



# Medi-Cal Rx Contract Drugs List

July 1, 2022

## Revision History

| Drug Name                                 | Description  | Effective Date |
|---|--|----------------|
| 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| Ipratropium Bromide and Albuterol Sulfate | 14.7 gm formulation moved to outdated section, product is no longer manufactured or available.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    |
| Abacavir Sulfate/Dolutegravir/ Lamivudine | Additional formulation (tablets for oral suspension) added with restrictions.                  | June 1, 2022   |
| Acyclovir                                 | Additional formulation (oral suspension) added.  | June 1, 2022   |
| Baloxavir Marboxil                        | Tablets (20 mg) end dated.   | June 1, 2022   |
| Ciprofloxacin                             | Diagnosis and age restrictions removed from oral suspension.                                   | June 1, 2022   |
| Ciprofloxacin HCL                         | Restrictions removed from tablets.   | June 1, 2022   |
| Dexamethasone                             | Additional formulation (liquid drops) added to the CDL.  | June 1, 2022   |
| Fluconazole                               | Additional formulation (suspension) added.   | June 1, 2022   |
| Fluticasone Propionate                    | Oral inhalation formulations moved to Anti-Asthmatics section.                                 | June 1, 2022   |
| Indinavir sulfate                         | End dated.   | June 1, 2022   |
| Lenvatinib                                | Additional strength (4 mg) added.  | June 1, 2022   |

| Drug Name                                      | Description  | Effective Date |
|--|--|----------------|
| Levocarnitine SF                               | Added to the CDL.  | June 1, 2022   |
| Levofloxacin                                   | Additional formulation (oral solution) added to the CDL.                               | June 1, 2022   |
| Melphalan flufenamide                          | Injection end dated.   | June 1, 2022   |
| Metronidazole Vaginal                          | Labeler code restriction (99207) removed from vaginal gel, 70 grams.                   | June 1, 2022   |
| Nivolumab, Relatlimab                          | Added to the CDL with restrictions.  | June 1, 2022   |
| Patiromer                                      | Added to the CDL with a restriction.   | June 1, 2022   |
| Sevelamer Carbonate                            | Added to the CDL.  | June 1, 2022   |
| Sevelamer Hydrochloride                        | Restrictions removed.  | June 1, 2022   |
| Sodium Chloride                                | Additional strengths (0.45%, 3.5%, 6%, 10%) added.                                     | June 1, 2022   |
| Umbrisib                                       | End dated.   | June 1, 2022   |
| Alpelisib                                      | Coverage specified for Piqray formulations.  | July 1, 2022   |
| Baclofen                                       | Additional strength (5 mg) added.  | July 1, 2022   |
| Brimonidine Tartrate                           | Added ophthalmic solution 0.2% back to the CDL.  | July 1, 2022   |
| Carbamazepine                                  | Removed age restriction.   | July 1, 2022   |
| Ciprofloxacin Hydrochloride/<br>Hydrocortisone | Additional labeler code (00078) restriction added.                                     | July 1, 2022   |
| Ivermectin                                     | Topical lotion end dated.  | July 1, 2022   |
| Lamotrigine                                    | Additional formulations (dispersible tablets, ER tablets, & ODT tablets) added.        | July 1, 2022   |
| Leuprolide Mesylate                            | Added to the CDL with a restriction.   | July 1, 2022   |
| Naloxone HCl                                   | Additional strength (5 mg/0.5 mL syringe) added with labeler code (78670) restriction. | July 1, 2022   |

| Drug Name   | Description                              | Effective Date |
|---|--|----------------|
| Potassium Citrate Monohydrate/ Sodium Citrate Dihydrate/Citric Acid Monohydrate | Added to the CDL.                        | July 1, 2022   |
| Sirolimus protein-bound   | Added to the CDL with restrictions.      | July 1, 2022   |
| Tetrabenazine   | Removed age restriction.                 | July 1, 2022   |
| Tizanidine  | Additional formulation (capsules) added. | July 1, 2022   |
| Valproic Acid   | Removed age restriction.                 | July 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)<br>New-Start <i>and</i> Subsequent Fill(s) |                       |
|--|-----------------------|
| Dosage Form  | Allowable Daily Limit |
| <b>Solid Dosage Forms</b>  | 8 each                |
| <b>Liquid Dosage Forms</b>   | 60mL                  |
| <b>Transdermal Dosage Forms</b>  | 1 each                |
| <b>NOTE:</b> 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<br>Subsequent Fill(s)            |                          |
|--|--------------------------|
| Dosage Form  | Allowable Per Fill Limit |
| <b>Solid Oral – Immediate</b> 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.       |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name              | Dosage                    | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|------------------------|---------------------------|---------------------------|-----------------|------------|--------|
| Amoxicillin Trihydrate | Solution or<br>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              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                    | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|------------|---------------------------|---------------------------|-----------------|------------|--------|
| Ampicillin | Powder for<br>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,<br>piggyback      | ea              |            |        |
|            |                           | 1 gm, piggyback           | ea              |            |        |
|            |                           | 2 gm, piggyback           | ea              |            |        |
|            | Tablets or capsules       | 250 mg                    | ea              |            |        |
|            |                           | 500 mg                    | ea              |            |        |
|            | Solution or<br>suspension | 125 mg/5ml                | ml              |            |        |
|            |                           | 250 mg/5m                 | ml              |            |        |
|            | Drops                     | 100 mg/ml                 | ml              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name         | Dosage                    | Strength/<br>Package Size                          | Billing<br>Unit          | UM<br>Type | Code 1  |
|-------------------|---------------------------|--|--------------------------|------------|---|
| Ciprofloxacin *   | Suspension, Oral          | 5 %<br>(250 mg/ 5 ml)<br>10 %<br>(500 mg/ 5 ml)    | ml<br><br>ml             | LR         | * Restricted to NDC labeler codes 00085 and 50419 only.   |
| Ciprofloxacin HCL | Tablets                   | 250 mg<br>500 mg<br>750 mg                         | ea<br>ea<br>ea           |            |   |
| Clarithromycin    | Tablets *<br><br>Liquid * | 250 mg<br>500 mg<br><br>125 mg/5 ml<br>250 mg/5 ml | ea<br>ea<br><br>ml<br>ml |            | * 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.<br><br>* 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. |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                    | Dosage                                     | Strength/<br>Package Size   | Billing<br>Unit                          | UM<br>Type | Code 1  |
|------------------------------|--|---|--|------------|---|
| Clindamycin<br>Hydrochloride | Tablets or Capsules                        | 75 mg<br>150 mg<br>300 mg   | ea<br>ea<br>ea                           |            |   |
| Clindamycin Palmitate<br>HCL | Solution                                   | 75 mg/5 ml  | ml                                       |            |   |
| Dicloxacillin Sodium         | Capsules<br><br>Suspension<br><br>Capsules | 125 mg<br>250 mg<br>500 mg<br><br>62.5 mg/5 ml<br><br>50 mg<br>100 mg | ea<br>ea<br>ea<br><br>ml<br><br>ea<br>ea |            |   |
| Doxycycline Hyclate          | Tablets<br><br>Tablets                     | 20 mg *<br><br>100 mg   | ea<br><br>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<br>Monohydrate   | Tablets<br><br>Capsules                    | 100 mg<br><br>50 mg<br>100 mg   | ea<br><br>ea<br>ea                       |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                   | Dosage                     | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1 |
|-----------------------------|----------------------------|----------------------------|-----------------|------------|--------|
| Erythromycin Base           | Tablets                    | 250 mg                     | ea              |            |        |
|                             |                            | 500 mg                     | ea              |            |        |
|                             | Tablets, delayed release   | 333 mg                     | ea              |            |        |
|                             | Capsules, delayed release  | 250 mg                     | ea              |            |        |
| Erythromycin Ethylsuccinate | For Oral Suspension, drops | 100 mg/2.5 ml              | ml              |            |        |
|                             | Tablets, chewable          | 200 mg                     | ea              |            |        |
|                             | Granules                   | 200 mg/5 ml, 100 ml        | ml              |            |        |
|                             |                            | 200 mg/5 ml, 200 ml        | ml              |            |        |
|                             |                            |                            |                 |            |        |
|                             | Suspension                 | 200 mg/5 ml<br>400 mg/5 ml | ml<br>ml        |            |        |
| Erythromycin Stearate       | Tablets, film coated       | 250 mg                     | ea              |            |        |
|                             |                            | 500 mg                     | ea              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name    | Dosage  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|--------------|---|---------------------------|-----------------|------------|--------|
| 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<br>Ointment                          | 0.3 %                     | gm              |            |        |
|              | Ophthalmic<br>Solution/Drops                    | 0.3 %, 5ml                | ml              |            |        |
|              |   | 0.3 %, 15ml               | ml              |            |        |
| Griseofulvin | Tablets or capsules<br>(ultramicrosize<br>only) | 125 mg                    | ea              |            |        |
|              |   | 165 mg                    | ea              |            |        |
|              |   | 250 mg                    | ea              |            |        |
|              |   | 330 mg                    | ea              |            |        |
|              | Liquid (micro size<br>only)                     |                           | ml              |            |        |
| Levofloxacin | Tablets   | 250 mg                    | ea              |            |        |
|              |   | 500 mg                    | ea              |            |        |
|              |   | 750 mg                    | ea              |            |        |
|              |   |                           |                 |            |        |
|              | Solution, oral                                  | 25 mg/ml                  | ml              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name        | Dosage                                 | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|------------------|--|---------------------------|-----------------|------------|--------|
| Linezolid        | Tablets                                | 600 mg                    | ea              |            |        |
|                  | Suspension                             | 100 mg/5 ml               | ml              |            |        |
| Metronidazole    | Oral Tablets                           | 250 mg                    | ea              |            |        |
|                  |  | 500 mg                    | ea              |            |        |
|                  | Injection                              | 500 mg/100 ml             | ml              |            |        |
|                  | Powder for injection                   | 500 mg vial               | ea              |            |        |
| Moxifloxacin HCl | Tablets                                | 400 mg                    | ea              |            |        |
|                  | IV                                     | 400 mg/250 ml             | ml              |            |        |
