml	ea ml	AL	* Use of Valproic Acid in beneficiaries less than 10 years of age requires prior authorization approval.
Zonisamide	Capsules	25 mg 50 mg 100 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Central Nervous System: Antidepressants					
Amitriptyline *	Injection Tablets	10 mg/ml 10 mg 25 mg 50 mg 75 mg 100 mg 150 mg	ml ea ea ea ea ea ea	AL	* Use in beneficiaries less than 12 years of age requires prior authorization approval.
Amitriptyline HCL, Perphenazine	Tablets	10 mg/2 mg 10 mg/4 mg 25 mg/2 mg 25 mg/4 mg	ea ea ea ea		
Bupropion HCL *	Tablets Tablets, Extended Release (24-hour) Tablets, Sustained Release (12-hour)	75 mg 100 mg 150 mg 300 mg 100 mg 150 mg 200 mg	ea ea ea ea ea ea ea	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval. * For Smoking Cessation Tablets: To be part of a comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to a maximum quantity of 60

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Tablets, sustained release for Smoking Cessation + *	150 mg	ea	AL, QL	tablets per dispensing. Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing. **Note**: Refer to the Reimbursement section of this manual for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.
Citalopram HBR	Tablets Solution	10 mg 20 mg 40 mg 10 mg/5 ml	ea ea ea ml		
Clomipramine HCL *	Capsules	25 mg 50 mg 75 mg	ea ea ea	AL	* Use in beneficiaries less than 10 years of age requires prior authorization approval.
Desipramine HCL *	Tablets	10 mg 25 mg 50 mg 75 mg 100 mg 150 mg	ea ea ea ea ea ea	AL	* Use in beneficiaries less than 12 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Desvenlafaxine Succinate	Tablets, Extended Release	25 mg 50 mg 100 mg	ea ea ea		
Doxepin HCL *	Capsules Oral concentrate	10 mg 25 mg 50 mg 75 mg 100 mg 150 mg 10 mg/ml	ea ea ea ea ea ea ml	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval.
Duloxetine HCL *	Capsules	20 mg 30 mg 60 mg	ea ea ea	AL	* Use in beneficiaries less than 7 years of age requires prior authorization approval.
Escitalopram Oxalate *	Solution, oral Tablets	5 mg/5mL 5 mg 10 mg 20 mg	ml ea ea ea	AL	* Use of Escitalopram Oxalate in beneficiaries less than 12 years of age requires prior authorization approval.
Fluoxetine HCl *	Capsules Tablets Solution	10 mg 20 mg 40 mg 10 mg 20 mg/5 ml	ea ea ea ea ml	AL	* Use of Fluoxetine HCl in beneficiaries less than 7 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Fluvoxamine Maleate *	Capsules, Extended Release Tablets	100 mg 150 mg 25 mg 50 mg 100 mg	ea ea ea ea ea	AL	* Use of Fluvoxamine Maleate in beneficiaries less than 8 years of age requires prior authorization approval.
Imipramine *	Injection Tablets	25 mg, 2 ml 10 mg 25 mg 50 mg	ml ea ea ea	AL	* Use of Imipramine HCl in beneficiaries less than 6 years of age requires prior authorization approval.
Mirtazapine *	Tablets or orally disintegrating tablets	15 mg 30 mg 45 mg	ea ea ea	AL	* Use of Mirtazapine in beneficiaries less than 18 years of age requires prior authorization approval.
Nortriptyline HCL *	Capsules Liquid	10 mg 25 mg 50 mg 75 mg 10 mg/5 ml	ea ea ea ea ml	AL	* Use of Nortriptyline HCL in beneficiaries less than 18 years of age requires prior authorization approval.
Paroxetine HCL *	Suspension, oral Tablets	10 mg/5 ml 10 mg 20 mg 30 mg 40 mg	ml ea ea ea ea	AL	* Use of Paroxetine HCL is in beneficiaries less than 18 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Protriptyline HCL *	Tablets	5 mg 10 mg	ea ea	AL	* Use of Protriptyline HCL in beneficiaries less than 12 years of age requires prior authorization approval.
Sertraline HCL *	Concentrate Tablets	20 mg/ml 25 mg 50 mg 100 mg	ml ea ea ea	AL	* Use of Sertraline HCL in beneficiaries less than 6 years of age requires prior authorization approval.
Trazodone *	Tablets	50 mg 100 mg 150 mg	ea ea ea	AL	* Use of trazodone in beneficiaries less than 18 years of age requires prior authorization approval.
Venlafaxine HCL *	Tablets Capsules, Extended Release Tablets, Extended Release	25 mg 37.5 mg 50 mg 75 mg 100 mg 37.5 mg 75 mg 150 mg 37.5 mg 75 mg 150 mg 225 mg	ea ea ea ea ea ea ea ea ea ea ea ea	AL	* Use of Venlafaxine HCL in beneficiaries less than 18 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Vortioxetine	Tablets	5 mg 10 mg 20 mg	ea ea ea		
Central Nervous System: Anti-Hyperkinetics					
Amphetamine, mixed salts (amphetamine sulfate, amphetamine aspartate monohydrate, dextroamphetamine sulfate and dextroamphetamine saccharate) *	Tablets	5 mg 7.5 mg 10 mg 12.5 mg 15 mg 20 mg 30 mg	ea ea ea ea ea ea ea	AL	* Restricted to use in Attention Deficit Hyperactivity Disorder in individuals from 6 through 17 years of age only. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
	Capsules, Extended Release	5 mg 10 mg 15 mg 20 mg 25 mg 30 mg	ea ea ea ea ea ea		
Atomoxetine HCL *	Capsules	10 mg 18 mg 25 mg 40 mg 60 mg 80 mg 100 mg	ea ea ea ea ea ea ea	AL	* Restricted to use in Attention Deficit Hyperactivity Disorder in individuals ages 6 years and older.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Clonidine HCl *	12-Hour Tablet	0.1 mg	ea	AL	* Restricted to use in Attention Deficit Hyperactivity Disorder in individuals ages 6 years and older.
Dexmethylphenidate HCL *	Capsules, Extended Release	5 mg 10 mg 15 mg 20 mg 25 mg 30 mg 35 mg 40 mg	ea ea ea ea ea ea ea ea	AL	* Restricted to use in Attention Deficit Hyperactivity Disorder in individuals from 6 through 17 years of age only. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Dextroamphetamine Sulfate *	Tablets	5 mg 10 mg	ea ea	AL	* Restricted to use in Attention Deficit Hyperactivity Disorder in individuals from 4 years through 17 years of age only. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Guanfacine HCl Extended-Release *	Tablets, Extended Release	1 mg 2 mg 3 mg 4 mg	ea ea ea ea	AL	* Restricted to use in Attention Deficit Hyperactivity Disorder in individuals 6 years and older.
Lisdexamfetamine Dimesylate	Capsules Chewable Tablets	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 70 mg 10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	ea ea ea ea ea ea ea ea ea ea ea ea ea	AL, LR	* Lisdexamfetamine Dimesylate is restricted to NDC labeler Code 59417 and restricted to use in Attention Deficit Disorder in individuals from 6 through 17 years of age only. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Methylphenidate HCl *	Tablets *	5 mg 10 mg 20 mg	ea ea ea	AL	* Tablets restricted to use in Attention Deficit Hyperactivity Disorder in individuals from 6 through 17 years of age only.
	Tablets, extended release *	18 mg 27 mg 36 mg 54 mg	ea ea ea ea	AL, LR	* Extended release tablets restricted to use in Attention Deficit Hyperactivity Disorder in individuals from 6 through 17 years of age only.
	Capsules, extended release (CD) *	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	ea ea ea ea ea ea	LR	* Restricted to use in Attention Deficit Hyperactivity Disorder in individuals from 6 through 15 years of age only.
	Capsules, extended release (LA) *	10 mg 20 mg 30 mg 40 mg 60 mg	ea ea ea ea ea	LR	* Restricted to use in Attention Deficit Hyperactivity Disorder in individuals from 6 through 12 years of age only. * Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Central Nervous System: Appetite Stimulant					
Dronabinol *	Capsules	2.5 mg 5 mg 10 mg	ea ea ea		* Restricted to use in the treatment of anorexia associated with weight loss in patients with AIDS. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Central Nervous System: Miscellaneous					
Memantine HCl	Titration Pack Tablets Solution Capsules, Extended Release	5 mg – 10 mg 5 mg 10 mg 2 mg/ml 7 mg 14 mg 21 mg 28 mg	ea ea ea ml ea ea ea ea		
Milnacipran HCl *	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea	AL	* Use of Milnacipran HCl in beneficiaries less than 18 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Titration Pack Tablets	12.5 mg, contains 5 Tablets 25 mg, contains 8 Tablets 50 mg, contains 42 Tablets	ea ea ea		
Central Nervous System: Psychotropics					
Aripiprazole *	Tablets Tablets, orally disintegrating Oral Solution	2 mg 5 mg 10 mg 15 mg 20 mg 30 mg 10 mg 15 mg 1 mg/ml	ea ea ea ea ea ea ea ea ml	AL	* Restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Asenapine *	Sublingual Tablets	2.5 mg 5 mg 10 mg	ea ea ea	AL, LR	* The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization. Restricted to NDC labeler code 00456.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Chlorpromazine *	Tablets +	10 mg 25 mg 50 mg 100 mg 200 mg	ea ea ea ea ea		* Restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Clozapine *	Tablets Tablets, orally disintegrating	25 mg 50 mg 100 mg 200 mg 12.5 mg 25 mg 100 mg 150 mg 200 mg	ea ea ea ea ea ea ea ea ea	AL	* Restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Fluphenazine *	Tablets + Liquid	1 mg 2.5 mg 5 mg 10 mg 0.5 mg/ml	ea ea ea ea ml	AL	* Fluphenazine is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Liquid concentrate	5 mg/ml	ml		is restricted to FDA approved indications.
Haloperidol *	Tablets + Liquid	0.5mg 1mg 2mg 5mg 10mg 20mg 2mg/ml, 15ml 2mg/ml, 120ml	ea ea ea ea ea ea ml ml	AL	* Haloperidol is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Iloperidone *	Tablets	1 mg 2 mg 4 mg 6 mg 8 mg 10 mg 12 mg		AL, LR	* Iloperidone is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications; and 3) Restricted to labeler codes 43068 and 00078 only.
Lithium Carbonate *	Tablets Capsules Tablets, long-acting	300 mg 300 mg 300 mg	ea	AL	* Lithium Carbonate is for use in beneficiaries less than 12 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Lithium Citrate *	Liquid	8 mq/5 ml	ml	AL	* Lithium Citrate is for use in beneficiaries less than 12 years of age requires prior authorization approval.
Loxapine HCl *	Solution	25 mg/ml	ml	AL	* Loxapine HCl is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Loxapine Succinate *	Capsules	5 mg 10 mg 25 mg 50 mg	ea		* Loxapine Succinate is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Lurasidone Hydrochloride *	Tablets	20 mg 40 mg 60 mg 80 mg 120 mg	ea	LR	* Restricted to NDC labeler code 63402.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Molindone Hydrochloride *	Tablets + Liquid	5 mg 10 mg 25 mg 50 mg 100 mg 20 mg/ml, 120 ml	ea ea ea ea ml ml	AL	* Molindone Hydrochloride is restricted to 1) The use of antipsychotics for Medi-Cal beneficiaries 0 thru 17 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Olanzapine *	Tablets Tablets, orally disintegrating	2.5 mg 5 mg 7.5 mg 10 mg 15 mg 20 mg 5 mg 10 mg 15 mg 20 mg	ea ea ea ea ea ea ea ea ea ea	AL	* Olanzapine is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Perphenazine	See: Anti-Emetics				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Quetiapine Fumarate *	Tablets Extended-release tablets	25 mg 50 mg 100 mg 200 mg 300 mg 400 mg 50 mg 150 mg 200 mg 300 mg 400 mg	ea ea ea ea ea ea ea ea ea ea ea	AL	* Quetiapine Fumarate is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Risperidone *	Tablets Solution	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg 1 mg/ml	ea ea ea ea ea ea ml	AL	* Risperidone is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Thioridazine *	Tablets + Liquid Concentrate	10 mg 15 mg 25 mg 50 mg 100 mg 150 mg 200 mg 30 mg/ ml 100 mg/ ml	ea ea ea ea ea ea ea ml ml	AL	* Thioridazine is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Thiothixene *	Capsules + Liquid	1 mg 2 mg 5 mg 10 mg 20 mg 5 mg/ ml, 30 ml 5 mg/ ml, 120 ml	ea ea ea ea ea ml ml	AL	* Thiothixene is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Trifluoperazine *	Tablets +	1 mg 2 mg 5 mg 10 mg	ea ea ea ea	AL	* Trifluoperazine is restricted to 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Ziprasidone HCL *	Capsules	20 mg 40 mg 60 mg 80 mg	ea ea ea ea	AL	* Ziprasidone HCL is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Central Nervous System: Sedatives and Hypnotics The Department of Health Care Services (DHCS) recommends that a patient's use of a hypnotic in insomnia therapy be occasional rather than continuous.					
Flurazepam *	Capsules +	15 mg 30 mg	ea ea	AL, QL	* Restricted to a maximum quantity per dispensing of 60 capsules. Restricted to use in the treatment of insomnia. Use in beneficiaries less than 18 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Pentobarbital *	Suppositories	30 mg 60 mg 120 mg 200 mg	ea ea ea ea		* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Ramelteon *	Tablets	8 mg	ea	AL, QL	* Restricted to a maximum quantity per dispensing of 60 tablets in 30 days. Restricted to use in the treatment of insomnia. Use in beneficiaries less than 18 years of age requires prior authorization approval.
Temazepam *	Capsules +	7.5 mg 15 mg 30 mg	ea ea ea	AL	* Restricted to a maximum quantity per dispensing of 60 capsules. Restricted to use in the treatment of insomnia. Use in beneficiaries less than 18 years of age requires prior authorization approval. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Zolpidem Tartrate *	Tablets +	5 mg 10 mg	ea ea	AL, QL	* Restricted to a maximum quantity per dispensing of 60 tablets. Restricted to use in the treatment of insomnia only. Use in beneficiaries less than 18 years of age requires prior authorization approval. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Chelating Agent					
Sodium Polystyrene Sulfonate	Powder Suspension	 15 g/60 ml	gm ml		
Sodium Zirconium Cyclosilicate *	Powder Packets	5 gm 10 gm	ea ea	LR	* Restricted to NDC labeler code 00310.
Succimer	Capsules	100 mg	ea		
Diuretics & Cardiovascular: Antihypertensive (also see Diuretics)					
Acebutolol	Capsules +	200 mg 400 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Amlodipine Besylate/ Benazepril HCl	Capsules +	2.5 mg/10 mg 5 mg/10 mg 5 mg/20 mg 10 mg/20 mg 5 mg/40 mg 10 mg/40 mg	ea ea ea ea ea ea		
Amlodipine Besylate	Tablets +	2.5 mg 5 mg 10 mg	ea ea ea		
Amlodipine/Valsartan	Tablets	5 mg/160 mg 10 mg/160 mg 5 mg/320 mg 10 mg/320 mg	ea ea ea ea		
Amlodipine/Valsartan/ Hydrochlorothiazide	Tablets	5 mg/160 mg/ 12.5 mg 10 mg/160 mg/ 12.5 mg 5 mg/160 mg/ 25 mg 10 mg/160 mg/ 25 mg 10 mg/320 mg/ 25 mg	ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Atenolol	Tablets +	25 mg 50 mg 100 mg	ea ea ea		
Benazepril HCL	Tablets +	5 mg 10 mg 20 mg 40 mg	ea ea ea ea		
Benazepril HCL and Hydrochlorothiazide	Tablets +	5 mg – 6.25 mg 10 mg – 12.5 mg 20 mg – 12.5 mg 20 mg – 25 mg	ea ea ea ea		
Bisoprolol Fumarate	Tablets +	5 mg 10 mg	ea ea		
Captopril	Tablets +	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Clonidine Hydrochloride *	Tablets + Transdermal Patch +	0.1 mg 0.2 mg 0.3 mg 0.1 mg/24 hr 0.2 mg/24 hr 0.3 mg/24 hr	ea ea ea ea ea ea	AL	* Use in beneficiaries less than 6 years of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Diltiazem HCL	See: Vasodilating Agents				
Doxazosin Mesylate	Tablets +	1 mg 2 mg 4 mg 8 mg	ea ea ea ea		
Enalapril Maleate	Tablets +	2.5 mg 5 mg 10 mg 20 mg	ea		
Guanfacine HCl *	Tablets +	1 mg 2 mg	ea ea	AL	* Use of Guanfacine HCl in beneficiaries less than 6 years of age requires prior authorization approval.
Hydralazine	Injection Tablets +	20 mg/ml 10 mg 25 mg 50 mg 100 mg	ml ea ea ea ea		
Isradipine	Capsules +	2.5 mg 5 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Labetalol HCl	Tablets +	100 mg 200 mg 300 mg	ea ea ea		
Lisinopril	Tablets +	2.5 mg 5 mg 10 mg 20 mg 30 mg 40 mg	ea		
Lisinopril and Hydrochlorothiazide	Tablets +	10 mg-12.5 mg 20 mg-25 mg	ea		
Losartan	Tablets +	25 mg 50 mg 100 mg	ea		
Losartan and Hydrochlorothiazide	Tablets +	50 mg-12.5 mg 100 mg-12.5 mg 100 mg-25 mg	ea		
Methyldopa	Tablets +	125 mg 250 mg 500 mg	ea ea ea		
Methyldopa with Hydrochlorothiazide	Tablets +	250 mg – 15 mg 250 mg – 25 mg 500 mg – 30 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Metoprolol Succinate	Tablets, extended-release +	25 mg 50 mg 100 mg 200 mg	ea ea ea ea		
Metoprolol Tartrate	Tablets, extended-release + Injection	25 mg 50 mg 100 mg 1 mg/ml, 5 ml	ea ea ea ml		
Nicardipine	See: Vasodilating agents				
Nisoldipine, extended release	Tablets	8.5 mg 17 mg 25.5 mg 34 mg	ea ea ea ea		
Penbutolol Sulfate	Tablets +	20 mg	ea		
Pindolol	Tablets +	5 mg 10 mg	ea		
Prazosin HCl	Capsules +	1 mg 2 mg 5 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Propranolol	Injection	1 mg/ml, 1 ml	ml		
	Tablets +	10 mg	ea		
		20 mg	ea		
		40 mg	ea		
		60 mg	ea		
		80 mg	ea		
		90 mg	ea		
	Liquid	4 mg/ml	ml		
		8 mg/ml	ml		
	Liquid *	4.28 mg/ml	ml	LR	* Restricted to use in the treatment of proliferating infantile hemangioma. Restricted to NDC labeler code 64370.
Ramipril	Capsules +	1.25 mg	ea		
		2.5 mg	ea		
		5 mg	ea		
		10 mg	ea		
Sildenafil Citrate *	Tablets	20 mg	ea		* Restricted to use for pulmonary arterial hypertension
Telmisartan	Tablets +	20 mg	ea		
		40 mg	ea		
		80 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Telmisartan and Hydrochlorothiazide	Tablets +	40 mg/12.5 mg 80 mg/12.5 mg 80 mg/25 mg	ea ea ea		
Terazosin Hydrochloride	See: Prostate Agents				
Timolol Maleate	Tablets	5 mg 10 mg 20 mg	ea ea ea		
Valsartan	Tablets +	40 mg 80 mg 160 mg 320 mg	ea ea ea ea		
Valsartan/ Hydrochlorothiazide	Tablets +	80 mg – 12.5 mg 160 mg – 12.5 mg 160 mg – 25 mg 320 mg – 12.5 mg 320 mg – 25 mg	ea ea ea ea ea		
Verapamil HCL	See: Vasodilating agents				
Diuretics & Cardiovascular: Cardiac Drugs					
Amiodarone	Tablets	100 mg 200 mg 400 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Betaxolol	Tablets +	10 mg 20 mg	ea ea		
Captopril	See: Antihypertensive				
Carvedilol	Tablets	3.125 mg 6.25 mg 12.5 mg 25 mg	ea ea ea ea		
Carvedilol Phosphate *	Extended Release Capsules	10 mg 20 mg 40 mg 80 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00007 only.
Digoxin	Injections Tablets + Liquid	0.25 mg /ml 0.125 mg 0.25 mg 0.5 mg 0.05 mg/ml	ml ea ea ea ml		
Enalapril Maleate	See: Antihypertensive				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Flecainide Acetate	Tablets	50 mg 100 mg 150 mg	ea ea ea		
Metoprolol Succinate	See: Antihypertensive				
Metoprolol Tartrate	See: Antihypertensive				
Mexiletine Hydrochloride	Capsules	150 mg 200 mg 250 mg	ea ea ea		
Procainamide	Injection Capsules or Tablets + Capsules or Tablets, long-acting +	100 mg/ml, 10 ml 250 mg 375 mg 500 mg 250 mg 500 mg 750 mg 1000 mg	ml ea ea ea ea ea ea ea		
Propranolol	See: Antihypertensive				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Quinidine Gluconate	Injection Tablets, long acting +	80 mg/ml, 10 ml 324 mg	ml ea		
Quinidine Sulfate	Tablets + Tablets or capsules	100 mg 200 mg 300-325 mg	ea ea ea ea		
Sotalol HCl	Tablets	80 mg 120 mg 160 mg 240 mg	ea ea ea ea		
Sotalol HCL AF	Tablets	80 mg 120 mg 160 mg	ea ea ea		
Timolol Maleate	See: Antihypertensive				
Diuretics & Cardiovascular: Diuretics					
Acetazolamide	See: Anti-Glaucoma Agents				
Bumetanide	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Chlorthalidone	Tablets +	25 mg 50 mg 100 mg	ea ea ea		
Ethacrynic Acid	Tablets +	25mg	ea		
Furosemide	Injection Tablets + Liquid	10 mg/ml 20 mg 40 mg 80 mg 10 mg/ml, 60 ml 10 mg/ml, 120 ml	ml ea ea ea ml ml		
Hydrochlorothiazide	Capsules + Tablets +	12.5 mg 25 mg 50 mg 100 mg	ml ea ea ea		
Indapamide	Tablets or Capsules +	1.25 mg 2.5 mg	ea ea		
Metolazone	Tablets +	2.5 mg 5 mg 10 mg	ea ea ea		
Spironolactone	Tablets	25 mg 50 mg 100 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Spironolactone with Hydrochlorothiazide	Tablets	25 mg/25 mg 50 mg/50 mg	ea ea		
Triamterene	Capsules +	50 mg 100 mg	ea ea		
Triamterene with Hydrochlorothiazide	Capsules + Tablets +	37.5 mg/25 mg 50 mg/25 mg 75 mg/50 mg	ea ea ea		
Diuretics & Cardiovascular: Vasodilating Agents					
Diltiazem HCL	Tablets + Tablets or Capsules, long acting + Tablets or capsules, once-a-day +	30 mg 60 mg 90 mg 120 mg 60 mg 90 mg 120 mg 120 mg 180 mg 240 mg 300 mg 360 mg 420 mg	ea ea ea ea ea ea ea ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Isosorbide Dinitrate	Tablets +				
	Sublingual	2.5 mg	ea		
		5 mg	ea		
		10 mg	ea		
	Chewable	5 mg	ea		
		10 mg	ea		
	Oral	5 mg	ea		
		10 mg	ea		
		20 mg	ea		
		30 mg	ea		
		40 mg	ea		
Isosorbide Dinitrate and Hydralazine Hydrochloride *	Tablets	20 mg-37.5 mg	ea	LR	* Restricted to NDC labeler code 24338.
Isosorbide Mononitrate	Tablets, Extended Release	30 mg	ea		
		60 mg	ea		
		120 mg	ea		
Nicardipine	Capsules +	20 mg	ea		
		30 mg	ea		
	Tablets or capsules, long-acting +	30 mg	ea		
		45 mg	ea		
		60 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Nifedipine	Capsules + Tablets or Capsules, long-acting +	10 mg 20 mg 30 mg 60 mg 90 mg	ea ea ea ea ea		
Nitroglycerin (Glyceryl Trinitrate)	Tablets (sublingual) (no long-acting forms) + Ointment Spray, lingual	0.15 mg 0.3 mg 0.4 mg 0.6 mg 2 %, 20 gm 2 %, 30 gm 2 %, 60 gm 2 %, 12 gm	ea ea ea ea gm gm gm gm		
Verapamil HCl	Tablets + Tablets or Capsules, long acting + Injection	80 mg 120 mg 120 mg 180 mg 240 mg 5 mg/2 ml ampule	ea ea ea ea ea ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)		10 mg/4 ml ampule 5 mg/2 ml vial 10 mg/4 ml vial	ml ml		
Expectorants and Cough Preparations					
Benzonatate	Capsules	100 mg 200 mg	ea ea		
Chlorpheniramine Maleate with Pseudoephedrine HCL and Codeine *	Liquid		ml		* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Guaifenesin with Codeine *	Liquid	100 mg-10 mg/ 5 ml	ml		* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Potassium Iodide Saturated Solution (S.S.K.I.)	Liquid		ml		
Promethazine with Codeine *	Liquid		ml	AL, QL	* Promethazine with Codeine is restricted to individuals 2 years of age and older. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Promethazine with Dextromethorphan *	Liquid		ml	AL	* Promethazine with Dextromethorphan is restricted to individuals 2 years of age and older.
Promethazine with Phenylephrine *	Liquid		ml	AL	* Promethazine with Phenylephrine is restricted to individuals 2 years of age and older.
Promethazine with Phenylephrine and Codeine *	Liquid		ml	AL, QL	* Promethazine with Phenylephrine and Codeine is restricted to individuals 2 years of age and older. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Gallstone Dissolving Agent					
Ursodiol	Capsules Tablets	300 mg 250 mg 500 mg	ea ea ea		
Gastro-Intestinal Drugs: Antacids & Absorbents					
Aluminum and Magnesium Hydroxide Gel					
Aluminum Hydroxide and Magnesium Trisilicate Gel					

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Aluminum Hydroxide Gel					
Aluminum Hydroxide, Magnesium Hydroxide, and Simethicone					
Calcium Carbonate and Magnesium Carbonate					
Gastro-Intestinal Drugs: Anti-Diarrhea Agents					
Bismuth Subsalicylate					
Diphenoxylate HCL with Atropine Sulfate *	Tablets Liquid	2.5 mg 2.5 mg/5 ml	ea ml		* Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Loperamide	Capsules	2 mg	ea		
Paregoric	Liquid				
Paregoric and Protective	Liquid		ml		
Gastro-Intestinal Drugs: Anti-Inflammatory Agents					
Balsalazide Disodium	Capsules	750 mg	ea		
Sulfasalazine	Tablets +	0.5 gm	ea		
Mesalamine *	Tablets	1.2 gm	ea	LR	* Restricted to NDC labeler Code 54092.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Gastro-Intestinal Drugs: Bile Acid Modifier					
Ursodiol	See: Gallstone Dissolving Agent				
Gastro-Intestinal Drugs: Digestant Preparations					
Pancrelipase (Amylase/ Lipase/Protease)	Tablets		ea		
	Capsules		ea		
	Capsules with enteric coated granules		ea		
	Capsules, delayed release*	3,000 USP units of lipase; 9,500 USP units of protease; 15,000 USP units of amylase	ea		* Restricted to labeler code 00032 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)		6,000 USP units of lipase; 19,000 USP units of protease; 30,000 USP units of amylase	ea		
		12,000 USP units of lipase; 38,000 USP units of protease; 60,000 USP units of amylase	ea		
		24,000 USP units of lipase; 76,000 USP units of protease; 120,000 USP units of amylase	ea		
		36,000 USP units of lipase; 114,000 USP units of protease; 180,000 USP units of amylase	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Capsules, delayed release*	3,000 USP units of lipase; 10,000 USP units of protease; 14,000 USP units of amylase	ea		* Restricted to NDC labeler code 00023 and 73562 only.
		5,000 USP units of lipase; 17,000 USP units of protease; 24,000 USP units of amylase	ea		
		10,000 USP units of lipase; 32,000 USP units of protease; 42,000 USP units of amylase	ea		
		15,000 USP units of lipase; 47,000 USP units of protease; 63,000 USP units of amylase	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)		20,000 USP units of lipase; 63,000 USP units of protease; 84,000 USP units of amylase	ea		
		25,000 USP units of lipase; 79,000 USP units of protease; 105,000 USP units of amylase	ea		
		40,000 USP units of lipase; 126,000 USP units of protease; 168,000 USP units of amylase	ea		
Gastro-Intestinal Drugs: G.I. Stimulant					
Metoclopramide HCl	Tablets	5 mg 10 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Syrup Injection	5 mg/5 ml 5 mg/1 ml	ml ml		
Gastro-Intestinal Drugs: H+/K+ ATPase Enzyme System Inhibitors					
Dexlansoprazole *	Capsules, delayed-release +	30 mg 60 mg	ea ea	LR	* Restricted to brand name Dexilant with NDC labeler code 64764 only.
Esomeprazole Magnesium	Capsules, delayed release +	20 mg 40 mg	ea ea		
Omeprazole	Capsules, delayed release	10 mg 20 mg 40 mg	ea ea ea		
Pantoprazole Sodium	Tablets, delayed release +	20 mg 40 mg	ea ea		
Gastro-Intestinal Drugs: Heliobacter Pylori Treatment					
Bismuth Subcitrate Potassium/ Metronidazole/ Tetracycline HCL *	Capsules	140 mg/125 mg/125 mg	ea	LR	* Restricted to NDC labeler code 58914 only.
Omeprazole/ Amoxicillin/Rifabutin *	Capsules, delayed release	10 mg/250 mg/12.5 mg	ea	LR	* Restricted to NDC labeler code 57841 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Gastro-Intestinal Drugs: Histamine H2-Receptor Antagonists					
Cimetidine	Injection	300 mg/2 ml 300 m/8 ml 300 mg in 0.9% sodium chloride, 50 ml	ml ml ml		
	Liquid	300 mg/5 ml	ml		
	Tablets or Capsules +	300 mg 400 mg 800 mg	ea ea ea		
Famotidine	Tablets +	20 mg 40 mg	ea ea		
	Oral Suspension	40 mg/5mL	ml		
Ranitidine HCL	Tablets +	150 mg 300 mg	ea ea		
	Syrup	15 mg/ml	ml		
Gastro-Intestinal Drugs: Laxatives					
Bisacodyl EC	Tablets, delayed release	5 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Naloxegol Oxalate *	Tablets	12.5 mg 25 mg	ea ea	LR	*Naloxegol Oxalate is restricted to use in the treatment of opioid-induced constipation in patients with chronic pain. Also restricted to NDC labeler code 57841 only.
Polyethylene Glycol 3350	Powder	238 gm 510 gm	gm		
Polyethylene Glycol 3350 and Electrolytes	Solution	4000 ml	ml		
Gastro-Intestinal Drugs: Prostaglandin Analog					
Misoprostol	Tablets	100 mcg 200 mcg	ea ea		
Gastro-Intestinal Drugs: Ulcer Adherent					
Sucralfate	Tablets Liquid	1 gm 1 gm/10 ml	ea ml		
Gold Compounds					
Auranofin	Capsules +	3 mg	ea		
Gonadotropin-Releasing Hormones Combinations					
Elagolix *	Tablets	150 mg 200 mg	ea ea	LR	* Restricted to the management of pain associated with endometriosis. Also restricted to labeler code 00074 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Elagolix, Estradiol and Norethindrone Acetate *	Capsule packet	28 x 300 mg & 28 x 300 mg/ 1 mg/0.5 mg	ea	LR	* Restricted to the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women. Also restricted to labeler code 00074 only.
Leuprolide Acetate	Syringe Kit (Fensolvi®) * 1-Month Syringe Kit (Lupron Depot-Ped®) * 3-Month Syringe Kit (Lupron Depot-Ped®) *	45 mg 7.5 mg 11.25 mg 15 mg 11.25 mg 30 mg	ea ea ea ea ea ea	AL, LR	* Restricted to patients 2-17 years of age with central precocious puberty for Fensolvi® only. Also restricted to labeler code 62935. * Restricted to patients with central precocious puberty for Lupron Depot-Ped®. Also restricted to NDC labeler code 00074.
Hemorheologic Agents					
Cilostazol	Tablets	50 mg 100 mg	ea ea		
Pentoxifylline	Tablets, extended release	400 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hormones: Androgens					
Fluoxymesterone *	Tablets	2 mg 5 mg 10 mg	ea		* Fluoxymesterone is restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty or metastatic mammary cancer in females. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Methyltestosterone *	Tablets	5 mg 10 mg 25 mg	ea ea ea		* Methyltestosterone is restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty, or metastatic mammary cancer in females. Please refer to the *Opioid Limitation Policy* section for drug specific limitations.
Testosterone	See: Anti-Neoplastics				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hormones: Contraceptives					
Desogestrel and Ethinyl Estradiol *	Tablets	0.15 mg – 30 mcg Tablets from 21 Tablet Packet	ea	QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4), regarding exceptions.
		Tablets from 28 Tablet Packet	ea		
	Tablets from the 21/2/5 Combination Packet (28 Tablets/Packet)	21 x 0.15 mg Desogestrel/ 0.02 mg ethinyl estradiol 2 x inert 5 x 0.01 mg ethinyl estradiol	ea		
	Tablets from 7/7/7 Combination Packet (28 Tablets/Packet)	7 x 0.100 mg/ 0.025 mg 7 x 0.125 mg/ 0.025 mg 7 x 0.150 mg/ 0.025 mg 7 x inert	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Drospirenone/ Ethinyl estradiol/ Levomefolate Calcium *	Tablets	28 tablets/packet 24x3 mg/0.02mg/ 0.451 mg 4x0.451 mg Levomefolate Calcium 28 tablets/packet 21x3 mg/0.03mg/ 0.451 mg 7x0.451 mg Levomefolate Calcium		LR, QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. Restricted to NDC labeler code 50419.
Estradiol Valerate/Dienogest *	Tablets	28 tablets/packet 2x3 mg Estradiol Valerate 5x2 mg/2 mg 17x2 mg/3 mg 2x1 mg Estradiol Valerate 2 x inert	ea	LR, QL	* Estradiol Valerate/Dienogest is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. Also restricted to NDC labeler code 50419.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ethinyl Estradiol/ Drospirenone *	Tablets	0.03 mg – 3 mg 0.02 mg – 3 mg	ea	QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ethynodiol Diacetate and Ethinyl Estradiol *	Tablets	1 mg – 35 mcg, Tablets from 21-Tablet Packet 1 mg – 35 mcg, Tablets from 28-Tablet Packet 1 mg – 50 mcg, Tablets from 21-Tablet Packet 1 mg – 50 mcg, Tablets from 28-Tablet Packet	ea ea ea ea	QL	* Ethynodiol Diacetate and Ethinyl Estradiol are restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on a continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Etonogestrel and Ethinyl Estradiol *	Vaginal Ring +	0.120 mg – 0.015 mg	ea	QL	* Etonogestrel and Ethinyl Estradiol are restricted to a maximum dispensing quantity of up to 13 rings per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive vaginal rings may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Lactic Acid, Citric Acid and Potassium Bitartrate *	Vaginal Gel		gm	LR, QL	* Restricted to one (1) box (12 single-use applicators) per dispensing and limited to three (3) dispensings per any 75-day period. Also restricted to NDC labeler code 69751 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Levonorgestrel and Ethinyl Estradiol *	Tablets	0.1 mg – 20 mcg, Tablets from 21 Tablet Packet 0.1 mg – 20 mcg, Tablets from 28 Tablet Packet 0.15 mg – 30mcg, Tablets from 21 Tablet Packet 0.15 mg – 30mcg, Tablets from 28 Tablet Packet 0.15 mg – 30mcg, Tablets from 91 Tablet Packet 0.1 – 0.02 – 0.01 mg	ea	QL	* Levonorgestrel and Ethinyl Estradiol are restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Tablets from 6/5/10 Combination Packet (21 Tablets/Packet)	6x0.05mg/30 mcg 5 x 0.075 mg/ 40 mcg 10 x 0.125 mg/30 mcg	ea		
	Tablets from 6/5/10 Combination Packet (28 Tablets/Packet)	6x0.05mg/30 mcg 5 x 0.075 mg/ 40 mcg 10 x 0.125 mg/30 mcg7 x inert	ea		
	Transdermal Patch *	2.6 mg – 2.3 mg	ea	LR, QL	* Restricted to a maximum dispensing quantity of up to 52 patches per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A Prior Authorization (PA) is required for the third supply of up to 12 months of the same product requested within a year. Also restricted to NDC labeler code 71671 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Levonorgestrel and Ethinyl Estradiol/Ethinyl Estradiol	Tablets	0.15 – 0.03 – 0.01 mg	ea	QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Norelgestromin and Ethinyl Estradiol *	Transdermal Patch	6 mg – 0.75 mg 4.86 mg – 0.53 mg *	ea ea	QL LR	* Norelgestromin and Ethinyl Estradiol are restricted to a maximum dispensing quantity of up to 52 patches per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. * The 4.86mg-0.53mg formulation is restricted to labeler code 00378.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Norethindrone *	Tablets	0.35 mg Tablets from 28 Tablet Packet 0.35 mg Tablets from 42 Tablet Packet	ea ea	QL	*Norethindrone is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Norethindrone and Ethinyl Estradiol *	Tablets	0.4 mg – 35 mcg Tablets from 21 Tablet Packet	ea	QL	* Norethindrone and Ethinyl Estradiol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
		0.4 mg – 35 mcg Tablets from 28 Tablet Packet	ea		
		0.5 mg – 35 mcg Tablets from 21 Tablet Packet	ea		
		0.5 mg – 35 mcg Tablets from 28 Tablet Packet	ea		
		1 mg – 35 mcg Tablets from 21 Tablet Packet	ea		
		1 mg – 25 mcg Tablets from 28 Tablet Packet	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Tablets from 7/7/7 Combination Packet	7x0.5 mg/35 mcg	ea		
	Tablets from 21 Tablet Packet	7x0.75 mg/35mcg	ea		
	Tablets from 28 Tablet Packet	7x1.0 mg/35 mcg	ea		
	Tablets from 7/9/5 Combination Packet	7x0.5 mg/35 mcg	ea		
	Tablets from 21 Tablet Packet	9x1.0 mg/35 mcg	ea		
	Tablets from 28 Tablet Packet	5x0.5 mg/35 mcg	ea		
	Tablets from 10/11 Combination Packet	10x0.5 mg/35mcg	ea		
	Tablets from 21 Tablet Packet	11 x 1 mg/35 mcg	ea		
	Tablets from 28 Tablet Packet				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Norethindrone/Ethinyl Estradiol/Iron *	Tablets	1 -0.02 mg	ea	QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Norethindrone and Mestranol *	Tablets	1 mg – 50 mcg Tablets from 21 tablet packet 1 mg – 50 mcg Tablets from 28 tablet packet	ea ea	QL	* Norethindrone and Mestranol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
Norgestimate and Ethinyl Estradiol (Lo)	Tablets	7x.018mg/25mcg 7x0.215mg/25mcg 7x0.25mg/25mcg	ea	QL	* Norgestimate and Ethinyl Estradiol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Norgestimate and Ethinyl Estradiol *	Tablets from 7/7/7 (tri-phasic) Combination Packet (21 Tablets/Packet)	7x0.180mg/35mcg 7x0.215mg/35mcg 7x0.250mg/35mcg	ea	QL	* Norgestimate and Ethinyl Estradiol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Tablets from 7/7/7 (tri-phasic) Combination Packet (28 Tablets/Packet) Tablets from Monophasic Packet (28 tablets/packet)	7x0.180mg/35mcg 7x0.215mg/35mcg 7x0.250mg/35mcg 7 inert 21x0.25mg/35mcg 7 inert	ea ea		contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
Norgestrel and Ethinyl Estradiol *	Tablets	0.3 mg – 30 mcg Tablets from 21 tablet packet 0.3 mg – 30 mcg Tablets from 28 tablet packet 0.5 mg – 50 mcg Tablets from 21 tablet packet 0.5 mg – 50 mcg Tablets from 28 tablet packet	ea ea ea ea	QL	* Norgestrel and Ethinyl Estradiol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
Segesterone Acetate and Ethinyl Estradiol *	Vaginal Ring	103 mg – 17.4 mg	ea	LR, QL	* Segesterone Acetate and Ethinyl Estradiol is restricted to NDC labeler code 50261 and restricted to a maximum quantity of 1 ring per dispensing. The maximum quantity is intended for beneficiaries on a continuous cycle. Restricted to a maximum of 2 dispensings in a 12-month period. A prior authorization request is required for a third dispensing of the same product requested within a 12-month period.
Ulipristal Acetate *	Tablets	30 mg	each	LR, QL	* Ulipristal Acetate is restricted to a maximum quantity of one tablet per dispensing with a maximum of six dispensings in any 12-month period and for females only. Ulipristal Acetate is also restricted to NDC labeler codes 50102 and 73302 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hormones: Estrogens & Combinations					
Estradiol	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		
	Transdermal system once-weekly patch	0.025 mg 0.05 mg 0.075 mg 0.1 mg	ea ea ea ea		
	Transdermal system twice-weekly patch	0.1 mg	ea		
	Vaginal ring	2 mg	ea		
Estrogens, Conjugated	Tablets or Capsules +	0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg	ea ea ea ea ea		
	Vaginal Cream	Tube- refill Tube with applicator	gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Estrogens, conjugated and Medroxyprogesterone Acetate	Tablets	0.625 mg–2.5 mg Tablets from 28-tablet package 0.625 mg – 5 mg Tablets from 28-tablet package	ea ea		
Estrogens, Esterified	Tablets or Capsules +	0.3 mg 0.625 mg 1.25 mg 2.5 mg	ea ea ea ea		
Hormones: Glucocorticoids					
Cortisone	Injection	50 mg/ml	ml		
Dexamethasone	Elixir Solution Tablets	0.5 mg/5 ml 0.5 mg/5 ml 0.5 mg 0.75 mg 1.0 mg 1.5 mg 2.0 mg 4.0 mg 6.0 mg	ml ea ea ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Injection	4 mg/ml	ml		
	Ophthalmic Ointment	0.05 % 0.1 %	gm		
	Ophthalmic Solution		ml		
Fludrocortisone Acetate	Tablets	0.1 mg	ea		
Hydrocortisone	Injection	25 mg/ml, 5 ml 25 mg/ml, 10 ml 50 mg/ml, 5 ml 50 mg/ml, 10 ml	ml ml ml ml		
	Tablets	5 mg 10 mg 20 mg	ea ea ea		
	Rectal foam, aerosol with rectal applicator	10%	gm		
	Retention enema	100 mg/60 ml, 60 ml	ml		
	Topical cream	1 % 2.5 %	gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Lotion	1 % 2.5 %	ml ml		
	Ointment	1 % 2.5 %	gm gm		
Methylprednisolone	Dosepak	4 mg	ea		
	Tablets	4 mg	ea		
Prednisolone	Injection	20 mg/ml, 2 ml 20 mg/ml, 5 ml 20 mg/ml, 10 ml 25 mg/ml, 10 ml 25 mg/ml, 30 ml	ml ml ml ml ml		
	Tablets	5 mg	ea		
	Liquid	5 mg/5 ml 15 mg/5 ml	ml ml		
Prednisolone Sodium Phosphate	Orally Disintegrating Tablets	10 mg 15 mg 30 mg	ea ea ea		
	Solution	15 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Prednisone	Tablets	1 mg 2.5 mg 5 mg 10 mg 20 mg 50 mg	ea ea ea ea ea ea		
Triamcinolone	Intralesional	25 mg/ ml	ml		
	Parenteral	10 mg/ ml, 5 ml 40 mg/ ml, 1 ml 40 mg/ ml, 5 ml	ml ml ml		
	Cream (low-sensitizing base excluded)	0.025 % 0.1 % 0.5 %	gm gm gm		
	Ointment (low-sensitizing base excluded)	0.025 % 0.1 % 0.5 %	gm gm gm		
	Lotion	0.025 %, 60 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Aerosol inhaler with adapter Nasal spray Paste	20 gm 50 mcg/actuation, 15 ml 0.1 %	gm ml gm		
Hormones: Hypoglycemics					
Acarbose	Tablets +	25 mg 50 mg 100 mg	ea		
Alogliptin *	Tablets	6.25 mg 12.5 mg 25 mg	ea ea ea	LR	* Restricted to NDC labeler code 64764 only.
Alogliptin/ Metformin HCL *	Tablets	12.5 mg/500 mg 12.5 mg/1000 mg	ea ea	LR	* Restricted to NDC labeler code 64764 only.
Alogliptin/ Pioglitazone	Tablets	12.5 mg/15 mg 12.5 mg/30 mg 12.5 mg/45 mg 25 mg/15 mg 25 mg/30 mg 25 mg/45 mg	ea ea ea ea ea ea		
Chlorpropamide	Tablets +	100 mg 250 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Dapagliflozin *	Tablets	5 mg 10 mg	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Dapagliflozin/ Metformin HCl Extended Release	Tablets	5 mg/500 mg 5 mg/1000 mg 10 mg/500 mg 10 mg/1000 mg	ea ea ea ea		
Dulaglutide *	Injection, pen	0.75 mg/0.5 ml 1.5 mg/0.5 ml 3 mg/0.5 ml 4.5 mg/0.5 ml	ml ml ml ml	LR	* Restricted to NDC labeler Code 00002.
Empagliflozin	Tablets	10 mg 25 mg	ea		
Empagliflozin/ Linagliptin *	Tablets	10 mg/5 mg 25 mg/5 mg	ea	LR	* Empagliflozin/Linagliptin is restricted to NDC labeler code 00597.
Empagliflozin/ Linagliptin/Metformin *	Tablets	5mg/2.5mg/ 1000 mg 10mg/5mg/ 1000 mg 12.5mg/2.5mg/ 1000 mg 25mg/5mg/ 1000 mg	ea	LR	* Empagliflozin/Linagliptin/ Metformin HCl is restricted to NDC labeler code 00597.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Empagliflozin/ Metformin *	Tablets Tablets, Extended - Release	5 mg/500 mg 5 mg/1000 mg 12.5 mg/500 mg 12.5 mg/1000 mg 5 mg/1000 mg 10 mg/1000 mg 12.5 mg/1000 mg 25 mg/1000 mg	ea	LR	* Empagliflozin/ Metformin HCl is restricted to NDC labeler code 00597.
Exenatide *	Pre-filled Extended Release Injectable Suspension Pen Pre-filled Injectable Pen *	2.5 mg/pen 250mcg/ml, 1.2ml 250mcg/ml, 2.4ml	ea ml ml	LR	* Exenatide is restricted to use in the treatment of Type 2 diabetes and NDC labeler code 00310 only.
Glimepiride	Tablets +	1 mg 2 mg 4 mg	ea ea ea		
Glipizide	Tablets + Tablets, Long Acting +	5 mg 10 mg 2.5 mg 5 mg 10 mg	ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Glipizide and Metformin HCl	Tablets+	5 mg/500 mg	ea		
Glyburide	Tablets + Tablets, Micronized +	1.25 mg 2.5 mg 5 mg 1.5 mg	ea ea ea ea		
Glyburide and Metformin HCl	Tablets +	1.25 mg/250 mg 2.5 mg/500 mg 5 mg/500 mg	ea ea ea		
Insulin	Injection, concentrated, USP (rDNA Origin) regular	500 units/ml, 20 ml	ml		
Insulin Glargine (rDNA Origin) *	Injection Prefilled Pen	100 units/ml, 10 ml 100 units/ml, 3 ml x 5	ml ml	LR	* Insulin Glargine (rDNA Origin) is restricted to NDC labeler code 00088, 00002, and 49502 only.
Insulin Glargine-YFGN	Vial Prefilled Pen	100 units/ml, 10 ml 100 units/ml, 3 ml x 5	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Insulin Aspart *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler code 00169 only.
	Injection	100 units/ml, 10 ml	ml		
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart (niacinamide) *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler code 00169 only.
	Injection	100 units/ml, 10 ml	ml		
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart Protamine Suspension/Insulin Aspart, (rDNA Origin) *	Injection, Insulin aspart protamine 70% and Insulin aspart 30%	100 units/ml, 10 ml	ml		* Restricted to NDC labeler code 00169 only.
	Prefilled Pen, Insulin aspart protamine 70% and insulin aspart 30%	100 units/ml, 3 ml x 5	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Insulin Degludec *	Injection Prefilled Pen	100 units/ml 100 units/ml, 3 ml x 5 200 units/ml, 3 ml x 3	ml ml ml	LR	* Restricted to NDC labeler code 00169 only.
Insulin Detemir (rDNA Origin) *	Injection Prefilled Pen	100 units/ml 100 units/ml, 3 ml x 5	ml ml	LR	* Restricted to NDC labeler code 00169 only.
Insulin Lispro (rDNA Origin) *	Cartridge Injection Prefilled Pen	100 units/ml, 3 ml x 5 100 units/ml, 3ml 10ml 100 units/ml, 3 ml x 5	ml ml ml ml	LR	* Insulin Lispro (rDNA Origin) is restricted to NDC labeler codes 00002, 00024, and 66733 only. * Restricted to NDC labeler code 00024 for the 3 ml vial only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Insulin Lispro Protamine/Insulin Lispro (rDNA Origin) *	Injection Insulin lispro protamine 75% and insulin lispro 25%	100 units/ml, 10 ml	m	LR	* Insulin Lispro Protamine Suspension/Insulin Lispro Injection (rDNA Origin) is restricted to NDC labeler code 00002 only.
	Injection Insulin lispro protamine 50% and insulin lispro 50%	100 units/ml, 10 ml	ml		
	Prefilled pen Insulin lispro protamine 75% and insulin lispro 25%	100 units/ml, 3 ml X 5	ml		
	Prefilled pen Insulin lispro protamine 50% and insulin lispro 50%	100 units/ml, 3 ml X 5	ml		
Linagliptin *	Tablets	5 mg	ea	LR	* Linagliptin is restricted to NDC labeler code 00597 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Linagliptin/Metformin HCl *	Tablets Tablets, Extended Release	2.5 mg/500 mg 2.5 mg/850 mg 2.5 mg/1000 mg 2.5 mg/1000 mg 5 mg/1000 mg	ea ea ea ea ea	LR	* Linagliptin/Metformin HCl is restricted to NDC labeler code 00597 only.
Liraglutide *	Prefilled Pen	18 mg/3ml	ml	LR	* Restricted to use in improving glycemic control in patients with type II Diabetes Mellitus. Also, restricted to NDC labeler code 00169 only.
Metformin HCl	Tablets + Tablets, Extended Release (SCOT delivery system) + Tablets, extended release (GR drug delivery system) + Tablets, Extended Release + Solution, Oral	500 mg 850 mg 1000 mg 500 mg 1000 mg 500 mg 500 mg 750 mg 100 mg/ ml	ea ea ea ea ea ea ea ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Miglitol	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Nateglinide	Tablets Tablets +	60 mg 120 mg	ea ea		
Pioglitazone HCl	Tablets	15 mg 30 mg 45 mg	ea		
Pioglitazone HCl/ Glimepiride	Tablets	30 mg/2 mg 30 mg/4 mg	ea		
Pioglitazone HCl/ Metformin HCl	Tablets +	15 mg/500 mg 15 mg/850 mg	ea		
Pramlintide Acetate *	60 Pen Injector 120 Pen Injector	1.5 ml 2.7 ml	ml ml	LR	*Pramlintide Acetate is restricted to use in the treatment of Type 2 diabetes and NDC labeler code 00310 only.
Saxagliptin *	Tablets	2.5 mg 5 mg	ea ea	LR	* Saxagliptin is restricted to NDC labeler codes 00003 and 00310 only.
Saxagliptin/Metformin HCl Extended-Release *	Tablets	2.5 mg /1,000 mg 5 mg /500 mg 5 mg /1,000 mg	ea ea ea	LR	* Saxagliptin/Metformin HCL Extended Release is restricted to NDC labeler codes 00003 and 00310 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Semaglutide *	Prefilled Pen Tablets	0.25-0.5mg/1.5 ml 1 mg/1.5 ml 1 mg/3 ml 3 mg 7 mg 14 mg	ml ml ml ea ea ea	LR	* Restricted to use in improving glycemic control in patients with type II Diabetes Mellitus. Also, restricted to NDC labeler code 00169 only.
Sitagliptin *	Tablets	25 mg 50 mg 100 mg	ea ea ea	LR	* Sitagliptin is restricted to NDC labeler code 00006 only.
Sitagliptin/Metformin HCL	Tablets Tablets, Extended Release	50 mg/500 mg 50 mg/1000 mg 50 mg/500 mg 50 mg/1000 mg 100 mg/1000 mg	ea ea ea ea ea	LR	* Sitagliptin/Metformin HCL is restricted to NDC labeler code 00006 only.
Tolazamide	Tablets +	100 mg 250 mg 500 mg	ea ea ea		
Tolbutamide	Tablets +	250 mg 500 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hormones: Hypoglycemic Shock					
Dasiglucagon HCl *	Single Dose Auto-Injector Single Dose Prefilled Syringe	0.6 mg/0.6 ml 0.6 mg/0.6 ml	ml ml	LR, QL	* Restricted to no more than two (2) injections per dispensing and two (2) dispensings in any 12-month period. Also restricted to NDC labeler Code 80644.
Glucagon (R-DNA Origin) *	Injection, Emergency Kit	1 mg/vial	ea	LR	* Restricted to NDC labeler codes 00002 and 00169 only.
Glucagon (synthetic)	Nasal Powder * Prefilled Auto-Injector * Prefilled Syringe * Single-Dose Vial/ Syringe Kit *	3 mg 0.5 mg/0.1ml 1.0 mg/0.2 ml 0.5 mg/ 0.1 ml 1.0 mg/0.2 ml 1 mg/0.2 ml	ea ml ml ml ml ml	LR, QL	* Restricted to no more than two (2) devices per dispensing and two (2) dispensings in any 12-month period. Also restricted to NDC labeler code 00002 for the nasal powder only. * Restricted to no more than two (2) injections per dispensing and two (2) dispensings in any 12-month period. Also restricted to NDC labeler code 72065 for the prefilled auto-injector, syringe, and single-dose vial/syringe kit.
Hormones: Parathyroid					
Calcitonin-Salmon	Injection Nasal Spray	200 IU/ml 2200 IU/ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hormones: Pituitary					
Desmopressin	Injection	4 mcg/ml	ml		
	Nasal solution or spray	0.01 % 2.5ml 5 ml	ea ml		
	Tablets	0.1 mg 0.2 mg	ea ea		
Hormones: Progestins & Combinations					
Medroxyprogesterone Acetate	Injection	150 mg/ml 400 mg/ml	ml ml		
	Injection, prefilled syringe	150 mg/ml	ml		
	Prefilled syringe	104 mg/0.65 ml 400 mg/0.65 ml	ml ml		
	Tablets		ea		
Norethindrone Acetate and Ethinyl Estradiol *	Tablets	1 mg – 10 mcg/ 2 Fe tablets Tablets from 28 tablet packet	ea	LR, QL	* Norethindrone Acetate and Ethinyl Estradiol are restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed
		1 mg – 20 mcg Tablets from 21 tablet packet	ea	QL	