| Mupirocin        | See:<br>Dermatological<br>Preparations |                           |                 |            |        |
| Nafcillin        | Powder for<br>injection                | 500 mg/vial               | ea              |            |        |
|                  |  | 1 gm/vial                 | ea              |            |        |
|                  |  | 2 gm/vial                 | ea              |            |        |
|                  |  | 10 gm/vial                | ea              |            |        |
|                  |  | 1 gm, piggyback           | ea              |            |        |
|                  |  | 2 gm, piggyback           | ea              |            |        |
| Neomycin         | Tablets                                | 0.5 gm                    | ea              |            |        |
|                  | Liquid                                 | 125 mg/5 ml               | ml              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name               | Dosage               | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1  |
|-------------------------|----------------------|--|-----------------|------------|---|
| Ofloxacin *             | Tablets              | 200 mg<br>300 mg<br>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<br>5,000,000 units/vial<br>10,000,000 units/vial<br>20,000,000 units/vial | ea              |            |   |
| Penicillin G Benzathine | Injection            | 300,000U/ml, 10ml<br>600,000 U/ml, 1ml<br>600,000 U/ml, 2ml<br>600,000 U/ml, 4ml               | ml              |            |   |
| Penicillin G Procaine   | Injection            |  | ml              |            |   |
| Penicillin VK           | Tablets              | 125 mg<br>250 mg<br>500 mg   | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name           | Dosage                  | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1                                  |
|---------------------|-------------------------|--|-----------------|------------|---|
| (continued)         | Liquid                  | 125mg/5ml,100ml<br>125mg/5ml,150ml<br>125mg/5ml,200ml<br>250mg/5ml,100ml<br>250mg/5ml,150ml<br>250mg/5ml,200ml | ml              |            |   |
| Piperacillin Sodium | Powder for<br>injection |  | ea              |            |   |
| Secnidazole *       | Oral granules           | 2 gm   | ea              | LR         | * Restricted to NDC labeler code 27437. |
| Streptomycin        | Injection               | 1 gm dry   | ea              |            |   |
| Tetracycline        | Injection               | 250 mg<br>500 mg   | ea<br>ea        |            |   |
|                     | Tablets or capsules     | 250 mg<br>500 mg   | ea<br>ea        |            |   |
|                     | Liquid                  | 125 mg/5 ml  | ml              |            |   |
| Tinidazole          | Tablets                 | 250 mg<br>500 mg   | ea<br>ea        |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name         | Dosage           | Strength/<br>Package Size     | Billing<br>Unit | UM<br>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<br>(saline)   | ml              |            |        |
|                   |                  | 2 mg/ml, 200 ml<br>(saline)   | ml              |            |        |
|                   |                  | 2 mg/ml, 100 ml<br>(dextrose) | ml              |            |        |
|                   |                  | 2 mg/ml, 200 ml<br>(dextrose) | ml              |            |        |
|                   |                  |                               |                 |            |        |
|                   | Tablets          | 50 mg                         | ea              |            |        |
|                   |                  | 100 mg                        | ea              |            |        |
|                   |                  | 150 mg                        | ea              |            |        |
|                   |                  | 200 mg                        | ea              |            |        |
|                   | Suspension       | 10 mg/ml                      | ml              |            |        |
|                   |                  | 40 mg/ml                      | ml              |            |        |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name    | Dosage           | Strength/<br>Package Size   | Billing<br>Unit | UM<br>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,<br>48 ml  | ml              |            |        |
|              |                  | 100,000 units/ml,<br>60 ml  | ml              |            |        |
|              |                  | 100,000 units/ml,<br>480 ml | ml              |            |        |
|              | Vaginal tablets  | 15's                        | ea              |            |        |
|              |                  | 30's                        | ea              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                              | Dosage         | Strength/<br>Package Size   | Billing<br>Unit | UM<br>Type | Code 1  |
|--|----------------|-----------------------------|-----------------|------------|---|
| (continued)                            | Cream          | 100,000 units/gm,<br>15 gm  | gm              |            |   |
|  |                | 100,000 units/gm,<br>30 gm  | gm              |            |   |
|  |                | 100,000 units/gm,<br>15 gm  | gm              |            |   |
|  |                | 100,000 units/gm,<br>30 gm  | gm              |            |   |
|  |                | 100,000 units/gm,<br>240 gm | gm              |            |   |
|  | Ointment       |                             | gm              |            |   |
|  | Topical Powder |                             | gm              |            |   |
| Terbinafine HCl                        | Tablets        | 250 mg                      | ea              |            |   |
| <b>Anti-Infectives: Anti-Malarials</b> |                |                             |                 |            |   |
| 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              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                         | Dosage                                | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|-----------------------------------|---------------------------------------|---------------------------|-----------------|------------|---|
| Anti-Infectives: Anti-Protozoal   |                                       |                           |                 |            |   |
| Atovaquone *                      | Tablets                               | 250 mg                    | ea              |            | * Restricted to use for the treatment or prevention of Pneumocystis carinii pneumonia in patients who are intolerant to -sulfamethoxazole.  |
|                                   | Oral Suspension                       | 750 mg/ 5 ml              | ml              |            |   |
| Pentamidine *                     | Powder for injection                  | 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. |
|                                   | Powder for aerosolized administration | 300 mg/vial               |                 |            |   |
| Anti-Infectives: Anti-Tuberculars |                                       |                           |                 |            |   |
| Azithromycin                      | See: Antibiotics                      |                           |                 |            |   |
| Clarithromycin                    | See: Antibiotics                      |                           |                 |            |   |
| Cycloserine                       | Capsules +                            | 250 mg                    | ea              |            |   |
| Ethambutol                        | Tablets +                             | 100 mg                    | ea              |            |   |
|                                   |                                       | 400 mg                    | ea              |            |   |
| Ethionamide                       | Tablets                               | 250 mg                    | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                     | Dosage                      | Strength/<br>Package Size  | Billing<br>Unit | UM<br>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.            |
|   | Tablets for oral suspension | 60 mg/5 mg/30 mg           | ea              |            |   |
| 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                    | 200 mg<br>400 mg<br>800 mg | ea<br>ea<br>ea  |            |   |
|   | Tablets                     |                            |                 |            |   |
|   | Oral Suspension             | 200 mg/5 ml                | ml              |            |   |
| Amantadine *                                  | See: Anti-Parkinsonism      |                            |                 |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage   | Strength/<br>Package Size                        | Billing<br>Unit      | UM<br>Type | Code 1  |
|--|--|--|----------------------|------------|---|
| 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. |
| Atazanavir Sulfate *                                     | Capsules   | 100 mg<br>150 mg<br>200 mg<br>300 mg             | ea<br>ea<br>ea<br>ea |            | * Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.  |
|  | Oral Powder  | 50 mg/packet                                     | ea                   |            |   |
| Baloxavir Marboxil *                                     | Tablets  | 40 mg<br>80 mg                                   | ea<br>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/<br>Emtricitabine/Tenofovir<br>Alafenamide * | Tablets  | 30 mg/120 mg/<br>15 mg<br>50 mg/200 mg/<br>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<br>intramuscular<br>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.                            |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                      | Dosage        | Strength/<br>Package Size      | Billing<br>Unit | UM<br>Type | Code 1   |
|--------------------------------|---------------|--------------------------------|-----------------|------------|--|
| Cabotegravir/<br>Rilpivirine * | Injection Kit | 400 mg/600 mg<br>600 mg/900 mg | ea<br>ea        | LR         | * Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Restricted to NDC labeler code 49702.   |
| Elbasvir/ Grazoprevir *        | Tablets       | 50 mg/100 mg                   | ea              | AL,<br>QL  | * Requires prior authorization. Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection in adults ( $\geq 18$ 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.<br><b>Note:</b> When applicable, failure to submit supporting documentation may delay authorization. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage    | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1   |
|---|-----------|--|-----------------|------------|--|
| Emtricitabine and<br>Tenofovir Disoproxil<br>Fumarate * | Tablets * | 100 mg/150 mg<br>133 mg/200 mg<br>167 mg/250 mg<br>200 mg/300 mg * | ea              | LR         | <p>* Emtricitabine and Tenofovir Disoproxil Fumarate is restricted to NDC labeler code 61958 only.</p> <p>* Tablets are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.</p> <p>* 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.</p> |
| Cidofovir *   | Injection | 75 mg/ml   | ml              |            | * Restricted to use in the treatment of AIDS-related conditions.   |
| 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.   |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage            | Strength/<br>Package Size                               | Billing<br>Unit                  | UM<br>Type | Code 1   |
|---|-------------------|---|----------------------------------|------------|--|
| Darunavir *   | Tablets           | 75 mg<br>150 mg<br>300 mg<br>400 mg<br>600 mg<br>800 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea | LR         | * Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 59676 only. |
|   | Oral Suspension   | 100 mg/ml   | ml                               |            |  |
| Darunavir/Cobicistat/<br>Emtricitabine/Tenofovir<br>Alafenamide * | Tablets           | 80 mg/150 mg/<br>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.                   |
| Delaviridine Mesylate *   | Tablets           | 100 mg<br>200 mg  | ea<br>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<br>50 mg<br>100 mg<br>150 mg<br>200 mg            | ea<br>ea<br>ea<br>ea<br>ea       |            | * Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                     | Dosage                                | Strength/<br>Package Size  | Billing<br>Unit      | UM<br>Type | Code 1  |
|-------------------------------|---------------------------------------|--|----------------------|------------|---|
| (continued)                   | Powder for Oral<br>Solution           | 100 mg/packet<br>167 mg/packet<br>250 mg/packet<br>375 mg/packet | ea<br>ea<br>ea<br>ea |            |   |
|                               | Pediatric Powder<br>for Oral Solution | 20 mg/ml   | ml                   |            |   |