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)		1 mg – 20 mcg/ 7 Fe tablets Tablets from 28 tablet packet	ea	QL	twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. *The 1 mg to 10 mcg/2 Fe tablets are restricted to NDC Labeler Code 00430 only. **Note**: Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
		1.5 mg – 30 mcg Tablets from 21 tablet packet	ea	QL	
		1.5 mg – 30 mcg/ 7 Fe tablets Tablets from 28 tablet packet	ea	QL	
	Tablets from 5/7/9 combination packet (28 Tablets/packet)	5 x 1 mg/20 mcg 7 x 1 mg/30 mcg 9 x mg/35 mcg 7 inert	ea	QL	
Progesterone	Injection	50 mg/ml, 10 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hormones: Thyroid and Antithyroid					
Levothyroxine Sodium	Tablets or Capsules +	0.025 mg 0.05 mg 0.075 mg 0.088 mg 0.1 mg 0.112 mg 0.125 mg 0.137 mg 0.15 mg 0.175 mg 0.2 mg 0.3 mg	ea		
Liothyronine Sodium	Tablets	5 mcg 25 mcg 50 mcg	ea ea ea		
Methimazole	Tablets +	5 mg 10 mg	ea ea		
Propylthiouracil	Tablets +	50 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Thyroid	Tablets, plain +	15 mg 30 mg 65 mg 98 mg 120 mg 200 mg 250 mg 325 mg	ea ea ea ea ea ea ea ea		
Hypoprolactinemic Agent					
Bromocriptine Mesylate *	Tablets or Capsules +	2.5 mg 5 mg	ea ea	AL	* Use in beneficiaries less than 16 years of age requires prior authorization approval.
Immunomodulators					
Adalimumab (original or citrate free) *	Prefilled pens or syringes Starter Packages Chron.-UC-HS PS-UV-ADOL HS	10 mg/0.1 ml 20 mg/0.2 ml 40 mg/0.4 ml 40 mg/0.8 ml 80 mg/0.8 ml 40 mg/0.8 ml	ea ea ea ea ea ea ea	LR, QL	* Restricted to 1) FDA approved indications; and 2) a maximum quantity per dispensing of one carton (billing equivalent of two, three, four, or six pens or syringes) per 28-day period. Also restricted to NDC labeler code 00074 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Chron.-UC-HS Pedi. Chron. Pedi. UC PS-UV-ADOL HS (80 mg/40 mg) Pedi. Chron. (80 mg/40 mg)	80 mg/0.8 ml 80 mg/0.8 ml and 40 mg/0.4 ml	ea ea ea ea ea		
Apremilast *	Tablets	30 mg	ea	LR	* Restricted to the treatment of adult patients with psoriatic arthritis, plaque psoriasis, or oral ulcers associated with Behçet's Disease. Also restricted to NDC labeler code 55513 only.
Diroximel Fumarate *	Capsules, delayed-release	231 mg	ea	AR, LR	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only. Also restricted to NDC labeler Code 64406.
Etanercept *	Single dose prefilled syringe Single-dose prefilled SureClick autoinjector Single dose vial	25 mg/0.5 ml 50 mg/ml 50 mg/ml 25 mg/0.5 ml	ml ml ml ml	LR, QL	* Restricted to 1) FDA approved indications; and 2) Maximum fill quantity of 1 carton (4 single-dose prefilled syringes) or 1 carton (4 SureClick® single-dose prefilled autoinjectors) or 1 carton (4 Enbrel