| Dolutegravir *                | Tablets                               | 10 mg<br>25 mg<br>50 mg  | ea<br>ea<br>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<br>Suspension        | 5 mg   | ea                   |            |   |
| Dolutegravir/<br>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/<br>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.  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|--|----------|---------------------------|-----------------|------------|--|
| Doravirine/Lamivudine/<br>Tenofovir Disoproxil<br>Fumarate *       | Tablets  | 100 mg/300 mg/<br>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 | 50 mg<br>100 mg           | ea<br>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.                                  |
|  | Tablets  | 200 mg<br>600 mg          | ea<br>ea        |            |  |
| Efavirenz, Emtricitabine<br>and Tenofovir<br>Disoproxil Fumarate * | Tablets  | 600 mg/200 mg/<br>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<br>Tenofovir Disoproxil<br>Fumarate *         | Tablets  | 400 mg/300 mg/<br>300 mg  | ea              |            | * Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate tablets are restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only.  |
|  |          | 600 mg/300 mg/<br>300 mg  | ea              |            |  |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name  | Dosage                        | Strength/<br>Package Size       | Billing<br>Unit | UM<br>Type | Code 1   |
|--|-------------------------------|---------------------------------|-----------------|------------|--|
| Elvitegravir *   | Powder for<br>injection       | 85 mg<br>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/<br>Emtricitabine/Tenofovir<br>Alafenamide *         | Tablets                       | 150 mg/150 mg/<br>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. |
| Elvitegravir/Cobicistat/<br>Emtricitabine/Tenofovir<br>Disoproxil Fumarate * | Tablets                       | 150 mg/150 mg/<br>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<br><br>Oral solution | 200 mg<br><br>10 mg/ml          | ea<br><br>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.  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage  | Strength/<br>Package Size    | Billing<br>Unit | UM<br>Type | Code 1  |
|---|---------|------------------------------|-----------------|------------|---|
| Emtricitabine/<br>Rilpivirine/Tenofovir<br>Alafenamide *          | Tablets | 200 mg/25 mg/25<br>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/<br>Rilpivirine/ Tenofovir<br>Disoproxil Fumarate * | Tablets | 200 mg/25<br>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.  |
| Emtricitabine/Tenofovir<br>Alafenamide *                          | Tablets | 120 mg/15 mg<br>200 mg/25 mg | ea<br>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 | 0.5 mg<br>1.0 mg             | ea<br>ea        |            | * Entecavir is restricted to use in the treatment of chronic Hepatitis B virus infection.   |
|   | Liquid  | 0.05 mg/ml                   | ml              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                     | Dosage                       | Strength/<br>Package Size            | Billing<br>Unit | UM<br>Type | Code 1  |
|-------------------------------|------------------------------|--------------------------------------|-----------------|------------|---|
| Etravirine *                  | Tablets                      | 25 mg<br>100 mg<br>200 mg            | ea<br>ea<br>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<br>Calcium*     | Tablets                      | 700 mg                               | ea              | 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. |
|                               | Oral suspension              | 50 mg/ml                             | ml              |            |   |
| Foscarnet Sodium<br>Calcium * | Injection                    | 24 mg/ml, 250 ml<br>24 mg/ml, 500 ml | ml<br>ml        |            | * Restricted to use in patients with AIDS or AIDS-related conditions.   |
| Fostemsavir *                 | Extended -Release<br>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<br>500 mg                     | ea              |            | * Restricted to use in the treatment of AIDS-related conditions for the capsules only.  |
| Ganciclovir Sodium *          | Powder for<br>injection      | 500 mg/vial                          | ea              |            | *Ganciclovir Sodium is restricted to use in the treatment of AIDS-related conditions.   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                | Dosage                   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|--------------------------|--------------------------|---------------------------|-----------------|------------|--|
| Glecaprevir/Pibrentasvir | Tablets<br>(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.<br><b>Note:</b> "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.          |
| Ibalizumab-Uiyk *        | Injection                | 200 mg/1.33ml             | ml              |            | * Ibalizumab-uiyk is restricted to use in the treatment Human Immunodeficiency Virus (HIV) infection only.   |
| Lamivudine               | Liquid *                 | 10 mg/ml                  | ml              |            | * Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection for the liquid only.   |
|                          | Oral solution *          | 5 mg/ml                   | ml              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                  | Dosage    | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1  |
|--|-----------|----------------------------|-----------------|------------|---|
|  | Tablets * | 100 mg<br>150 mg<br>300 mg | ea<br>ea<br>ea  |            | <p>* The oral solution is restricted to use for the treatment of chronic Hepatitis B virus.</p> <p>* The 100 mg tablets are restricted to use for the treatment of chronic Hepatitis B virus infection</p> <p>* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection for the 150 mg and 300 mg tablets only.</p> |
| 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.  |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                | Dosage                                       | Strength/<br>Package Size   | Billing<br>Unit            | UM<br>Type | Code 1   |
|--------------------------|--|---|----------------------------|------------|--|
| Ledipasvir/Sofosbuvir *  | Pellet packets<br><br>Tablets                | 33.75 mg/150 mg<br>45 mg/200 mg<br>45 mg/200 mg<br>90 mg/400 mg               | ea<br>ea<br>ea<br>ea       | LR, QL     | * Requires Prior Authorization.<br>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.<br><b>Note:</b> When applicable, failure to submit supporting documentation may delay authorization |
| Lopinavir and Ritonavir* | Capsules<br><br>Oral solution<br><br>Tablets | 133.3 mg-33.3mg<br><br>400 mg-100 mg/<br>5 ml<br>200 mg-50 mg<br>100 mg-25 mg | ea<br><br>ml<br>ea<br>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<br><br><br><br>Oral solution         | 25 mg<br>75 mg<br>150 mg<br>300 mg<br>20 mg/ml                                | ea<br>ea<br>ea<br>ea<br>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.  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                | Dosage                    | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|--------------------------|---------------------------|---------------------------|-----------------|------------|---|
| Molnupiravir *           | Capsules                  | 200 mg                    | ea              | QL         | * Restricted to a maximum quantity of 40 capsules per dispensing.   |
| Nelfinavir Mesylate *    | Tablets                   | 250 mg<br>625 mg          | ea<br>ea        |            | * Nelfinavir Mesylate is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. |
|                          | Oral powder               | 50 mg/gm                  | gm              |            |   |
| Nevirapine *             | Tablets                   | 200 mg<br>100 mg          | ea<br>ea        |            | * Nevirapine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.          |
|                          | 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<br>45 mg<br>75 mg   | ea              |            |   |
|                          | Oral suspension           | 6 mg/ml, 60ml             | ml              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name               | Dosage  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|-------------------------|---|---------------------------|-----------------|------------|---|
| 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                    | ea              | LR         | * Raltegravir is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00006 only. |
|                         |   | 600 mg                    | ea              |            |   |
|                         | Chewable tablets                                  | 25 mg                     | ea              |            |   |
|                         |   | 100 mg                    | ea              |            |   |
|                         | Oral Suspension packets                           | 100 mg                    | ea              |            |   |
| Remdesivir              | Vial  | 100 mg/20 ml              | ea              |            | * Requires prior authorization.   |
|                         | Single Dose Vial                                  | 100 mg                    | ea              |            |   |
| Ribavirin *             | Capsules  | 200 mg                    | ea              |            | * Ribavirin is restricted to use as combination therapy in the treatment of Hepatitis C.  |
|                         | Tablets   | 200 mg                    | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name             | Dosage              | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|-----------------------|---------------------|---------------------------|-----------------|------------|---|
| 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            | 100 mg                    | 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.   |
|                       | Tablets             | 100 mg                    | ea              |            |   |
|                       | Solution            | 80 mg/ml                  | ml              |            |   |
|                       | Oral powder packets | 100 mg                    | ea              |            |   |
| 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      | 150 mg                    | 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 |
|                       |                     | 200 mg                    | ea              |            |   |
|                       | Tablets             | 200 mg                    | ea              |            |   |
|                       |                     | 400 mg                    | ea              |            |   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                | Dosage                   | Strength/<br>Package Size        | Billing<br>Unit      | UM<br>Type | Code 1   |
|--------------------------|--------------------------|----------------------------------|----------------------|------------|--|
| (continued)              |                          |                                  |                      |            | of therapy lasting up to 48 weeks from the dispensing date of the first prescription.<br><b>Note:</b> When applicable, failure to submit supporting documentation may delay authorization. |
| Sofosbuvir/Velpatasvir * | Tablets                  | 200 mg/ 50 mg<br>400 mg/100 mg   | ea<br>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.                                |
|                          | Pellet packets           | 150 mg/37.5 mg<br>200 mg/50 mg   |                      |            |  |
| Stavudine *              | Capsules                 | 15 mg<br>20 mg<br>30 mg<br>40 mg | ea<br>ea<br>ea<br>ea |            | *Stavudine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.   |
|                          | Powder for oral solution | 1 mg/ml                          | ml                   |            |  |
| Tenofovir Alafenamide*   | Tablets                  | 25 mg                            | ea                   |            | * Tenofovir Alafenamide is restricted to the use in the treatment of chronic Hepatitis B virus infection only.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                       | Dosage                | Strength/<br>Package Size            | Billing<br>Unit      | UM<br>Type | Code 1   |
|---------------------------------|-----------------------|--------------------------------------|----------------------|------------|--|
| Tenofovir Disoproxil Fumarate * | Tablets               | 150 mg<br>200 mg<br>250 mg<br>300 mg | ea<br>ea<br>ea<br>ea | 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. |
|                                 | Oral Powder           | 40 mg/1 gm oral powder               | gm                   |            |  |
| Tipranavir *                    | Capsules              | 250 mg                               | ea                   | 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.   |