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Lyophilized powder, multiple-dose vial for reconstitution Enbrel Mini single-dose prefilled cartridge	25 mg 50 mg	ea ml		Mini® single-dose prefilled cartridges) or 1 kit (4 multiple-dose vials) or 1 carton (4 single-dose vials) per 28-day period. Also restricted to NDC labeler code 58406 only. **Note**: Bill using outer package NDCs for proper reimbursement.
Leflunomide	Tablets	10 mg 20 mg	ea ea		
Monomethyl Furmarate *	Capsules, delayed-release	95 mg	ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only. Also restricted to NDC labeler Code 69387.
Ozanimod Hydrochloride *	Capsules 7-day starter pack Starter Kit	0.92 mg, 30 count bottle 0.23 mg x 4, 0.46 mg x 3 0.23 mg x 4, 0.46 mg x 3, 0.92 mg x 30	ea ea ea		* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis or ulcerative colitis only. Also restricted to NDC labeler Code 59572.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Secukinumab *	Single dose prefilled syringes or pens	75 mg/0.5 ml x 1 (75 mg) 150 mg/ml x 1 (150 mg) 150 mg/ml x 2 (300 mg)	ml ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum dispensing quantity of one (1) carton per 28-day period, not including initial loading doses in accordance with FDA-approved labeling. Also restricted to NDC labeler code 00078.
Immunosuppressive Agent					
Azathioprine	Tablets	50 mg	ea		
Cyclosporine, Modified	Capsules	25 mg 100 mg	ea ea		
Mycophenolate Mofetil	Capsules	250 mg 500 mg	ea ea		
Sirolimus	Tablets	0.5 mg 1 mg	ea ea		
Tacrolimus	Capsules	0.5 mg 1 mg	ea ea		
Interstitial Cystitis Agent					
Pentosan Polysulfate Sodium	Capsules	100 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Laxatives					
Lactulose	Solution	10 g/15 ml	ml		
Local Anesthetic Injection					
Lidocaine Hydrochloride *	Injection +	1 %, 10 ml 1 %, 20 ml	ml ml	QL	* Lidocaine Hydrochloride is restricted to a maximum quantity of 20 ml per dispensing.
Metabolic Supplements: Calcium Supplements & Vitamin D Analogs					
Calcitriol	Tablets or Capsules	0.25 mcg 0.50 mcg	ea ea		
Calcium Acetate	Tablets or Capsules + Liquid *	667 mg 133.4 mg/ml	ea ml	 LR	* Restricted to NDC labeler code 49230 only for liquid form.
Doxercalciferol	Capsules	0.5 mcg 2.5 mcg	ea ea		
Ergocalciferol	Capsules	1.25 mg	ea		
Metabolic Supplements: Fluoride					
Sodium Fluoride	Tablets + Chewable tablets +	2.2 mg 0.25 (0.55) mg 0.50 (1.1) mg 1.0 (2.2) mg	ea ea ea ea		Sodium Fluoride is not subject to the 100 maximum calendar day supply limitation.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Drops Solution (does not include rinses)		ml ml		**Note**: Refer to the Drugs: Contract Drugs List Over-the-Counter Drugs section for more information.
Metabolic Supplements: Potassium Supplement					
Potassium Bicarbonate/ Citric Acid	Tablets, effervescent +	10 meq 20 meq 25 meq	ea		
Potassium Chloride	Tablets, long acting + Injection Liquid Capsules, long acting +	8 meq 10 meq 20 meq 10 % 20 % 8 meq 10 meq	ea ml ml ml ea ea	 QL 	 **Note**: Payment for oral liquid limited to a minimum dispensing quantity of 480 ml. See California Code of Regulations (CCR), Title 22, Section 51513(b)(5) regarding exceptions.
Potassium Citrate	Tablets, extended release +	5 meq 10 meq	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Metabolic Supplements: Vitamins					
Cyanocobalamin (Injectable Only)	Injection	100 mcg/ml 1000 mcg/ml	ml ml		
Folic Acid	Tablets +	1mg	ea		
Leucovorin Calcium	Injection Powder for injection Tablets	3 mg/ml, 1 ml 50 mg/vial 100 mg/vial 5 mg 10 mg 25 mg	ml ea ea ea ea ea		
Levocarnitine	Tablets Liquid, oral	330 mg 100 mg/ml	ea ml		
Pyridoxine	Injection	100 mg/ml, 10 ml 100 mg/ml, 30 ml	ml ml		
Thiamine Hydrochloride	Injection	100 mg/ml	ml		
Vitamins A, D, C, with Sodium Fluoride	Chewable Tablets + Drops	100s 50 ml	ea ml		(Reimbursable for children up to the 5th birthday only.) **Note**: Refer to the Drugs: Contract Drugs List Over-the-Counter Drugs section for more information.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Miscellaneous					
Water for Injection	Injection	10 ml 30 ml	ml ml		
Movement Disorder Agents					
Deutetrabenazine *	Tablets	6 mg 9 mg 12 mg	ea ea ea	AL, LR	* Restricted to use in the treatment of chorea associated with Huntington's disease in adults 18 years of age or older. Use in the treatment of tardive dyskinesia requires prior authorization. Also restricted to NDC labeler code 68546.
Tetrabenazine *	Tablets	12.5 mg 25 mg	ea ea		* Restricted to use in the treatment of chorea associated with Huntington's disease in adults (18 years of age or older).
Nasal Corticosteroids					
Fluticasone Furoate	Nasal Spray	27.5 mcg/ actuation, 9.9 ml 27.5 mcg/ actuation, 15.8 ml 27.5 mcg/ actuation, 10 gm	ml ml gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Fluticasone Propionate	Nasal Spray	50 mcg/actuation, 9.9 ml	ml	AL, LR	* Restricted to the treatment of nasal polyps in adults (18 years of age or older). Also restricted to NDC labeler code 71143 for the 93 mcg/actuation nasal spray only.
		50 mcg/actuation, 15.8 ml	ml		
		50 mcg/actuation, 16.0 gm	gm		
		93 mcg/actuation, 16.0 ml *	ml		
	Oral Inhaler, without chlorofluorocarbons as the propellant *	44 mcg/actuation, 10.6 gm	gm		* Restricted to NDC labeler code 00173 for the oral inhaler only.
		110mcg/actuation 12 gm	gm		
		220mcg/actuation 12 gm	gm		
	Oral powder for inhalation *	50 mcg per inhalation, 60	ea		* Restricted to NDC labeler code 00173 for the oral powder for inhalation only. **Note**: "each" means one blister of drug.
		100 mcg per inhalation, 60	ea		
		250 mcg per inhalation, 60	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ophthalmic Preparations: Anti-Glaucoma Agents					
Acetazolamide	Tablets + Capsules, sustained release +	125 mg 250 mg 500 mg	ea ea ea		
Apraclonidine *	Ophthalmic solution	0.5 %	ml		
Betaxolol HCL	Ophthalmic Drops	0.25 % * 0.5 %	ml	LR	* NDC labeler code 00065 for 0.25 % only.
Bimatoprost *	Ophthalmic Solution	0.01 %	ml	LR	* Restricted to NDC labeler code 00023 only.
Brimonidine Tartrate *	Ophthalmic Solution	0.15 % 0.1 %	ml ml	LR	* Restricted to NDC labeler code 00023 for the 0.15% and 0.1% ophthalmic solutions only.
Brimonidine Tartrate/ Timolol Maleate *	Ophthalmic Solution	0.2 %/0.5 %	ml	LR	* Restricted to NDC labeler code 00023 only.
Brinzolamide *	Ophthalmic Suspension	1.0 %	ml	LR	* Restricted to NDC labeler codes 00078 and 00065 only.
Brinzolamide/ Brimonidine Tartrate *	Ophthalmic Suspension	1 % - 0.2 %	ml	LR	* Restricted to NDC labeler codes 00078 and 00065.
Carteolol HCL	Ophthalmic Solution	1 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Dorzolamide HCL	Ophthalmic Solution	2 %	ml		
Dorzolamide HCL and Timolol Maleate	Ophthalmic Solution	2 %/0.5 %	ml		
Latanoprost	Ophthalmic Solution	0.005 %	ml		
Methazolamide	Tablets +	25 mg 50 mg	ea ea		
Netarsudil *	Ophthalmic Solution	0.02 %	ml	LR	* Netarsudil is restricted to NDC labeler code 70727.
Netarsudil/ Latanoprost *	Ophthalmic Solution	0.02 %/0.005 %	ml	LR	*Netarsudil/ Latanoprost is›› restricted to NDC labeler code 70727.
Timolol Maleate	Ophthalmic Drops Ophthalmic Gel	0.25 %, single use 0.25 %, single use 0.5 %, single use 0.5 %, single use 0.25 % 0.5 %	ea ml ea ml ml ml		
Travoprost *	Ophthalmic Solution Ophthalmic Solution with Sofzia Preservative	0.004 %, 2.5 ml 0.004 %, 5.0 ml 0.004 %, 2.5 ml 0.004 %, 5.0 ml	ml ml ml ml	LR	* Travoprost is restricted to NDC labeler code 00065 and 00078 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ophthalmic Preparations: Ophthalmic Anesthetic					
Proparacaine HCL *	Ophthalmic Solution	0.5 %, 2 ml 0.5 %, 15 ml	ml ml		
Ophthalmic Preparations: Ophthalmic Antibiotics					
Azithromycin	See: Antibiotics				
Bacitracin	Ophthalmic Ointment		gm		
Chloramphenicol	See: Antibiotics				
Ciprofloxacin HCL	Ophthalmic Solution	0.3 %	ml		
Erythromycin Ophthalmic Ointment	Ophthalmic Ointment		gm		
Gentamicin	See: Antibiotics				
Moxifloxacin HCl	Ophthalmic Solution	0.5 %	ml		
Natamycin	Ophthalmic Solution	5 %,15 ml	ml		
Neomycin, Bacitracin and Polymyxin	Ophthalmic Ointment		gm		
Neomycin, Polymyxin and Gramicidin	Ophthalmic Solution		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ofloxacin	Ophthalmic Solution	0.3 %	ml		
Polymyxin, Bacitracin	Ophthalmic Ointment		gm		
Tobramycin	Ophthalmic Solution	0.3 %, 5 ml	ml		
Trimethoprim Sulfate and Polymyxin B Sulfate	Ophthalmic Solution		ml		
Ophthalmic Preparations: Ophthalmic Antihistamines					
Alcaftadine	Ophthalmic Solution	0.25 %	ml		
Azelastine HCL	See: Antihistamines				
Ketotifen Fumarate	Ophthalmic Drops	0.025 %	ml		
Olopatadine HCL	Ophthalmic Solution	0.1 %, 5 ml 0.2 %, 2.5 ml 0.7 % *	ml ml ml	 LR	* Olopatadine 0.7% HCL is restricted to NDC labeler code 00065 only.
Ophthalmic Preparations: Ophthalmic Anti-Inflammatories					
Dexamethasone	See: Glucocorticoids				
Dexamethasone with Neomycin and Polymyxin	Ophthalmic Ointment	0.1 % - 0.35 %/ 10,000U/gm 3.5 gm	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Ophthalmic Solution or Suspension	0.1 % - 0.35 %/ 10,000U/gm 5 ml	ml		
Diclofenac Sodium	See: Anti-Inflammatory				
Fluorometholone	Ophthalmic Suspension	0.1 % 0.25 %	ml ml		
Ketorolac Tromethamine	Ophthalmic Solution Ophthalmic solution, single use vials	0.4 % 0.5 % 0.45 %, 30s *	ml ml ea	 LR	 * The 0.45%, 30s ophthalmic solution, single use vials are restricted to NDC labeler code 00023.
Loteprednol Etabonate *	Ophthalmic suspension	0.2 % 0.25 % * 0.5 %	ml ml ml	LR	* Loteprednol Etabonate is restricted NDC labeler code 24208 only. * The 0.25% ophthalmic suspension is restricted to the short-term treatment of 14 days for Dry Eye Disease and to labeler code 71571 only.
Loteprednol Etabonate/ Tobramycin	Ophthalmic suspension	0.5 % 0.3 %	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Prednisolone	Ophthalmic solution	0.12 % - 0.125 %, 5 ml 0.12 % - 0.125 %, 10 ml 1.0 %, 5 ml 1.0 %, 10 ml 1.0 %, 15 ml	ml		
Prednisolone with Sulfacetamide	Ophthalmic ointment Ophthalmic solution	0.25 % 0.5 % 0.2 % - 0.25 %, 5 ml 0.2 % - 0.25 %, 10 ml 0.2 % - 0.25 %, 15 ml 0.5 %, 5 ml 0.5 %, 15 ml	gm gm ml ml ml ml ml		
Tobramycin with Dexamethasone	Ophthalmic Ointment * Ophthalmic Solution or Suspension	0.3 % - 0.1 % 0.3 % - 0.1 %	gm ml	LR	* Restricted to NDC labeler code 00065 and 00078 for the ophthalmic ointment only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ophthalmic Preparations: Ophthalmic Anti-Virals					
Ganciclovir	Ophthalmic gel *	0.15 %	gm	LR, QL	* Restricted to NDC labeler code 24208 and to use for the treatment of acute herpetic keratitis (dendritic ulcers). Also restricted to a maximum of one tube (5 grams) per dispensing and a maximum of two dispensings in any 12-month period for the ophthalmic gel only.
Trifluridine	Ophthalmic Solution	1 %, 7.5 ml	ml		
Ophthalmic Preparations: Ophthalmic Mast Cell Stabilizers					
Cromolyn Sodium	Ophthalmic solution	4 %	ml		
Lodoxamide	Ophthalmic Solution	0.1 %	ml		
Ophthalmic Preparations: Ophthalmic Miotics					
Echothiophate	Ophthalmic		ml		
Pilocarpine	Ophthalmic Gel	4 %,	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Ophthalmic solution	1/4 % 1 % 2 % 3 % 4 % 5 % 6 % 8 % 10 %	ml ml ml ml ml ml ml ml ml		
Ophthalmic Preparations: Ophthalmic Mydriatics					
Atropine	Injection Ophthalmic Ointment Ophthalmic Solution	 1/2 % 1 % 1/2 % 1 % 2 % 3 % 4 %	ml gm gm ml ml ml ml ml		
Cyclopentolate	Ophthalmic solution	0.5 % 1 % 2 %	ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Phenylephrine	Ophthalmic Solution	0.12 % 2.5 % 10 %	ml		
Tropicamide	Ophthalmic Solution	0.5 % 1 %	ml ml		
Ophthalmic Preparations: Ophthalmic Sulfonamide					
Sulfacetamide Sodium	Ophthalmic Ointment Ophthalmic Solution	10 % 10 % 15 % 30 %	gm ml ml ml		
Ophthalmic Preparations: Ophthalmic Vasoconstrictors & Combinations					
Naphazoline HCL	Ophthalmic Solution	0.1 %	ml		
Naphazoline HCL and Antazoline Phosphate	Ophthalmic Solution	0.05 % – 0.5 %	ml		
Otic Preparations					
Acetic Acid with Aluminum Acetate	Otic Solution	2 %	ml		
Acetic Acid with Hydrocortisone	Otic Solution	2 %-1 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Ciprofloxacin HCL/ Dexamethasone *	Otic Suspension	3mg/ml – 1mg/ml	ml	LR	* Restricted to NDC labeler codes 00065 and 00078 only.
Ciprofloxacin Hydrochloride/ Hydrocortisone *	Otic Suspension	2mg/ml – 10mg/ml	ml	LR	* Restricted to NDC labeler code 00065 only
Hydrocortisone with Polymyxin B and Neomycin (continued)	Otic Solution Otic Suspension	1 %, 10,000 units – 3.3 mg/ml, 10 ml 1 %, 10,000 units – 3.3 mg/ml, 10 ml	ml ml		
Ofloxacin	Otic Solution	0.3 %	ml		
Oxytocics					
Methylergonovine Maleate	Tablets	0.2 mg	each		
Prostate Agents					
Alfuzosin HCl	Tablets, extended release +	10 mg	ea		
Dutasteride	Capsules	0.5 mg	ea		
Finasteride	Tablets	5 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Prazosin HCl	See: Diuretics & Cardiovascular: Antihypertensive (also see Diuretics)				
Tamsulosin HCl	Capsules +	0.4 mg	ea		
Terazosin Hydrochloride	Tablets or capsules +	1 mg 2 mg 5 mg 10 mg	ea ea ea ea		
Phosphate Binders					
Calcium Acetate	See: Calcium Supplements & Vitamin D Analogs				
Sevelamer Hydrochloride *	Tablets	400 mg 800 mg	ea ea	LR	* Sevelamer Hydrochloride is restricted to use in patients with end-stage renal disease on dialysis. Also restricted to NDC labeler code 58468 for the 800 mg tablet only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Recombinant Human Growth Hormone					
Somatropin *	Pen Injector	5 mg/2 ml 10 mg/2 ml 20 mg/2 ml	ml ml ml	AL, LR	* Restricted to: 1) Use in the pediatric treatment of growth failure due to growth hormone deficiency (GHD); 2) idiopathic short stature (ISS); 3) Turner syndrome (TS) or 4) chronic kidney disease (CKD) up to the time of renal transplantation. Use in Medi-Cal beneficiaries greater than 18 years of age requires prior authorization. Also restricted to NDC labeler code 50242 only.
Skeletal Muscle Relaxants					
Baclofen	Tablets or Capsules	10 mg 20 mg	ea ea		
Cyclobenzaprine	Tablets	5 mg 10 mg	ea ea		
Dantrolene Sodium	Capsules	25 mg 50 mg 100 mg	ea ea ea		
Methocarbamol	Tablets	500 mg 750 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Tizanidine HCL	Tablets	2 mg 4 mg	ea ea		
Smoking Deterrents					
Bupropion HCL *	See: Antidepressants				
Varenicline Tartrate *	Tablets Tablets from Continuing Month Box (56 tablets/box) Tablets, Starting Month Box (53 tablets/box)	0.5 mg 1.0 mg 1.0 mg 11 x 0.5 mg 42 x 1.0 mg	ea ea ea ea ea	QL	* Varenicline Tartrate is restricted to be part of a comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to a maximum quantity of 60 tablets per dispensing. Pharmacies do not need to obtain or verify a letter or certificate before dispensing.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Sodium/Saline Preparations					
Sodium Chloride Injection *	Vial	0.9 %, 10 ml 0.9 %, 30 ml	ml		* Sodium Chloride Injection is for use alone or in combination with Heparin Lock Flush Solution for flushing intravenous tubing, heparin locks, and central or peripheral catheters. **Note**: Sodium chloride/normal saline flush syringes are classified as medical supplies. Refer to the Medical Supplies section of the provider manual for more information.
Topical & Local Preparations: Dermatological Preparations					
Alclometasone Dipropionate	Cream Ointment	0.05 % 0.05 %	gm gm		
Alitretinoin *	Gel	0.1 %	gm		* Restricted to use in the topical treatment of cutaneous lesions in patients with AIDS-related Kaposi's sarcoma.
Benzoyl Peroxide	Gel	5 % 10 %	gm gm		**Note**: See also Drugs: Contract Drugs List Over-the-Counter Drugs.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Butenafine HCl	Cream	1 %	gm		
Calcipotriene	Cream Ointment Solution	0.005 % 0.005 % 0.005 %	gm gm ml		
Ciclopirox	Cream	0.77 %	gm		
Clindamycin Phosphate	Injection Topical solution Pledgets Gel	150 mg/ml 1 % 1 % 1 %, 30 gm 1 %, 60 gm	ml ml ea gm gm		
Clindamycin/Benzoyl Peroxide	Topical gel	1 %/5 %, 50 gram container	gm		
Clobetasol Propionate	Cream Ointment Topical solution	0.05 %, 15 gm 0.05 %, 30 gm 0.05 %, 45 gm 0.05 %, 15 gm 0.05 %, 30 gm 0.05 %, 45 gm 0.05 %, 25 ml 0.05 %, 50 ml	gm gm gm gm gm gm ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Clotrimazole	See: Anti-Fungals				
Clotrimazole/ Betamethasone Dipropionate	Cream	1 %/0.05 %	gm		
Collagenase	Ointment		gm		
Crotamiton	Cream Lotion	10 % 10 %	gm ml		
Econazole Nitrate	See: Anti-Fungals				
Erythromycin Topical Solution	Topical solution	2 %	ml		
Erythromycin/Benzoyl Peroxide	Gel	3 %/5 %	gm		
Fluocinolone	Cream Ointment Solution Topical oil	0.01 % 0.025 % 0.025 % 0.01 %, 0.01 %	gm gm gm ml ml		
Fluocinonide	Cream Ointment	0.05 % 0.05 %	gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Solution Gel	0.05 % 0.05 %	ml gm		
Ivermectin *	Topical lotion	0.5 %	gm	LR	* Ivermectin is restricted to NDC labeler code 24338 only.
Lidocaine/Prilocaine	Cream	2.5 %/2.5 %	gm		
Mupirocin	Ointment	2 %	gm		
Permethrin	Cream	5 %	gm		
Podofilox	Topical solution Topical gel	0.5 % 0.5 %	ml gm		
Prednicarbate	Cream	0.1 %	gram		
Silver Sulfadiazine Cream	Cream	1 %	gm		
Spinosad *	Topical Suspension	0.9 %	ml	LR	* Spinosad is restricted to NDC labeler code 52246 only
Tazarotene	Topical cream or gel	0.05 % 0.1 %	gm gm		
Tretinoin	Cream Gel	0.025% 0.05% 0.1% 0.01% 0.025%	gm gm gm gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Topical & Local Preparations: Rectal Preparations					
Mesalamine	Rectal Suppositories	500 mg 1000 mg	ea ea		
topical & local preparations: vaccines					
COVID-19 Vaccine *	Injection	0.2 ml Pfizer-BioNtech 0.3 ml Pfizer-BioNtech 0.5 ml Moderna 0.5 ml Janssen	ml ml ml ml	AL	* Restricted to: 1) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention. 2) Vaccinations that require multiple doses should utilize the same manufacturer's vaccine. 3) Medi-Cal beneficiaries 12 years of age and older for Pfizer-BioNTech (0.3 ml) product, 5-11 years for Pfizer-BioNtech (0.2 ml), and 18 years of age and older for Moderna and Janssen products.
Diphtheria/Pertussis/ Tetanus Vaccine *	Injection (Single Dose Vial) Prefilled Syringe	0.5 ml 0.5 ml	ml ml	AL	* Restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hepatitis A Virus Vaccine *	Injection	50 units/ml 1440 units/ml	ml ml	AL, QL	* The Hepatitis A Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Hepatitis A & B Virus Vaccine *	Injection	1-dose syringe 1-dose vial	ml ml	AL	* The Hepatitis A and B Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Hepatitis B Virus Vaccine*	Injection	10 mcg/ml 20 mcg/0.5 ml 20 mcg/ml 40 mcg/ml	ml ml ml ml	AL	* The Hepatitis B Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Human Papillomavirus Vaccine *	Injection	1-dose syringe 1-dose vial	ml ml	AL, QL	* The Human Papillomavirus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Three doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Influenza Virus Vaccine *	Injection (single dose vial) Injection (multi-dose vial) Prefilled syringe Influenza vaccine live, intranasal	0.5 ml 5.0 ml 0.5 ml 0.2 ml	ml ml ml ml	AL	* The Influenza Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older; 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Measles, Mumps, and Rubella Virus Vaccine *	injection	1-dose vial	ea	AL, QL	* The Measles, Mumps, and Rubella Virus Vaccine is restricted 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Meningococcal Group B Vaccine	Injection	50-50 mcg/0.5ml* 120 mcg/0.5 ml *	ml ml	AL, QL	* The 50-50 mcg/.05 ml injection is restricted to 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime for Bexsero. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC). * The 120 mcg/0.5 ml injection is restricted 1) Medi-Cal beneficiaries 19 years of age and older. 2) Three doses of vaccine per lifetime for Trumenba. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Meningococcal Oligosaccharide Diphtheria Conjugate Vaccine *	Injection	10-5 mcg/0.5 ml	ea	AL	* The Meningococcal Oligosaccharide Diphtheria Conjugate Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Meningococcal Polysaccharide	Injection	4 mcg/0.5 ml	ml	AL	* Meningococcal Polysaccharide Diphtheria Conjugate Vaccine is