|                                 | Oral solution         | 100 mg/ ml                           | ml                   |            |  |
| Valacyclovir HCl                | Tablets               | 500 mg<br>1 gm                       | ea<br>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                   |            | <b>Note:</b> "each" means one blister of drug.   |
| Zidovudine *                    | Tablets               | 300 mg                               | ea                   | LR         | * Zidovudine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.   |
|                                 | Capsules              | 100 mg                               | ea                   |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                             | Dosage                  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|---------------------------------------|-------------------------|---------------------------|-----------------|------------|---|
| (continued)                           | Liquid                  | 50 mg/5 ml                | ml              |            | Restricted to NDC labeler codes 00173 and 49702 for capsules, liquid, and injection only. |
|                                       | Injection               | 10 mg/ ml                 | ml              |            |   |
| 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              |            |   |
| Anti-Infectives: Sulfonamides         |                         |                           |                 |            |   |
| Dapsone                               | Tablets                 | 25 mg<br>100 mg           | ea<br>ea        |            |   |
| Sulfadiazine                          | Tablets                 | 500 mg                    | ea              |            |   |
| Sulfasalazine                         | Tablets +               | 0.5 gm                    | ea              |            |   |
| Trimethoprim and Sulfamethoxazole     | Tablets                 | 80/400 mg                 | ea              |            |   |
|                                       | Double strength tablets | 160/800 mg                | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|---|--|---------------------------|-----------------|------------|--------|
| (continued)   | Suspension                                     | 40/200 mg per<br>5 ml     | ml              |            |        |
|   | Injection                                      |                           | ml              |            |        |
| <b>Anti-Infectives: Trichomonacide</b>                |  |                           |                 |            |        |
| Metronidazole   | See: Antibiotics or<br>Vaginal<br>Preparations |                           |                 |            |        |
| <b>Anti-Infectives: Urinary Tract Anti-Infectives</b> |  |                           |                 |            |        |
| Methenamine<br>Hippurate                              | Tablets +                                      | 1 gm                      | ea              |            |        |
| Methenamine<br>Mandelate                              | Tablets +                                      | 0.5 gm<br>1.0 gm          | ea<br>ea        |            |        |
|   | Liquid   | 500 mg/5ml                | ml              |            |        |
| Nitrofurantoin  | Capsules<br>(macrocrystals only)               | 25 mg                     | ea              |            |        |
|   |  | 50 mg                     | ea              |            |        |
|   |  | 100 mg                    | ea              |            |        |
|   | Capsules<br>(monohydrate/<br>macrocrystals)    | 100 mg                    | ea              |            |        |
|   | Tablets  | 50 mg<br>100 mg           | ea<br>ea        |            |        |
|   | Liquid   | 5 mg/ml                   | ml              |            |        |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                            | Dosage                         | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|--------------------------------------|--------------------------------|---------------------------|-----------------|------------|---|
| Trimethoprim                         | Tablets                        | 100 mg                    | ea              |            |   |
|                                      |                                | 200 mg                    | ea              |            |   |
|                                      | Solution                       | 50 mg/5 ml                | ml              |            |   |
| Trimethoprim and<br>Sulfamethoxazole | Tablets                        | 80/400 mg                 | ea              |            |   |
|                                      | Double strength<br>tablets     | 160/800 mg                | ea              |            |   |
|                                      | Suspension                     | 40/200mg per 5ml          | ml              |            |   |
|                                      | Injection                      |                           | ml              |            |   |
| <b>Anti-Lipidemic Agents</b>         |                                |                           |                 |            |   |
| Atorvastatin Calcium                 | Tablets +                      | 10 mg                     | ea              |            |   |
|                                      |                                | 20 mg                     | ea              |            |   |
|                                      |                                | 40 mg                     | ea              |            |   |
|                                      |                                | 80 mg                     | ea              |            |   |
| Cholestyramine                       | Light powder +                 | 210 – 268 gm can          | gm              |            |   |
|                                      | Regular powder +               | 378 gm can                | gm              |            |   |
| Colesevelam HCl                      | Tablets                        | 625 mg                    | ea              |            |   |
|                                      | Oral suspension *              | 3.75 gm packet            | ea              | LR         | * Restricted to NDC labeler code 65597<br>for the oral suspension packets only. |
| Colestipol<br>Hydrochloride          | Granules (bottle)              | 500 gm                    | gm              |            |   |
|                                      | Granules, flavored<br>(bottle) | 450 gm                    | gm              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name               | Dosage   | Strength/<br>Package Size                                | Billing<br>Unit        | UM<br>Type | Code 1   |
|-------------------------|--|--|------------------------|------------|--|
| Evolocumab *            | Single-dose<br>prefilled syringe<br><br>Single-dose<br>prefilled SureClick<br>autoinjector<br><br>Single-dose<br>Pushtronex system<br>(on-body infusor<br>with prefilled<br>cartridge) | 140 mg/ml<br><br>140 mg/ml<br><br>420 mg/3.5 ml          | ml<br><br>ml<br><br>ml | LR, QL     | * Evolocumab requires a prior authorization. Restricted to 1) Use in patients taking both maximally 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<br>10 mg/20 mg<br>10 mg/40 mg<br>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<br>54 mg<br>145 mg<br>160 mg                       | ea<br>ea<br>ea<br>ea   |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name               | Dosage   | Strength/<br>Package Size                    | Billing<br>Unit            | UM<br>Type | Code 1 |
|-------------------------|--|--|----------------------------|------------|--------|
| Fenofibrate, Micronized | Capsules   | 43 mg<br>130 mg<br>67 mg<br>134 mg<br>200 mg | ea<br>ea<br>ea<br>ea<br>ea |            |        |
| Fenofibric Acid         | Delayed-release<br>capsules                                    | 45 mg<br>135 mg                              | ea<br>ea                   |            |        |
| Gemfibrozil             | Tablets or<br>capsules +                                       | 600 mg                                       | ea                         |            |        |
| Lovastatin              | Tablets  | 10 mg<br>20 mg<br>40 mg                      | ea<br>ea<br>ea             |            |        |
| Niacin                  | Tablets, extended<br>release (includes<br>film coated tablets) | 500 mg<br>750 mg<br>1000 mg                  | ea<br>ea<br>ea             |            |        |
| Pravastatin             | Tablets +  | 10 mg<br>20 mg<br>40 mg<br>80 mg             | ea<br>ea<br>ea<br>ea       |            |        |
| Rosuvastatin Calcium    | Tablets  | 5 mg<br>10 mg<br>20 mg<br>40 mg              | ea<br>ea<br>ea<br>ea       |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                      | Dosage                             | Strength/<br>Package Size                  | Billing<br>Unit            | UM<br>Type | Code 1   |
|--------------------------------|------------------------------------|--|----------------------------|------------|--|
| Simvastatin                    | Tablets +                          | 5 mg<br>10 mg<br>20 mg<br>40 mg<br>80 mg * | ea<br>ea<br>ea<br>ea<br>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.                  |
| <b>Anti-Neoplastics</b>        |                                    |  |                            |            |  |
| Abemaciclib *                  | Tablets                            | 50 mg<br>100 mg<br>150 mg<br>200 mg        | ea<br>ea<br>ea<br>ea       | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 only.   |
| Abiraterone Acetate *          | Tablets<br><br>Film-coated Tablets | 125 mg *<br>250 mg<br><br>500 mg *         | ea<br>ea<br><br>ea         | LR         | * Restricted to use in the treatment of cancer only.<br>* For 125mg tablets, restricted to NDC labeler code 47335 only.<br>* 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<br>Emtansine * | Vial                               | 100 mg<br>160 mg                           | ea<br>ea                   | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name            | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|----------------------|----------|---------------------------|-----------------|------------|---|
| Afatinib *           | Tablets  | 20 mg<br>30 mg<br>40 mg   | ea<br>ea<br>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.              |
| Alitretinoin *       | Gel      | 0.1 %                     | gm              |            | * Restricted to use in the topical treatment of cutaneous lesions in patients with AIDS-related Kaposi's sarcoma. |
| Alpelisib (Piqray) * | Tablets  | 50 mg<br>150 mg<br>200 mg | ea<br>ea<br>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.              |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage              | Strength/<br>Package Size                    | Billing<br>Unit            | UM<br>Type | Code 1   |
|--|---------------------|--|----------------------------|------------|--|
| Arsenic Trioxide *   | Injection           | 1 mg/ml<br>12 mg/6 ml                        | ml<br>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. |
| Asciminib *  | Film-coated tablets | 20 mg<br>40 mg                               | ea                         | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.   |
| Asparaginase Erwinia<br>Chrysanthemi<br>(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<br>840 mg/14 ml                | ml<br>ml                   | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.   |
| Avapritinib *  | Tablets             | 25 mg<br>50 mg<br>100 mg<br>200 mg<br>300 mg | ea<br>ea<br>ea<br>ea<br>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.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                 | Dosage               | Strength/<br>Package Size                  | Billing<br>Unit | UM<br>Type | Code 1   |
|---------------------------|----------------------|--|-----------------|------------|--|
| Axitinib *                | Tablets              | 1 mg<br>5 mg                               | ea<br>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. |
| 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 | 25 mg<br>100 mg                            | ea<br>ea        | LR         | * Restricted to use in the treatment of cancer only and to NDC labeler code 63459 only.              |
|                           | Injection            | 45 mg/0.5 ml<br>180 mg/2 ml<br>100 mg/4 ml | ml<br>ml<br>ml  |            |  |
| 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. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name         | Dosage                                | Strength/<br>Package Size  | Billing<br>Unit          | UM<br>Type | Code 1   |
|-------------------|---------------------------------------|--|--------------------------|------------|--|
| 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.   |
| 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<br>400 mg<br>500 mg   | ea<br>ea<br>ea           | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.   |