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Diphtheria Conjugate Vaccine *					restricted to 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Meningococcal Polysaccharide Vaccine *	injection	50 mcg	ea	AL	* Meningococcal Polysaccharide Vaccine is restricted to 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Pneumococcal Vaccine, 13-Valent, Conjugated*	Injection	1-dose syringe	ml	AL	* Pneumococcal Vaccine, 13-Valent, Conjugated is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) One dose of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Pneumococcal Vaccine, 15-Valent, Conjugated*	Injection	1-dose syringe	ml	AL	* Pneumococcal Vaccine, 15-Valent, Conjugated is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) One dose of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Pneumococcal Vaccine, 20-Valent, Conjugated*	Injection	1-dose syringe	ml	AL	* Pneumococcal Vaccine, 20-Valent, Conjugated is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) One dose of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Pneumococcal Vaccine, 23-Valent, Non-Conjugated *	Injection	1-dose vial 1-dose syringe	ml	AL	* Pneumococcal Vaccine, 13-Valent, Non-Conjugated is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Rabies Vaccine *	Injection	1-dose vial	ea	AL	* Rabies Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Tetanus and Diphtheria Toxoids Adsorbed Vaccine *	Injection	1 dose/vial	ml	AL	* Tetanus and Diphtheria Toxoids Adsorbed Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Varicella Virus Vaccine *	Injection	1 dose/vial	each	AL, QL	* The Varicella Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Varicella Zoster Vaccine *	Injection kit	1 dose/vial	each kit	AL	* The Varicella Zoster Vaccine is restricted to: 1) Medi-Cal beneficiaries 50 years of age and older. 2) Use of this vaccine must be based on the guidelines by the Centers for Disease Control and Prevention (CDC).
Zoster Vaccine *	Injection	1 dose/vial	ea	AL	* The Zoster Vaccine is restricted to 1) Medi-Cal beneficiaries 50 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Topical & Local Preparations: Vaginal Preparations					
Butoconazole Nitrate	Vaginal cream (prefilled applicator)	2 %	gm		
Clotrimazole	See: Anti-Fungals				
Metronidazole	Vaginal gel	0.75 %, 70 gm * 1.3 %, 5 gm *	gm gm	LR	* The 0.75%, 70 gm vaginal gel excludes NDC labeler code 99207. * The 1.3%, 5 gm vaginal gel is restricted to NDC labeler code 00642.
Miconazole Nitrate	Vaginal suppositories	200 mg, 3's	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Terconazole	Vaginal cream Vaginal suppositories	0.4 %, 45 gm 0.8 %, 20 gm 80 mg, 3s	gm gm ea		
Urinary Tract Antispasmodics					
Fesoterodine Fumarate *	Tablet, extended release (24-hour)	4 mg 8 mg	ea	LR	* Restricted to NDC labeler code 00069 only.
Oxybutynin *	Transdermal system	3.9 mg	ea	LR	* Oxybutynin is restricted to NDC labeler codes 52544 and 00023 only.
Oxybutynin Chloride	Tablets + Tablets, extended release Syrup	5 mg 5 mg 10 mg 15 mg 5 mg/5 ml	ea ea ea ea ml		
Solifenacin Succinate	Tablets	5 mg 10 mg	ea ea		
Tolterodine Tartrate	Tablets + Capsules, extended release +	1 mg 2 mg 2 mg 4 mg	ea ea ea ea		