| Brigatinib *      | Tablets<br><br>Tablets (starter pack) | 30 mg<br>90 mg<br>180 mg<br><br>90 mg/180 mg (7x90 mg/bottle and 23x180 mg/bottle) | ea<br>ea<br>ea<br><br>ea | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020 only.<br><br><b>Note:</b> "ea" means total number of tablets. |
| Busulfan *        | Tablets*<br><br>Injection             | 2 mg<br><br>6 mg/ml  | ea<br><br>ml             | LR         | * Restricted to use in the treatment of cancer only.<br>* Tablets also restricted to NDC labeler code 76388 only.  |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name         | Dosage                  | Strength/<br>Package Size                | Billing<br>Unit | UM<br>Type | Code 1   |
|-------------------|-------------------------|--|-----------------|------------|--|
| Capmatinib *      | Tablets                 | 150 mg<br>200 mg                         | ea<br>ea        | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only. |
| Carboplatin       | Injection               | 10 mg/ml                                 | ml              |            |  |
|                   | Powder for<br>Injection | 50 mg/vial<br>150 mg/vial<br>450 mg/vial | ea<br>ea<br>ea  |            |  |
| Carfilzomib *     | Injection               | 10 mg<br>30 mg<br>60 mg                  | ea<br>ea<br>ea  |            | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76075 only. |
| Carmustine        | Powder for<br>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                 | 150 mg                                   | ea              | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only. |
|                   | Tablets                 | 150 mg                                   | ea              |            |  |
| Cetuximab *       | Injection               | 100 mg/50 ml<br>200 mg/100 ml            | ml<br>ml        |            | * Restricted to use in the treatment of cancer only.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name        | Dosage               | Strength/<br>Package Size                    | Billing<br>Unit | UM<br>Type | Code 1   |
|------------------|----------------------|--|-----------------|------------|--|
| Chlorambucil *   | Tablets              | 2 mg   | ea              | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76388 only. |
| Cisplatin        | Powder for Injection | 10 mg/vial<br>50 mg/vial                     | ea<br>ea        |            |  |
|                  | Injection            | 1.0 mg/ml                                    | 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<br>250 mg                             | ea<br>ea        | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only. |
| Cyclophosphamide | Injection            | 100 mg/10 ml<br>200 mg/20 ml<br>500 mg/30 ml | ea<br>ea<br>ea  |            |  |
|                  | Tablets/Capsules     | 25 mg<br>50 mg                               | ea<br>ea        |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name    | Dosage                  | Strength/<br>Package Size   | Billing<br>Unit            | UM<br>Type | Code 1  |
|--------------|-------------------------|---|----------------------------|------------|---|
| (continued)  | Powder for<br>Injection | 1000 mg/vial<br>2000 mg/vial  | ea<br>ea                   |            |   |
|              | Lyophilized             | 100 mg/vial<br>200 mg/vial<br>500 mg/vial<br>1000 mg/vial<br>2000 mg/vial | ea<br>ea<br>ea<br>ea<br>ea |            |   |
| Cytarabine   | Powder for<br>Injection | 100 mg/vial<br>500 mg/vial<br>1 gm/vial<br>2 gm/vial                      | ea<br>ea<br>ea<br>ea       |            |   |
| Dabrafenib * | Capsules                | 50 mg<br>75 mg  | ea<br>ea                   | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only. |
| Dacarbazine  | Powder for<br>Injection | 100 mg/vial<br>200 mg/vial<br>500 mg/vial                                 | ea<br>ea<br>ea             |            |   |
| Dacomitinib  | Tablets                 | 15 mg<br>30 mg<br>45 mg   | ea<br>ea<br>ea             | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.          |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                            | Dosage                                | Strength/<br>Package Size                            | Billing<br>Unit                  | UM<br>Type | Code 1   |
|--------------------------------------|---------------------------------------|--|----------------------------------|------------|--|
| Daratumumab *                        | Injection                             | 100 mg/5 ml<br>400 mg/20 ml                          | ml<br>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. |
| 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<br>50 mg<br>70 mg<br>80 mg<br>100 mg<br>140 mg | ea<br>ea<br>ea<br>ea<br>ea<br>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<br><br>Powder for Injection |  | ml<br><br>ea                     |            |  |
| Decitabine *                         | Injection                             | 50 mg/vial   | ea                               |            | * Restricted to use in the treatment of cancer only.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                     | Dosage                                   | Strength/<br>Package Size                            | Billing<br>Unit      | UM<br>Type | Code 1   |
|-------------------------------|--|--|----------------------|------------|--|
| Degarelix *                   | Powder for<br>Injection                  | 80 mg/vial/kit<br>120 mg/vial/kit                    | ea<br>ea             | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55566 only. |
| Docetaxel *                   | Injection,<br>concentrate                | 20 mg/0.5 ml<br>80 mg/2 ml<br>20 mg/ml<br>80 mg/4 ml | ml<br>ml<br>ml<br>ml |            | * Restricted to use in the treatment of cancer only.   |
| 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<br><br>Powder for<br>Injection |  | ml<br><br>ea         |            |  |
| Doxorubicin HCL<br>Liposome * | Injection                                | 20 mg/10 ml<br>50 mg/10 ml                           | ml<br>ml             |            | * Restricted to use in the treatment of cancer only.   |
| Durvalumab *                  | Injection                                | 500 mg/10 ml<br>120 mg/2.4 ml                        | ml<br>ml             | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only. |
| Duvelisib *                   | Capsules                                 | 15 mg<br>25 mg                                       | ea<br>ea             | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 71779 only. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name           | Dosage                  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|---------------------|-------------------------|---------------------------|-----------------|------------|---|
| Elotuzumab *        | Powder for<br>injection | 300 mg<br>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<br>200 mg          | ea              | LR         | *Entrectinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only   |
| Enzalutamide *      | Capsules                | 40 mg                     | ea              | LR         | *Enzalutamide is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00469 only. |
|                     | Tablets                 | 40 mg<br>80 mg            | ea<br>ea        |            |   |
| Epirubicin HCl      | Injection               | 2 mg/ml                   | ml              |            |   |
| Erdafitinib *       | Tablets                 | 3 mg<br>4 mg<br>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<br>100 mg<br>150 mg | ea<br>ea<br>ea  |            | * Erlotinib is restricted to use in the treatment of cancer only.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                         | Dosage                                     | Strength/<br>Package Size                                     | Billing<br>Unit                            | UM<br>Type | Code 1   |
|-----------------------------------|--|---|--|------------|--|
| Estradiol                         | See: Estrogens & Combinations              |   |  |            |  |
| Estramustine Phosphate            | Capsules                                   | 140 mg  | ea   |            |  |
| Etoposide                         | Injection<br>Capsules                      |   | ml<br>ea                                   |            |  |
| Etoposide Phosphate               | Powder for injection                       |   | ea   |            |  |
| Everolimus *                      | Tablets<br><br>Tablets for oral suspension | 2.5 mg<br>5 mg<br>7.5 mg<br>10 mg<br><br>2 mg<br>3 mg<br>5 mg | ea<br>ea<br>ea<br>ea<br><br>ea<br>ea<br>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   |  |            |  |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                       | Dosage               | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|---------------------------------|----------------------|---------------------------|-----------------|------------|---|
| Fludarabine Phosphate           | Powder for injection | 50 mg/vial                | ea              |            |   |
|                                 | Tablets              | 10 mg                     | ea              |            |   |
| Fluorouracil<br><br>(continued) | Injection            | 50 mg/ml, 10 ml           | ml              |            |   |
|                                 |                      | 50 mg/ml, 20 ml           | ml              |            |   |
|                                 |                      | 50 mg/ml, 50 ml           | ml              |            |   |
|                                 |                      | 50 mg/ml, 100 ml          | ml              |            |   |
|                                 | Solution, topical    | 1 %                       | ml              |            |   |
|                                 |                      | 2 %                       | ml              |            |   |
|                                 |                      | 5 %                       | ml              |            |   |
|                                 | Cream                | 1 %<br>5 %                | gm<br>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<br>1 gm/vial  | ea              |            | * Gemcitabine HCl is restricted to use in the treatment of cancer only.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name      | Dosage    | Strength/<br>Package Size            | Billing<br>Unit      | UM<br>Type | Code 1   |
|----------------|-----------|--------------------------------------|----------------------|------------|--|
| 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<br>100 mg                      | ea<br>ea             | LR         | * Glasdegib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.                                    |
| Hydroxyurea    | Capsules  | 200 mg<br>300 mg<br>400 mg<br>500 mg | ea<br>ea<br>ea<br>ea |            |  |
|                | Tablets * | 100 mg<br>1000 mg                    | ea<br>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  | 140 mg<br>70 mg                      | ea                   | LR         | * Ibrutinib is restricted use in the treatment of cancer only. Also restricted to NDC labeler code 57962 only.                                       |
|                | Tablets   | 140 mg<br>280 mg<br>420 mg<br>560 mg | ea                   |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                | Dosage  | Strength/<br>Package Size                | Billing<br>Unit        | UM<br>Type | Code 1   |
|--------------------------|---|--|------------------------|------------|--|
| Idelalisib *             | Tablets   | 100 mg<br>150 mg                         | ea<br>ea               | LR         | * Idelalisib is restricted use in the treatment of cancer only. Also restricted to NDC labeler code 61958 only.              |
| Ifosfamide               | Powder for<br>Injection   | 1 gm/vial<br>3 gm/vial                   | ea                     |            |  |
| Ifosfamide With Mesna    | Combo pack<br>injection   |  | Each<br>package        |            |  |
| Imatinib Mesylate *      | Tablets   | 100 mg<br>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<br>Dose Pack<br>(25 mg & 100 mg<br>capsules)                     | 50 mg<br>75 mg<br>100 mg<br>100 mg/25 mg | ea<br>ea<br>ea<br>ea   |            | * Restricted to use in the treatment of cancer only. Prior authorization required.   |
| Inotuzumab<br>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<br><br>Injection, prefilled<br>syringe<br><br>Powder for<br>injection |  | ml<br><br>ea<br><br>ea |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name             | Dosage   | Strength/<br>Package Size    | Billing<br>Unit      | UM<br>Type | Code 1  |
|-----------------------|--|------------------------------|----------------------|------------|---|
| Interferon Alfa-2b    | Injection<br>Powder for<br>injection<br>Injection kit<br>Injection pen |                              | ml<br>ea<br>ea<br>ml |            |   |
| Ipilimumab *          | Injection  | 50 mg/10 ml<br>200 mg/40 ml  | ml<br>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<br>500 mg/25 ml | ml<br>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<br>45 mg               | ea<br>ea             |            | * Ixabepilone is restricted to use in the treatment of cancer only.   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name            | Dosage                        | Strength/<br>Package Size   | Billing<br>Unit | UM<br>Type | Code 1  |
|----------------------|-------------------------------|---|-----------------|------------|---|
| Ixazomib *           | Capsules                      | 2.3 mg<br>3 mg<br>4 mg  | ea<br>ea<br>ea  |            | * Ixazomib is restricted to use in the treatment of cancer only.  |
| Lanreotide Acetate * | Injection                     | 60 mg/0.2 ml<br>90 mg/0.3 ml<br>120 mg/0.5 ml   | ml<br>ml<br>ml  | LR         | * Lanreotide Acetate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 15054 only.                                  |
| 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<br><br>Oral solution | 25 mg<br>100 mg<br><br>20 mg/ml   | ea<br>ea<br>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                      | 4 mg/day<br>8 mg/day<br>10 mg/day<br>14 mg/day<br>18 mg/day<br>20 mg/day<br>24 mg/day | ea              | LR         | * Lenvatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 62856 only.<br><br><b>Note:</b> "each" means capsule |
| Letrozole *          | Tablets                       | 2.5 mg  | ea              |            | * Letrozole is restricted to use in the treatment of cancer only.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                        | Dosage  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|----------------------------------|---|---------------------------|-----------------|------------|--|
| Leuprolide Acetate *             | Injection, prefilled<br>dual chamber<br>syringe | 7.5 mg                    | ea              | LR         | * Leuprolide Acetate is restricted to use<br>in the treatment of cancer only. Also<br>restricted to NDC labeler codes 00074.               |
|                                  |   | 22.5 mg                   | ea              |            |  |
|                                  |   | 30 mg                     | ea              |            |  |
|                                  |   | 45 mg                     | ea              |            |  |
|                                  | Syringe Kit<br>(Eligard®)                       | 7.5 mg                    | ea              | LR         | * Leuprolide Acetate (Eligard®) is<br>restricted to use in the treatment of<br>cancer only. Also restricted to NDC<br>labeler codes 62935. |
|                                  |   | 22.5 mg                   | ea              |            |  |
|                                  |   | 30 mg                     | ea              |            |  |
|                                  |   | 45 mg                     | ea              |            |  |
| Leuprolide Mesylate *            | Syringe   | 42 mg                     | ea              | LR         | * Restricted to use in the treatment of<br>cancer only. Also restricted to NDC<br>labeler code 69448.                                      |
| Loncastuximab<br>Tesirine-LPYL * | Injection                                       | 10 mg                     | ea              | LR         | * Restricted to use in the treatment of<br>cancer only. Also restricted to NDC<br>labeler Code 79952 only.                                 |
| Lorlatinib *                     | Tablets   | 25 mg<br>100 mg           | ea<br>ea        | LR         | * Lorlatinib is restricted use in the<br>treatment of cancer only. Also restricted<br>to NDC labeler code 00069 only.                      |
| Margetuximab-cmkb *              | Vial  | 250 mg/10 mL              | ml              | LR         | * Restricted to use in the treatment of<br>cancer only. Also restricted to NDC<br>labeler code 74527.                                      |
| Mechlorethamine HCl *            | Topical gel                                     | 0.016 %                   | gm              |            | * Mechlorethamine Hydrochloride is<br>restricted to use in the treatment of<br>cancer only.  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                   | Dosage                         | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1   |
|-----------------------------|--------------------------------|--|-----------------|------------|--|
| Medroxyprogesterone Acetate | See: Progestins & Combinations |  |                 |            |  |
| Megestrol Acetate           | Tablets                        | 20 mg<br>40 mg   | ea<br>ea        |            |  |
|                             | Suspension                     | 40 mg/ml   | ml              |            |  |
| Melphalan                   | Tablets                        | 2 mg   | ea              |            |  |
| Mercaptopurine              | Tablets                        | 50 mg  | ea              |            |  |
| Methotrexate                | Injection                      | 2.5 mg/ml, 2 ml<br>25 mg/ml, 2 ml<br>2.5mg/ml, 4 ml<br>25 mg/ml, 8 ml<br>25 mg/ml, 10 ml | ml              |            |  |
|                             | Tablets                        | 2.5 mg   | 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. |
|                             |                                | 5 mg *   | ea              |            |  |
|                             |                                | 7.5 mg *   | ea              |            |  |
|                             |                                | 10 mg *  | ea              |            |  |
|                             |                                | 15 mg *  | ea              |            |  |
|                             | Oral solution *                | 2.5 mg/ml  | ml              | LR         | * Methotrexate oral solution is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 52652 only.   |
|                             | Powder for injection           | 20 mg/vial   | ea              |            |  |
|                             |                                | 50 mg/vial   | ea              |            |  |
|                             |                                | 100 mg/vial  | ea              |            |  |
|                             |                                | 250 mg/vial  | ea              |            |  |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                       | Dosage  | Strength/<br>Package Size                            | Billing<br>Unit      | UM<br>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.<br><b>Note:</b> "each" means number of capsules per carton of either 56 or 112. |
| Mitomycin *                     | Powder for injection<br><br>Single-dose carton* | 5 mg/vial<br>20 mg/vial<br>40 mg/vial<br>(40 mg x 2) | ea<br>ea<br>ea<br>ea | LR         | * Mitomycin is restricted to use in the treatment of cancer only.<br><br>* Lyophilized powder for pyelocalyceal solution. Restricted to NDC labeler code 72493 only.                                |
| Mitotane                        | Tablets   | 500 mg   | ea                   |            |   |
| Mitoxantrone *                  | Injection                                       | 2 mg/ml, 10 ml<br>2 mg/ml, 12.5 ml<br>2 mg/ml, 15 ml | ml<br>ml<br>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<br>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.  |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                  | Dosage    | Strength/<br>Package Size                  | Billing<br>Unit | UM<br>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<br>150 mg<br>200 mg                  | ea<br>ea<br>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<br>100 mg/10 ml<br>240 mg/24 ml | ml<br>ml<br>ml  | LR         | * Nivolumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.                   |
| Nivolumab,<br>Relatlimab * | Vial      | 240 mg-80 mg/<br>20 ml                     | ml              | LR         | * Nivolumab, Relatlimab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.       |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                      | Dosage                  | Strength/<br>Package Size    | Billing<br>Unit | UM<br>Type | Code 1   |
|--------------------------------|-------------------------|------------------------------|-----------------|------------|--|
| 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.         |
| Ofatumumab *                   | Injection               | 100 mg/5 ml<br>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                | 50 mg                        | ea              | LR         | * Olaparib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.             |
|                                | Tablets                 | 100 mg<br>150 mg             | ea              |            |  |
| Omacetaxine<br>Mepesuccinate * | Powder for<br>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<br>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              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                    | Dosage   | Strength/<br>Package Size                  | Billing<br>Unit | UM<br>Type | Code 1  |
|------------------------------|--|--|-----------------|------------|---|
| Palbociclib *                | Capsules and<br>tablets                                  | 75 mg<br>100 mg<br>125 mg                  | ea              | LR         | * Palbociclib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.           |
| Panobinostat *               | Capsules   | 10 mg<br>15 mg<br>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<br>200 mg/10ml<br>400 mg/20 ml | ea<br>ea<br>ea  | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 only.                          |
| Pazopanib<br>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<br>injection<br><br>Solution for<br>injection | 50 mg/vial<br><br>100 mg/4 ml              | ea<br><br>ml    | LR         | * Pembrolizumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006 only.         |
| Pemetrexed *                 | Powder for<br>injection                                  | 100 mg/vial<br>500 mg/vial                 | ea              | LR         | * Pemetrexed is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 only.            |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                 | Strength/<br>Package Size   | Billing<br>Unit | UM<br>Type | Code 1  |
|--|------------------------|---|-----------------|------------|---|
| Pentostatin                                      | Powder for injection   | 10 mg/vial  | ea              |            |   |
| 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/<br>20,000 units/10ml<br>1200 mg/600 mg/<br>30,000 units/15ml | ml<br>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<br>15 mg<br>30 mg<br>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              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                           | Dosage    | Strength/<br>Package Size                                      | Billing<br>Unit | UM<br>Type | Code 1  |
|-------------------------------------|-----------|--|-----------------|------------|---|
| Rituximab-ABBS *                    | Injection | 100 mg/10 ml<br>500 mg/50 ml                                   | ea<br>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<br><br>1600 mg/26800 units/13.4 ml | ml<br><br>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<br>80 mg   | ea<br>ea        | LR         | * Selpercatinib is restricted to use in the treatment of cancer only. Selpercatinib is also restricted to NDC labeler code 00002 only.    |
| Sirolimus protein-bound *           | Vial      | 100 mg   | ea              | LR         | * Restricted to use in cancer only. Also restricted to NDC labeler code 80803.  |
| 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.              |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                | Dosage               | Strength/<br>Package Size  | Billing<br>Unit      | UM<br>Type | Code 1   |
|--------------------------|----------------------|--|----------------------|------------|--|
| Sorafenib *              | Tablets              | 200 mg   | ea                   | LR         | * Sorafenib is restricted to use in the treatment of cancer only.  |
| 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<br>25 mg<br>37.5 mg<br>50 mg                                       | ea<br>ea<br>ea<br>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<br>0.5 mg<br>0.75 mg<br>1 mg                                       | ea<br>ea<br>ea<br>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 <sup>6</sup> (1 million) PFU/ml<br>10 <sup>8</sup> (100 million) PFU/ml | ea<br>ea             | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 only.                   |
| Tamoxifen Citrate        | Tablets              | 10 mg<br>20 mg   | ea<br>ea             |            |  |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name      | Dosage                     | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|----------------|----------------------------|---------------------------|-----------------|------------|---|
| 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.          |