Intravenous Solutions

Simple Intravenous Solutions (milliliter)

Simple intravenous (I.V.) solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water), and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's National Drug Code (NDC) number.

Parenteral Nutrition Solutions (TPN or Hyperalimentation) (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days' supply per dispensing within this 10-day period.

(Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that are typically suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin &/or mineral supplements, and trace elements.)

Adjuncts to parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. See the *California Specific Compound Pharmacy Claim Form (30-4)* completion section of the *Medi-Cal Rx Provider Manual* for more information.

Separately Administered Intravenous Lipids (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days' supply per dispensing within this 10-day period.

Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.

Intravenous Solutions of Unlisted Antibiotics (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days' supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. See the *California Specific Compound Pharmacy Claim Form (30-4)* completion section of the *Medi-Cal Rx Provider Manual* for more information.

Intravenous Solutions of Other Unlisted Drugs (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same drug was started before discharge. There is a maximum of 10 days' supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. See the *California Specific Compound Pharmacy Claim Form (30-4)* completion section of the *Medi-Cal Rx Provider Manual* for more information.

Drugs Removed from Contract Drugs List

Drugs listed on the following pages have been deleted from the Contract Drugs List on the date noted to the right of each drug listing. Providers will not be reimbursed for any drugs with a date of service on or after these deletion dates unless they have an approved prior authorization request.

Continuing Care Exceptions

A patient who is receiving one of the deleted drugs may continue to receive it without prior authorization if the criteria for continuing care is met. Affected drugs are marked with a symbol (§). For information on continuing care, see the *Reimbursement* section in this manual. Providers can access the Provider Telecommunications Network (PTN) to determine if a patient is being dispensed a drug which is eligible for continuing care. For complete information on the PTN, see the *Provider Telecommunications Network* (PTN) in the Part 1 manual.