| Temozolomide * | Capsules                   | 5 mg                      | ea              |            | * Temozolomide is restricted to use in the treatment of cancer only.  |
|                |                            | 20 mg                     | ea              |            |   |
|                |                            | 100 mg                    | ea              |            |   |
|                |                            | 140 mg                    | ea              |            |   |
|                |                            | 180 mg                    | ea              |            |   |
|                |                            | 250 mg                    | ea              |            |   |
|                | Powder for injection       | 100 mg/vial               | ea              |            |   |
| 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                 | ml              |            | * Testosterone is restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism |
|                |                            | 50 mg/ ml                 | ml              |            |   |
|                |                            | 100 mg/ ml                | ml              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                | Dosage                                 | Strength/<br>Package Size   | Billing<br>Unit            | UM<br>Type | Code 1   |
|--------------------------|--|---|----------------------------|------------|--|
| (continued)              | Injection in oil                       | 25 mg/ ml<br>50 mg/ ml<br>100 mg/ ml<br>200 mg/ml, 1<br>ml/vial<br>200 mg/ml, 10<br>ml/vial | ml<br>ml<br>ml<br>ml<br>ml |            | (congenital or acquired), delayed puberty or metastatic mammary cancer in females. Please refer to the <a href="#">Opioid Limitation Policy</a> 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<br>1.34 mg  | ea<br>ea                   | LR         | * Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 45629 only.   |
| Topotecan HCL *          | Capsules *<br><br>Powder for injection | 0.25 mg *<br>1 mg *<br>4 mg/vial  | ea<br>ea<br>ea             | LR         | * Topotecan HCL is restricted to use in the treatment of cancer only.<br>* Topotecan HCL capsules are restricted to labeler code 00078 only.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                               | Dosage                  | Strength/<br>Package Size | Billing<br>Unit | UM<br>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<br>2 mg            | ea<br>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<br>injection | 150 mg<br>440 mg          | ea<br>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<br>20 mg           | ea<br>ea        | LR         | * Trastuzumab-pkrb is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63459 only.                    |
| Trastuzumab and<br>Hyaluronidase-oysk * | Injection               | 600 mg/10,000<br>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<br>420 mg          | ea<br>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              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name             | Dosage  | Strength/<br>Package Size  | Billing<br>Unit                  | UM<br>Type | Code 1   |
|-----------------------|---|--|----------------------------------|------------|--|
| Triptorelin Pamoate * | Powder for<br>injection                                       | 3.75 mg/vial<br>11.25 mg/vial<br>22.5 mg/vial                      | ea<br>ea<br>ea                   | LR         | * Triptorelin Pamoate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 74676.<br><br><b>Note:</b> All Triptorelin Pamoate dosage forms should be billed in units of "each" and package quantities of "1". |
| Vandetanib *          | Tablets   | 100 mg<br>300 mg   | ea<br>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<br><br>Tablets, Starting<br>Pack<br>(42 tablets/pack) | 10 mg<br>50 mg<br>100 mg<br>14 x 10 mg<br>7 x 50 mg<br>21 x 100 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea | LR         | * Venetoclax is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00074 only  |
| Vinblastine Sulfate   | Injection<br><br>Powder for<br>injection                      | 1 mg/ml, 10 ml<br><br>10 mg/vial                                   | ml<br><br>ea                     |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                   | Dosage                                | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1  |
|-----------------------------|---------------------------------------|----------------------------|-----------------|------------|---|
| Vincristine Sulfate         | Injection                             | 1 mg/1 ml<br>2 mg/2 ml     | ml<br>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<br>200 mg/8 ml | ml<br>ml        | LR         | * Ziv-Aflibercept is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 only. |
| <b>Anti-Platelet Agents</b> |                                       |                            |                 |            |   |
| Aspirin *                   | Tablets or Capsules, long-acting +    | 800 mg                     | ea              |            | * Restricted to use for arthritis.  |
|                             | Tablets or Capsules, enteric-coated + | 975 mg                     | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                               | Dosage  | Strength/<br>Package Size              | Billing<br>Unit | UM<br>Type | Code 1 |
|---|---|--|-----------------|------------|--------|
| Aspirin/Extended-Release Dipyridamole   | Capsules  | 25 mg/200 mg                           | ea              |            |        |
| <b>Autonomic Drugs: Anti-Asthmatics</b> |   |  |                 |            |        |
| Albuterol Sulfate                       | Tablets or Capsules +                                   | 2 mg<br>4 mg                           | ea<br>ea        |            |        |
|   | Long-acting Tablets +                                   | 4 mg<br>8 mg                           | ea<br>ea        |            |        |
|   | Inhaler (without chlorofluorocarbons as the propellant) | 6.7 gm<br>8.5 gm<br>18 gm              | gm<br>gm<br>gm  |            |        |
|   | Solution for inhalation                                 | 0.5%, 20 ml                            | ml              |            |        |
|   | Solution for inhalation, premixed                       | 0.083%<br>1.25 mg/3 ml<br>0.63 mg/3 ml | ml<br>ml<br>ml  |            |        |
|   | Liquid  | 2 mg/5 ml                              | ml              |            |        |
|   |   |  |                 |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                      | Dosage   | Strength/<br>Package Size   | Billing<br>Unit | UM<br>Type | Code 1   |
|--------------------------------|--|---|-----------------|------------|--|
| (continued)                    | Capsules for<br>inhalation with<br>inhalation device | Package<br>containing 96 or<br>100 Capsules and<br>one inhalation<br>device | ea<br>capsule   |            |  |
|                                | Capsules only, for<br>inhalation                     |   | ea              |            |  |
| Aminophylline                  | Injection  | 250 mg<br>500 mg  | ml<br>ml        |            |  |
|                                | Suppository  | 0.25 gm<br>0.5 gm   | ea<br>ea        |            |  |
|                                | Tablets +  | 100 mg<br>200 mg  | ea<br>ea        |            |  |
|                                | Liquid   | 105 mg/5 ml   | ml              |            |  |
| Beclomethasone<br>Dipropionate | Oral Inhaler *                                       | 40 mcg/actuation<br>10.6 gm or 8.7gm  | gm              | LR         | * Restricted to NDC labeler code 59310<br>for the oral inhaler only. |
|                                |  | 80 mcg/actuation<br>10.6 gm or 8.7gm  | gm              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                     | Dosage                          | Strength/<br>Package Size                               | Billing<br>Unit | UM<br>Type | Code 1   |   |
|---|---------------------------------|---|-----------------|------------|--|---|
| Budesonide                                    | Oral Powder for<br>Inhalation * | 90 mcg/<br>Inhalation 60<br>Inhalations/<br>container   | ea              | LR, QL     | * Restricted to a maximum quantity per<br>dispensing of one container in any 30-<br>day period for the 90 mcg/inhalation<br>strength. Also restricted to brand name<br>Pulmicort with NDC labeler code 00186<br>for the oral powder for inhalation only.<br><b>Note:</b> The billing unit for this product is<br>each container. |   |
|   |                                 | 180 mcg/<br>Inhalation 120<br>Inhalations/<br>container | ea              |            |  |   |
|   | Suspension for<br>Inhalation *  | 0.25 mg/2 ml<br>ampule                                  | ml              | AL         |  | * Restricted to use by individuals less<br>than 4 years of age for the suspension<br>for inhalation only. |
|   |                                 | 0.5 mg/2 ml<br>ampule<br>1.0 mg/2 ml<br>ampule          | ml<br>ml        |            |  |   |
| Budesonide/Formoterol<br>Fumarate Dihydrate * | Inhalation Aerosol              | 80 mcg/4.5 mcg<br>10.2 gm<br>160 mcg/4.5 mcg<br>10.2 gm | gm<br><br>gm    | LR         | * Restricted to NDC labeler code 00186<br>only.  |   |
| Cromolyn Sodium                               | Capsules                        | 20 mg   | ea              |            |  |   |
|   | Inhaler                         | 8.1 gm<br>14.2 gm                                       | gm<br>gm        |            |  |   |
|   |                                 | Inhaler device for<br>capsules                          | ea              |            |  |   |
|   | Nebulizer Solution              | 2 ml  | ml              |            |  |   |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                   | Dosage  | Strength/<br>Package Size     | Billing<br>Unit | UM<br>Type | Code 1  |
|-----------------------------|---|-------------------------------|-----------------|------------|---|
| Epinephrine                 | Auto-injector *   | 1:1000, 0.3 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. |
|                             |   | 1:1000, 0.3 ml                | ml              |            |   |
|                             | Injection   | 1:1000, 1 ml                  | ml              |            |   |
|                             |   | 1:1000, 30 ml                 | ml              |            |   |
| Flunisolide                 | Inhalation Aerosol<br>(without<br>chlorofluorocarbons<br>as the propellant) | 80 mcg/actuation,<br>8.9 gm   | gm              |            |   |
| Fluticasone<br>Propionate * | Oral Inhaler,<br>without<br>chlorofluoro-<br>carbons as the<br>propellant * | 44 mcg/actuation,<br>10.6 gm  | gm              | LR         | * Restricted to NDC labeler code 00173<br>for the oral inhaler only.  |
|                             |   | 110mcg/actuation<br>12 gm     | gm              |            |   |
|                             |   | 220mcg/actuation<br>12 gm     | gm              |            |   |
|                             | Oral powder for<br>inhalation *   | 50 mcg per<br>inhalation, 60  | ea              |            | * Restricted to NDC labeler code 00173<br>for the oral powder for inhalation only.<br><b>Note:</b> "each" means one blister of drug.  |
|                             |   | 100 mcg per<br>inhalation, 60 | ea              |            |   |
|                             |   | 250 mcg per<br>inhalation, 60 | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                    | Dosage   | Strength/<br>Package Size                  | Billing<br>Unit | UM<br>Type | Code 1   |
|--|--|--|-----------------|------------|--|
| Fluticasone Propionate<br>and Salmeterol *   | Oral powder for<br>inhalation  | 100 mcg/50 mcg<br>per inhalation           | 60<br>each      | LR         | * Fluticasone Propionate and Salmeterol<br>are restricted to NDC labeler code<br>00173 only.<br><br><b>Note:</b> "each" means one blister of drug. |
|  |  | 250 mcg/50 mcg<br>per inhalation           | 60<br>each      |            |  |
|  |  | 500 mcg/50 mcg<br>per inhalation           | 60<br>each      |            |  |
|  | Oral Inhaler,<br>without<br>chlorofluorocarbons<br>as the propellant | 45 mcg/21 mcg<br>per inhalation,<br>12 gm  | gm              |            |  |
|  |  | 115 mcg/21 mcg<br>per inhalation,<br>12 gm | gm              |            |  |
|  |  | 230 mcg/21 mcg<br>per inhalation,<br>12 gm | gm              |            |  |
| Glycopyrrolate and<br>Formoterol Fumarate    | Oral Inhaler   | 9 mcg/4.8 mcg,<br>10.7 gm                  | gm              |            |  |
| Ipratropium Bromide<br>and Albuterol Sulfate | Inhaler  | 4 gm<br>20 mcg-100 mcg                     | gm<br>gm        |            |  |
|  | Solution for<br>inhalation   | 0.5 mg/3.0 mg,<br>3 ml                     | ml              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage   | Strength/<br>Package Size          | Billing<br>Unit | UM<br>Type | Code 1  |
|--|--|------------------------------------|-----------------|------------|---|