DOS Drugs/No Longer MFGR	Strength	End Date
Acetohexamide	Tablets: 500 mg	This product is no longer manufactured or available.
Adefovir Dipivoxil	Tablets: 10 mg	8/31/2011
Albuterol	Inhaler with Adapter: 17 gm Inhaler without Adapter: 17 gm	1/31/2007
Aldesleukin	Powder for Injection: 22 million IU (1.3 mg)/vial	9/1/2021
Alemtuzumab	Injection: 30 mg/1 ml vial	2/28/2010
Alendronate Sodium	Effervescent Tablet: 70 mg Oral Solution: 70 mg/75 ml	6/30/2016 8/31/2013
Aliskiren/Valsartan	Tablets: 150 mg/160 mg, 300 mg/320 mg	7/20/2012

DOS Drugs/No Longer MFGR	Strength	End Date
Amlodipine Besylate/Atorvastation Calcium	Tablets: 2.5 mg/10 mg, 2.5 mg/20 mg, 2.5 mg/40 mg, 5 mg/10 mg, 5 mg/20 mg/ 5mg/40 mg/, 5 mg/80 mg, 10 mg/10 mg, 10 mg/20 mg, 10 mg/40 mg, 10 mg/80 mg	10/31/2016
Amlodipine/Telmisartan	Tablets: 5 mg/40 mg, 5 mg/80 mg, 10 mg/40 mg, 10 mg/80 mg	5/31/2013
Amphotericin B	Cream, Ointment, Lotion	Cream, Ointment, and Lotion products are no longer manufactured or available.
Amprenavir	Capsules: 50 mg, 150 mg Oral solution: 15 mg/ml	These products are no longer manufactured or available.
Antipyrine and Benzocaine	Otic drops	11/30/2015
Asparaginase	Powder for Injection: 10,000 IU/vial	6/12/2014
Aurothioglucose	Injection	This product is no longer manufactured or available.
Beclomethasone Dipropionate	Nasal Inhaler: 7 gm	6/1/2002 Nasal inhaler is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Beclomethasone Dipropionate	Aerosol Oral Inhaler: 42 mcg/actuation, 16.8 gm	Aerosol oral inhaler (42 mcg/actuation, 16.8 gm) is no longer manufactured or available.
Belladonna Alkaloids with Phenobarbital	Tablets, Capsules, Liquid	5/31/2014
Bepotastine Besilate	Ophthalmic Solution: 1.5%	8/31/2013
Besifloxacin Hydrochloride	Ophthalmic Solution: 0.6% 5 ml	9/30/2012
Bexarotene	Capsules: 75 mg Gel: 1%	Prior to 1/1/2019
Bimatoprost	Ophthalmic Solution: 0.03%	4/1/2022
Boceprevir	Capsules: 200 mg	12/31/2015
Brimonidine Tartrate	Ophthalmic Solution: 0.2%	7/31/2005
Bromfenac	Ophthalmic Solution: 0.09% 1.7 ml, 2.5 ml, 5.0 ml	2/29/2020
Bromodiphenhydramine HCL with Codeine	Liquid	This product is no longer manufactured or available.
Brompheniramine Maleate with Phenylpropanolamine HCL and Codeine	Liquid	This product is no longer manufactured or available.
Buprenorphine/Naloxone	Buccal Film: 2.1 mg/0.3 mg, 4.2 mg/0.7 mg, 6.3 mg/1.0 mg	4/30/2019
Candesartan Cilexetil	Tablets: 4 mg, 8 mg, 16 mg, 32 mg	5/31/2008

DOS Drugs/No Longer MFGR	Strength	End Date
Carbachol	Ophthalmic: 0.75%, 1.5%, 2.25%, 3%	These products are no longer manufactured or available.
Carbenicillin	Tablets: 382 mg	These products are no longer manufactured or available.
Cefonicid Sodium	Powder for Injection: 500 mg/vial; 1 gm/vial; 10 gm/vial; 1 gm, piggyback	These products are no longer manufactured or available.
Cerivastatin Sodium	Tablets	These products are no longer manufactured or available.
Cetirizine HCL	Tablets: 5 mg, 10 mg Liquid: 5 mg/5 ml	Suspended until further notice.
Cevimeline HCL	Capsules: 30 mg	9/30/2008
Chloral Hydrate	Capsules: 250 mg, 500 mg Liquid Suppositories: 325 mg, 650 mg	These products are no longer manufactured or available.
Chlorotrianisene	Capsules: 12 mg, 25 mg	These products are no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Chlorpheniramine Maleate, Phenylephrine HCL, Potassium Iodide and Codeine	Liquid	These products are no longer manufactured or available.
Chlorpromazine §	Injection: 25 mg/ml (sizes 1ml, 2 ml, 10 ml) Liquid: 10 mg/5ml, 30 mg/ml, 100 mg/ml Suppositories: 25 mg, 100 mg	2/28/2010 * These products are no longer manufactured or available.
Choline Magnesium Trisalicylate	Tablets: 500 mg, 750 mg, 1,000 mg Liquid: 500 mg/ 5ml	These products are no longer manufactured or available.
Ciclopirox	Gel: 0.77% (15 gm, 30 gm, 90 gm) Topical Suspension: 0.77% (30 ml, 60 ml)	3/31/2006
Ciprofloxacin and Ciprofloxacin HCL	Tablets, Extended Release: 500 mg, 1000 mg	3/31/2012
Ciprofloxacin HCL	Tablets, Extended Release: 500 mg	3/31/2012
Clarithromycin	Tablets, Extended Release: 500 mg	11/1/2021
Clindamycin Phosphate	Vaginal Cream: 2% (5.8 gm, 40 gm) Vaginal Suppositories: 100 mg (3s)	2/29/2012 12/31/2005 12/31/2005

DOS Drugs/No Longer MFGR	Strength	End Date
Clofazimine	Capsules: 50 mg, 100 mg	These products are no longer manufactured or available.
Codeine and Aspirin	Tablets or Capsules: 15 mg-325 mg, 30 mg-325 mg	These products are no longer manufactured or available.
Codeine Phosphate	Injection: 30 mg/ml, 60 mg/ml	These products are no longer manufactured or available.
Colchicine	Tablets: 0.5 mg Injection: 0.5 mg/ml Capsules: 0.6 mg	The 0.5 mg tablet and injection are no longer manufactured or available. Capsules: 1/1/2022
Dactinomycin	Injection: 0.5 mg/vial	6/12/2014
Dalteparin Sodium	Single-Dose Prefilled Syringe: 2,500 IU/0.2 ml, 5,000 IU/0.2 ml, 7,500 IU/0.3 ml, 12,500 IU/0.5 ml, 15,000 IU/0.6 ml, 18,000 IU/ 0.72 ml Single-Dose Graduated Syringe: 10,000 IU/1 ml Multiple-Dose Vial: 95,000 IU/3.8 ml, 95,000 IU/9.5 ml	12/31/2015

DOS Drugs/No Longer MFGR	Strength	End Date
Darbepoetin Alfa (Albumin Based Formulation)	Injection: 25 mcg, 40 mcg, 60 mcg, 100 mcg, 150 mcg, 200 mcg, 300 mcg Injection, Prefilled Syringe: 25 mcg, 40 mcg, 60 mcg, 100 mcg, 150 mcg, 200 mcg, 300 mcg, 500 mcg	8/31/2008
Darifenacin	Tablets, Extended Release: 7.5 mg, 15 mg	7/31/2012
Denileukin Diftitox	Injection: 150 mcg/ml	Prior to 4/1/2017
Desloratadine	Tablets: 5 mg	Suspended until further notice.
Dexamethasone with Neomycin	Ophthalmic Solution or Suspension: 0.1 %-0.35%	These products are no longer manufactured or available.
Didanosine	Capsules, Delayed Release, E.C.: 125 mg, 200 mg, 250 mg, 400 mg	11/1/2021
Dienestrol Cream (or generic equivalent)	Tube - Refill, Tube with Applicator	These products are no longer manufactured or available.
Dihydrotachysterol	Solution, Drops, Capsules, Tablets	These products are no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Dipivefrin HCL	Ophthalmic Solution: 0.1%	This product is no longer manufactured or available
Encorafenib	Capsules: 50 mg	11/1/2021
Enfuvirtide	Vial: 90 mg	3/13/2003
Epinastine HCl	Ophthalmic Solution: 0.05%	12/31/2010
Epinephrine	Ophthalmic solution: 1/2%, 5 ml, 1/2%, 15 ml, 1%, 10 ml, 1%, 15 ml, 2%, 10 ml, 2%, 15 ml	Ophthalmic solution product is no longer manufactured or available.
Epinephryl Borate	Ophthalmic Solution: 1/2%, 1%	These products are no longer manufactured or available.
Eprosartan Mesylate	Tablets: 400 mg, 600 mg	5/31/2008
Eprosartan Mesylate and Hydrochlorothiazide	Tablets: 600 mg-12.5 mg, 600 mg-25 mg	5/31/2008
Ergoloid Mesylates	Tablets, Sublingual: 1.0 mg	This product is no longer manufactured or available.
Ergonovine Maleate	Injection: 0.2 mg/ml Tablets: 0.2 mg	These products are no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Ergotamine with Caffeine and Pentobarbital Sodium and Belladonna Alkaloids	Tablets Suppositories	These products are no longer manufactured or available.
Erythromycin and Sulfisoxazole	Liquid: 200 mg-600 mg/5 ml, 100 ml; 200 mg-600 mg/5ml, 150 ml; 200mg-600 mg/5 ml, 200 ml	These products are no longer manufactured or available.
Eslicarbazepine Acetate	Tablets: 200 mg, 400 mg, 600 mg, 800 mg	2/2/2021
Estradiol	Twice-weekly patch: 0.05 mg, 0.075 mg, 0.1 mg Vaginal tablets: 2 mcg	12/31/2009 9/30/2009
Estradiol and Norethindrone Acetate	Tablets: 1 mg/0.5 mg	9/30/2009
Estradiol and Norgestimate	Tablets from combination packet (30 tablets/packet)	N/A
Estradiol Cypionate and Testosterone Cypionate	Injection: 1 ml/vial, 10 ml/vial	These products are no longer manufactured or available.
Estrogens, A, Synthetic Conjugated	Tablets: 0.625 mg, 0.9 mg, 1.25 mg	N/A
Estrogens, Conjugated with Methyltestosterone	Tablets: 0.625 mg-5 mg, 1.25 mg-10 mg, 50 mg	5/31/2014
Estrogens, Esterified with Methyl testosterone	Tablets: 0.625 mg-1.25 mg, 1.25 mg-2.5 mg	5/31/2014
Ethinyl Estradiol	Tablets: 0.02 mg, 0.05 mg, 0.5 mg	These products are no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Exenatide	Extended Release Injectable Suspension Vial: 2 mg/vial	12/31/2020
Famciclovir	Tablets: 125 mg, 250 mg, 500 mg	10/31/2008
Fenofibrate	Tablets: 54 mg, 160 mg	1/31/2008
Fenofibrate Micronized	Capsules: 30 mg, 90 mg	4/30/2017
Fentanyl Citrate	Transmucosal, Oral: 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1,200 mcg, 1,600 mg	N/A
Fexofenadine HCl	Capsules: 60 mg Tablets: 30 mg, 60 mg	N/A
Flunisolide	Nasal Spray: 0.025%, 25 ml	8/1/2007
Fluorouracil	Cream: 0.5%	4/30/2009
Fluoxetine HCl	Capsules, Delayed Release Enteric-Coated Pellets: 90 mg	10/31/2007
Fluphenazine §	Injection: 2.5 mg/ml, 10 ml; 25 mg/ml	2/28/2010
Fluvastatin Sodium	Capsules: 20 mg, 40 mg Tablets, Extended Release: 80 mg	7/31/2019
Fondaparinux Sodium	Prefilled Syringe: 2.5 mg, 5 mg, 7.5 mg, 10 mg	1/31/2014
Formoterol Fumarate	Capsules for Oral Inhalation: 12 mcg	6/30/2008
Furazolidone	Tablets: 100 mg Liquid: 50 mg/15 ml	These products are no longer manufactured or available.
Galantamine Hydrobromide	Solution, Oral: 4 mg/ml Tablets: 4 mg, 8 mg, 12 mg	On or before 1/31/2008
Gatifloxacin	Ophthalmic Solution: 0.3%	4/30/2010

DOS Drugs/No Longer MFGR	Strength	End Date
Gemtuzumab Ozogamicin	Injection: 4.5 mg/vial Powder for Injection: 5 mg/ml	This product is no longer manufactured or available.
Gold Sodium Thiomalate	Injection	This product is no longer manufactured or available.
Goserelin Acetate	Implant	2/1/2021
Guanabenz Acetate	Tablets: 4 mg, 8 mg	These products are no longer manufactured or available.
Haloperidol §	Injection, Decanote: 50 mg/ml, 1 ml; 50 mg/ml, 5 ml; 100 mg/ml, 1 ml; 100 mg/ml, 5 ml Injection: 5 mg/ml, 1 ml; 5 mg/ml, 10 ml	2/28/2010
Homatropine	Ophthalmic Solution: 2%, 5 ml; 2%, 15 ml; 5%, 5 ml; 5%, 15 ml	11/30/2014
Hyaluronidase	Injection: 150 U; 1,500 U	3/31/2001
Hydrocortisone Acetate with Pramoxine	Cream, with Rectal Applicator: 1%-1%	11/30/2008
Hydrocortisone with Polymyxin B	Otic Drops: 10 ml, 15 ml	These products are no longer manufactured or available.
Imatinib Mesylate	Capsules: 100 mg	Capsules product is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Imiquimod	Cream: 5%	8/31/2011
Immune Globulin, Intravenous, Gamma (IGG)	Injection: 5%, 10%	3/31/2012
Immune Globulin, Rh0 (D), Intravenous	Powder for Injection: 600 IU; 1,500 IU	10/31/2006
Influenza A (H1N1) Virus Vaccine	Injection (Single Dose Vial): 15 mcg/0.5 ml, 0.5 ml Injection (Multi-Dose Vial): 15 mcg/0.5 ml, 5.0 ml Prefilled Syringe (Pediatric): 0.25 ml, 0.25 ml Prefilled Syringe: 15 mcg/ 0.5 ml, 0.5 ml	12/31/2010
Interferon Alfacon-1	Injection: 30 mcg/ml, 0.3 ml; 30 mcg/ml, 0.5 ml Injection, Prefilled Syringe: 30 mcg/ml, 0.3 ml; 30 mcg/ml, 0.5 ml	9/30/2003
Ipratropium Bromide	Aerosol Inhaler with Adapter: 14.7 gm Aerosol Inhaler without Adapter: 14 gm	7/31/2008
Ipratropium Bromide and Albuterol Sulfate	Inhaler: 14.7 gm	This product is no longer manufactured or available.
Irbesartan	Tablets: 75 gm, 150 gm, 300 gm	10/31/2013
Irbesartan and Hydrochlorothiazide	Tablets: 150 gm-12.5 mg, 300 gm-12.5 mg, 300 gm-12.5 mg	10/31/2013
Isoetharine Hydrochloride	Solution: 1%, 10 ml Solution: 1%, 30 ml	N/A

DOS Drugs/No Longer MFGR	Strength	End Date
Isradipine	Tablets, Controlled Release: 5 mg, 10 mg	10/31/2013
Itraconazole	Injection Kit	4/1/2022
Kanamycin Sulfate	Injection: 0.5 gm/2 ml, 1 gm/ 3 ml, 75 mg/2 ml	These products are no longer manufactured or available.
Lansoprazole	Capsules: 15 mg, 30 mg	2/28/2010
Lanthanum Carbonate	Chewable Tablets: 250 mg, 500 mg, 750 mg, 1,000 mg	12/31/2014
Lenalidomide	Capsules: 5 mg, 10 mg, 15 mg, 25 mg	2/28/2010
Leuprolide Acetate	Injection: 5 mg/ml, 2.8 ml Powder for Injection: 7.5 mg/vial, 22.5 mg/vial, 30 mg/vial	5/31/2016
Levamisole HCl	Tablets: 50 mg	This product is no longer manufactured or available.
Levodopa	Tablets or Capsules: 250 mg, 500 mg	These products are no longer manufactured or available.
Levofloxacin	Ophthalmic Solution: 0.5%, 2.5 ml; 0.5%, 5.0 ml	9/30/2010
Levofloxacin	Ophthalmic Solution: 1.5%, 5.0 ml	9/30/2011
Levonorgestrel	Tablets: 0.75mg	9/30/2015

DOS Drugs/No Longer MFGR	Strength	End Date
Levonorgestrel, Ethinyl Estradiol and Pregnancy Test	Emergency Contraceptive Kit Containing Kits (each): 4 tablets, 0.25 mg-.05 mg; 1 Urine Pregnancy Test	N/A
Lomustine	Capsules: 10 mg, 40 mg, 100 mg Dose-Pack	11/15/2018
Lovastatin	Tablets, Extended Release: 10mg, 20mg, 40 mg, 60 mg	1/31/2008
Loxapine HCl §	Injection: 50 mg/ml	2/28/2010
Malathion	Lotion: 0.5%	7/31/2017
Mechlorethamine Hydrochloride	Injection: 10 mg	6/12/2014
Megestrol Acetate	Suspension: 125 mg/ml	12/31/2014
Meperidine HCl	Tablets: 50 mg, 100 mg	5/31/2010
Mesoridazine	Injection: 25 mg/ml, 1 ml Tablets or Capsules: 10mg, 25 mg, 50 mg, 100 mg Liquid: 25 mg/ml, 12 0ml	These products are no longer manufactured or available.
Metaproterenol	Aerosol Inhaler with Adapter: 14 gm Aerosol Inhaler without Adapter (Refill): 14 gm	1/31/2007
Methadone	Injection: 10 mg/ml, 1 ml; 10 mg/ml, 20 ml Tablets or Capsules: 5 mg, 10 mg	N/A
Methylphenidate HCl	Capsules, extended release: 25mg, 35mg, 45mg, 55mg, 70mg, 85mg	4/1/2022
Metipranolol HCl	Ophthalmic Drops: 0.3%, 5 ml; 0.3%, 10 mg	This product is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Metronidazole	Topical Gel: 0.75%, 28.4 gm	12/31/2005
Moexipril HCl	Tablets: 7.5 mg, 15 mg	5/31/2008
Moexipril HCl with Hydrochlorothiazide	Tablets: 7.5 mg-12.5 mg, 1 5mg-12.5 mg, 15 mg-2.5 mg	5/31/2008
Mometasone Furoate	Oral Powder for Inhalation: 30 inhalations/0.24 gm, 60 inhalations/0.24 gm, 120 inhalations/0.24 gm	12/31/2008
Mometasone Furoate Monohydrate	Nasal Spray: 50 mcg/actuation	9/30/2017
Morphine Sulfate	Capsules, Extended Release: 30 mg, 60 mg, 90 mg, 120 mg	9/30/2005
Morphine Sulfate/Naltrexone	Capsules, Extended Release: 20 mg/0.8 mg, 30 mg/1.2 mg, 50 mg/2 mg, 60 mg/2.4 mg, 80 mg/3.2 mg, 100 mg/4 mg	9/30/2020
Moxifloxacin HCl	Ophthalmic Solution: 0.5%	Vigamox® 2/29/2020 Moxeza® 6/30/2020
Naftifine HCL	Topical Cream: 1%, 15 gm; 1%, 30 gm; 1%, 60 gm; 1%, 90 gm Topical Gel: 1%, 20 gm; 1%, 40 gm; 1%, 60 gm, 1%, 90 gm	11/30/2011
Nalidixic Acid	Tablets: 250 mg, 500 mg, 1 gm	These products are no longer manufactured or available.
Neostigmine Bromide	Tablets: 15 mg	This product is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Nepafenac	Ophthalmic Suspension: 0.1% Ophthalmic Suspension: 0.3%, 1.7 ml bottle Ophthalmic Suspension: 0.3%, 3 ml bottle	3/1/2020 2/29/2020 5/1/2022
Niacin and Lovastatin	Tablets (Containing Extended Release Niacin): 500 mg/20 mg; 750 mg/20 mg; 1,000 mg/20 mg; 1,000 mg/40 mg	These products are no longer manufactured or available.
Niacin and Simvastatin	Tablets (Containing Extended Release Niacin): 500 mg/20 mg; 500 mg/40 mg; 750 mg/20 mg; 1,000 mg/20 mg; 1,000 mg/40 mg	These products are no longer manufactured or available.
Niclosamide	Tablets: 500 mg	This product is no longer manufactured or available.
Nisoldipine	Tablets: 10 mg, 20 mg, 30 mg, 40mg	3/31/2010
Norethindrone Acetate and Ethinyl Estradiol	Tablets: 1 mg-5 mcg	Suspended until further notice.
Norethindrone and Ethinyl Estradiol	Tablets: 1 mg-50 mcg (Tablets from 21 Tablet Packet); 1 mg-50 mcg (Tablets from 28 Tablet Packet)	1 mg – 50 mcg product is no longer manufactured or available.
Norethindrone and Ethinyl Estradiol	Tablets from 7/14 Combination Packet (28 Tablets Packet): 7x0.5 mg/35 mcg, 14x1 mg/35 mcg, 7 inert	7/14 combination packet is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Norfloxacin	Tablets or Capsules: 400 mg	These products are no longer manufactured or available.
Olaratumab	Injection: 500 mg/50 ml, 190 mg/19 ml	11/1/2021
Olmesartan Medoxomil	Tablets: 20 mg, 40 mg	5/31/2008
Olmesartan Medoxomil/Hydrochlorothiazide	Tablets: 20 mg-12.5 mg, 40 mg-12.5 mg, 40 mg-25 mg	5/31/2008
Ombitasvir/Paritaprevir/ Ritonavir and Dasabuvir	Tablets: 12.5mg/75mg/50mg/250mg Tablets, ER: 8.33mg/50mg/33.33mg/200mg	These products are no longer manufactured or available.
Omeprazole/Sodium Bicarbonate	Capsules: 20 mg, 40 mg Powder Packet: 20 mg, 40 mg	9/30/2009
Oprelvekin	Powder for Injection: 5 mg/vial	This product is no longer manufactured or available.
Oxandrolone	Tablets: 2.5 mg	5/31/2003
Oxiconazole Nitrate	Cream: 1%, 15 gm; 1%, 30 gm; 1%, 60 gm Lotion: 1%, 30 ml	11/30/2012
Oxybutynin Chloride	Tablets, Extended Release: 5 mg, 10 mg	12/31/2008
Oxycodone and Acetaminophen	Tablets or Capsules: 5mg-500 mg	8/1/2020 This product is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Oxycodone HCL	Tablets, Controlled Release: 10 mg, 20 mg, 40 mg, 80 mg, 160 mg	8/31/2008
Oxycodone HCL with Oxycodone Terephthalate and Aspirin	Tablets: 2.25 mg to 0.19 mg to 325 mg; 4.5 mg to 0.38 mg to 325 mg	These products are no longer manufactured or available.
Palonosetron HCL	Injection: 0.25 mg/5 ml	7/31/2021
Pancrelipase (Amylase/ Lipase/Protease)	Powder	This product is no longer manufactured or available.
Papain and Urea	Ointment: strength	2/28/2009
Papain-Urea-Chlorophyllin Copper Complex Sodium	Ointment: 30 gm Spray: 33 ml	2/28/2009 4/30/2006
Paroxetine HCL	Tablets, Controlled Release: 12.5 mg, 25 mg, 37.5 mg	12/31/2011
Paroxetine Mesylate	Tablets: 10 mg, 20 mg, 30 mg, 40 mg	5/31/2009
Peginterferon Alfa-2A	Injection Kit with Alcohol Pads: 180 mcg/0.5 ml Pen injector, package of four: 180 mcg/0.5 ml, 135 mcg/ 0.5 ml	6/30/2012 No longer manufactured or available. Pen injector: 1/1/2022

DOS Drugs/No Longer MFGR	Strength	End Date
Peginterferon Alfa-2B	Powder for Injection Kit: 50 mcg/0.5 ml, 80 mcg/0.5 ml, 120 mcg/0.5 ml, 150 mcg/ 0.5 ml Powder for injection, single dose delivery system: 50 mcg/0.5 ml, 80 mcg/0.5 ml, 120 mcg/0.5 ml, 150 mcg/ 0.5 ml Lyophilized powder for injection: 296 mcg (200 mcg deliverable) 444 mcg (300 mcg deliverable) 888 mcg (600 mcg deliverable)	1/1/2022
Pemirolast Potassium	Ophthalmic Solution: 0.1%, 10 ml	9/30/2010
Pemoline	Tablets or Capsules: 18.75 mg, 37.5 mg, 75 mg Tablets (Chewable): 37.5 mg	Prior to 12/1/2005
Pergolide Mesylate	Tablets: 0.05 mg, 0.25 mg, 1.0 mg	These products are no longer manufactured or available.
Phenytoin with Phenobarbital	Tablets or Capsules: 100 mg/ 15 mg and 100 mg/30 mg	These products are no longer manufactured or available.
Pilocarpine	Tablets: 5 mg, 7.5 mg	4/30/2010
Pilocarpine with Epinephrine	Ophthalmic Solution: 1%, 2%, 3%, 4%, 6% (sizes 10 ml, 15 ml)	These products are no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Pipobroman	Tablets: 10 mg, 25 mg	These products are no longer manufactured or available.
Pirbuterol Acetate	Aerosol Inhaler with Adapter: 14 gm, 25.6 gm	1/31/2007
Pitavastatin Calcium	Tablets: 1 mg, 2 mg, 4 mg	10/31/2014
Plicamycin	Powder for Injection: 2.5 mg/vial	This product is no longer manufactured or available.
Polethylene Glycol 3350	Powder: 17 gm	6/1/2020
Polyestradiol Phosphate	Powder for Injection: 40 mg/vial	This product is no longer manufactured or available.
Pralatrexate	Injection: 20 mg/1 ml, 40 mg/ 2 ml	9/30/2014
Prednisolone Sodium Phosphate	Oral Solution: 20.2 mg/5 ml	9/30/2008
Prednisolone, Neomycin, Polymyxin B	Ophthalmic Suspension: 5 mg/5 mg/10000 u/ml (5 ml, 10 ml size)	These products are no longer manufactured or available.
Procyclidine	Tablets: 5 mg	This product is no longer manufactured or available.
Quinapril HCL	Tablets: 5 mg, 10 mg, 20 mg, 40 mg	Suspended until further notice.
Quinine Sulfate	Tablets or Capsules: strength	Prior to 5/1/2007

DOS Drugs/No Longer MFGR	Strength	End Date
Raloxifene HCL	Tablets: 60 mg	6/30/2009
Repaglinide	Tablets: 0.5 mg, 1 mg, 2 mg	7/31/2005
Ribavirin and Interferon Alfa-2B*	Capsules and Injection, Multi-Dose Pen	6/30/2005 Product is no longer manufactured or available.
Ribavirin	Dose Pack Tablets (56 tablets per pack): 600 mg, 800 mg, 1000 mg, 1200 mg	6/30/2015
Rimexolone	Ophthalmic Suspension: 1% ml	9/29/2018
Risedronate Sodium	Tablet: 150 mg	4/30/2012
Rivastigmine Tartrate	Solution, Oral: 2 mg/ml	6/30/2014
Ropinirole HCL	Tablets, Extended-Release: 2 mg, 4 mg, 6 mg, 8 mg, 12 mg	6/30/2012
Rosiglitazone Maleate	Tablets: 2 mg, 4 mg, 8 mg	11/18/2011
Rosiglitazone Maleate/Glimepiride	Tablets: 4 mg/1 mg, 4 mg/ 2 mg, 4 mg/4 mg, 8 mg/2 mg, 8 mg/4 mg	These products are no longer manufactured or available.
Rosiglitazone Maleate/Metformin HCL	Tablets: 1 mg/500 mg, 2 mg/500 mg, 4 mg/500 mg, 2 mg/1000 mg, 4 mg/1000 mg	11/18/2011
Salmeterol Xinafoate	Inhalation Aerosol: 13 gm Aerosol Refill: 13 gm	7/31/2005
Saquinavir Mesylate	Capsules: 200 mg	1/1/2021
Scopolamine HBr	Ophthalmic Solution: 0.25%	This product is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Simvastatin/Sitagliptin	Tablets: 10/50 mg, 20/50 mg, 40/50 mg, 10/100 mg, 20/100 mg, 40/100 mg	These products are no longer manufactured or available.
Somatropin (rDNA Origin)	Powder for Injection: strength	5/31/2003
Sulfathiazole/Sulfacetamide/Sulfabenzamide (Triple Sulfa)	Vaginal Cream With or Without Applicator: strength Vaginal Tablets: strength	These products are no longer manufactured or available.
Sulfinpyrazone	Tablets or Capsules: 100 mg, 200 mg	These products are no longer manufactured or available.
Sulfisoxazole	Tablets: 0.5 gm Liquid: 0.5 gm/5 ml	These products are no longer manufactured or available.
Sumatriptan Succinate/Naproxen Sodium	Tablets: 85 mg/500 mg	10/31/2011
Tamoxifen Citrate	Oral Solution: 10 mg/5 ml	Prior to 1/1/2018
Tegaserod	Tablets: 2 mg, 6 mg	4/1/2007
Telaprevir	Tablets: 375 mg	12/31/2015 Product is no longer manufactured or available.
Testolactone	Tablets: 50 mg	This product is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Thalidomide	Capsules: 50 mg, 100 mg, 200 mg	2/28/2010
Thiabendazole	Tablets or Capsules: 500 mg Liquid: 500 mg/5 ml	These products are no longer manufactured or available.
Thiothixene §	Powder for Injection: 5 mg each	2/28/2010
Timolol Hemihydrate	Ophthalmic Solution: 0.25%, 0.5%	9/30/2010
Timolol Maleate	Ophthalmic Drops (Formulated with Potassium Sorbate): 0.5%	6/30/2011
Tinzaparin Sodium	Injection: 20,000 IU/ml (2 ml vial)	12/31/2008
Tolcapone	Tablets: 100 mg, 200 mg	7/31/2005
Toremifene Citrate	Tablets: strength	2/28/2010
Trandolapril	Tablets: 1 mg, 2 mg, 4 mg	5/31/2008
Trandolapril and Verapamil Hydrochloride	Tablets, Extended Release: 1 mg/240 mg, 2 mg/180 mg, 2 mg/240 mg, 4 mg/240 mg	11/30/2007
Triamcinolone	Nasal Spray: 55 mcg/actuation (16.5 gm)	1/31/2014
Triazolam	Tablets: 0.125 mg, 0.25 mg	2/1/2021
Trifluoperazine	Injection: 2 mg/ml Liquid: 10 mg/ml	These products are no longer manufactured or available.
Trimetrexate Glucuronate	Powder for Injection: 25 mg	This product is no longer manufactured or available.

DOS Drugs/No Longer MFGR	Strength	End Date
Triprolidine HCL with Pseudoephedrine HCL and Codeine	Liquid: 1.25 mg-30 mg-10 mg/ 5 ml	This product is no longer manufactured or available.
Triptorelin Pamoate	Syringes: 3.75 mg, 11.25 mg, and 22.5 mg	8/1/2021
Trospium Chloride	Tablets: 20 mg Extended Release Capsules: 60 mg	10/31/2016
Uracil Mustard	Capsules: 1 mg	This product is no longer manufactured or available.
Valdecoxib	Tablets: 10 mg	4/8/2005 Product being recalled.
Valrubicin	Solution for Intravesical Instillation: 40 mg/ml	4/30/2010
Verapamil HCL	Capsules, Long Acting: 100 mg, 200 mg, 300 mg	Prior to 9/30/2009
Zalcitabine	Tablets: 0.375 mg, 0.750 mg	These products are no longer manufactured or available.
Zaleplon	Capsules: 5 mg, 10 mg	1/31/2006
Zolpidem Tartrate	Tablets, Extended-Release: 6.25 mg, 12.5 mg	4/30/2013