| Ipratropium Bromide                                  | HFA inhaler *  | 12.9 gm                            | gm              | LR         | * Restricted NDC labeler code 00597 for the HFA inhaler only. |
|  | Inhalant solution  | 0.02 %, 2.5 ml                     | ml              |            |   |
| Levalbuterol HCl                                     | Inhalation solution  | 0.31 mg                            | ml              |            |   |
|  |  | 0.63 mg                            | ml              |            |   |
|  |  | 1.25 mg                            | ml              |            |   |
| Levalbuterol Tartrate                                | Oral Inhaler without Chlorofluorocarbons as the Propellant | 15 gm                              | ea              |            |   |
| Metaproterenol                                       | Inhalant solution  | 0.6%, 2.5 ml                       | ml              |            |   |
|  |  | 5%, 10 ml                          | ml              |            |   |
|  |  | 5%, 30 ml                          | ml              |            |   |
|  | Tablets +  | 10 mg                              | ea              |            |   |
|  |  | 20 mg                              | ea              |            |   |
|  | Liquid   | 10 mg/ 5 ml                        | ml              |            |   |
| Mometasone Furoate and Formoterol Fumarate Dihydrate | Oral inhaler   | 100 mcg/5 mcg per actuation/ 13 gm | gm              |            |   |
|  |  | 200 mcg/5 mcg per actuation/ 13 gm | gm              |            |   |
|  |  |                                    |                 |            |   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name            | Dosage                            | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|----------------------|-----------------------------------|---------------------------|-----------------|------------|--|
| Montelukast Sodium   | Granules                          | 4 mg                      | ea              |            |  |
|                      | Chewable tablets +                | 4 mg<br>5 mg              | ea<br>ea        |            |  |
|                      | Tablets +                         | 5 mg<br>10 mg             | ea<br>ea        |            |  |
| Salmeterol Xinafoate | Inhalation powder *               | 60s                       | ea              | LR         | * The inhalation powder is restricted to NDC labeler code 00173.   |
| Terbutaline          | Tablets +                         | 2.5 mg<br>5 mg            | ea<br>ea        |            |  |
|                      | Injection                         | 1 mg/ ml                  | ml              |            |  |
|                      | Aerosol inhaler with adapter      | 7.5 ml                    | ml              |            |  |
|                      | Aerosol inhaler without adapter   | 7.5 ml                    | ml              |            |  |
| Theophylline         | Tablets or capsules +             |                           | ea              | QL         | <b>Note:</b> Payment limited to a minimum dispensing quantity of 480 milliliter. See California Code of Regulations (CCR), Title 22, Section 51513(b)(5) regarding exceptions. |
|                      | Long-acting tablets or capsules + |                           | ea              |            |  |
|                      | Liquid                            |                           | ml              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                            | Dosage   | Strength/<br>Package Size  | Billing<br>Unit            | UM<br>Type | Code 1   |
|--------------------------------------|--|--|----------------------------|------------|--|
| Tiotropium Bromide *                 | Capsules for<br>inhalation with<br>inhalation device | Package<br>containing 30 or<br>90 Capsules and<br>one inhalation<br>device | each<br>capsule            | LR         | * Tiotropium Bromide is restricted to<br>NDC labeler code 00597 only.  |
|                                      | Inhaler  | 1.25 mcg, 4 gm<br>2.5 mcg, 4 gm  | gm<br>gm                   |            |  |
| <b>Autonomic Drugs: Anti-Emetics</b> |  |  |                            |            |  |
| Aprepitant *                         | Capsules +<br><br>Tri-Fold Pack *                    | 40 mg *<br>80 mg<br>125 mg<br>1 x 125 mg<br>2 x 80 mg                      | ea<br>ea<br>ea<br>ea<br>ea | QL         | * The 40 mg capsules are restricted to<br>use for the prevention of postoperative<br>nausea and vomiting and limited to a<br>maximum of one capsule per<br>dispensing, not to exceed one<br>dispensing in any 30-day period.<br><br>* Restricted to use in cancer patients<br>and to a maximum of either 1) one tri-<br>fold pack per dispensing, or 2) one 125<br>mg capsule and/or two 80 mg capsules<br>per dispensing. |
| Chlorpromazine *                     | See: Psychotropics                                   |  |                            |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                        | Dosage                                    | Strength/<br>Package Size          | Billing<br>Unit    | UM<br>Type | Code 1   |
|----------------------------------|---|------------------------------------|--------------------|------------|--|
| Diphenhydramine<br>Hydrochloride | Injection<br><br>Tablets or<br>Capsules + | 50 mg/ml<br>10 mg/ml<br><br>50 mg  | ml<br>ml<br><br>ea |            |  |
| Dolasetron Mesylate              | Injection * +<br><br>Tablets * +          | 100 mg/5 ml<br><br>50 mg<br>100 mg | ml<br><br>ea<br>ea | QL         | * Restricted to a maximum of 5 ml per dispensing.<br><br>* Restricted to a maximum of 3 tablets per dispensing.  |
| Doxylamine/<br>Pyridoxine HCL *  | Tablets, delayed<br>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<br>Hydrochloride     | Injection * +<br><br>Tablets * +          | 1 mg/ml, 1 ml<br><br>1 mg          | ml<br><br>ea       | QL         | * Granisetron Hydrochloride injection is restricted to a maximum of 1 ml per dispensing.<br><br>* Granisetron Hydrochloride tablets are restricted to a maximum of 6 tablets per dispensing.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name        | Dosage                           | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|------------------|----------------------------------|---------------------------|-----------------|------------|---|
| Meclizine HCl    | Tablets +                        | 25 mg                     | ea              |            |   |
|                  | Tablets, chewable +              | 25 mg                     | ea              |            |   |
| Ondansetron      | Injection + *                    | 2 mg/ml, 2 ml             | ml              |            | * The 2 mg/ml, 2 ml injection is restricted to a maximum of 16 mg per dispensing.   |
|                  | Tablets +                        | 4 mg                      | ea              |            |   |
|                  |                                  | 8 mg                      | ea              |            |   |
|                  | Tablets, orally disintegrating + | 4 mg                      | ea              |            |   |
|                  |                                  | 8 mg                      | ea              |            |   |
|                  | Liquid                           | 4 mg/5 ml                 | ml              |            |   |
| 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                      | ea              |            |   |
|                  |                                  | 4 mg                      | ea              |            |   |
|                  |                                  | 8 mg                      | ea              |            |   |
|                  |                                  | 16 mg                     | ea              |            |   |
|                  | Liquid                           | 16 mg/5 ml                | ml              |            |   |
| Prochlorperazine | Injection                        | 5 mg/ml                   | ml              |            |   |
|                  | Injection, Prefilled Syringe     |                           | ml              |            |   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                       | Dosage                           | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|---------------------------------|----------------------------------|---------------------------|-----------------|------------|--------|
| (continued)                     | Tablets +                        | 5 mg<br>10 mg<br>25 mg    | ea<br>ea<br>ea  |            |        |
|                                 | Liquid                           | 5 mg/5 ml                 | ml              |            |        |
|                                 | Capsules, Sustained<br>Release + | 10 mg<br>15 mg<br>30 mg   | ea<br>ea<br>ea  |            |        |
|                                 | Suppositories                    | 2.5 mg<br>5 mg<br>25 mg   | ea<br>ea<br>ea  |            |        |
| Autonomic Drugs: Antihistamines |                                  |                           |                 |            |        |
| Azelastine HCl                  | Nasal Spray                      | 137 mcg (0.1 %)           | ml              |            |        |
|                                 | Nasal Spray                      | 0.15 %                    | ml              |            |        |
|                                 | Ophthalmic<br>Solution           | 0.05 %                    | ml              |            |        |
| Cyproheptadine                  | Tablets                          | 4 mg                      | ea              |            |        |
|                                 | Liquid                           | 2 mg/5 ml                 | ml              |            |        |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name           | Dosage                   | Strength/<br>Package Size                     | Billing<br>Unit | UM<br>Type | Code 1  |
|---------------------|--------------------------|---|-----------------|------------|---|
| Diphenhydramine HCL | Injection                | 50 mg/ml<br>10 mg/ml                          | ml<br>ml        |            |   |
|                     | Tablets or<br>Capsules + | 50 mg   | ea              |            |   |
| Loratadine          | Tablet                   | 10 mg   | ea              |            |   |
|                     | Liquid                   | 5 mg/5 ml                                     | 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.                    |
| Promethazine *      | Injection                | 25 mg/ml, 1 ml<br>25 mg/ml, 10 ml<br>50 mg/ml | ml<br>ml<br>ml  | AL         | *Promethazine is restricted to individuals 2 years of age or older. |
|                     | Tablets +                | 12.5 mg                                       | ea              |            |   |
|                     |                          | 25 mg   | ea              |            |   |
|                     |                          | 50 mg   | ea              |            |   |
|                     | Liquid                   | 6.25 mg/5 ml                                  | ml              |            |   |
|                     | Liquid Fortis            | 25 mg/5 ml                                    | ml              |            |   |
|                     | Suppositories            | 12.5 mg                                       | ea              |            |   |
|                     |                          | 25 mg   | ea              |            |   |
|                     |                          | 50 mg   | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                 | Dosage                    | Strength/<br>Package Size                    | Billing<br>Unit | UM<br>Type | Code 1  |
|---|---------------------------|--|-----------------|------------|---|
| Tiotropium Bromide/<br>Olodaterol HCLHC * | Inhaler                   | 2.5 mg/2.5 mcg, 4<br>gm                      | gm              |            | * Tiotropium Bromide and Olodaterol<br>HCL is restricted to NDC labeler code<br>00597 only.   |
| <b>Autonomic Drugs: Anti-Parkinsonism</b> |                           |  |                 |            |   |
| Amantadine *                              | Capsules +                | 100 mg                                       | ea              | AL         | * Use in beneficiaries less than 2 years<br>of age requires prior authorization<br>approval.  |
|   | Liquid                    | 50 mg/5 ml                                   | ml              |            |   |
| Benzotropine Mesylate *                   | Injection                 | 1 mg/ml                                      | ml              | AL         | * Use in beneficiaries less than 18 years<br>of age requires prior authorization<br>approval. |
|   | Tablets                   | 0.5 mg<br>1 mg<br>2 mg                       | ea<br>ea<br>ea  |            |   |
| Carbidopa and<br>Levodopa *               | Tablets +                 | 10 mg/100 mg<br>25 mg/100 mg<br>25 mg/250 mg | ea<br>ea<br>ea  | AL         | * Use in beneficiaries less than 18 years<br>of age requires prior authorization<br>approval. |
|   | Tablets,<br>long-acting + | 25 mg/100 mg<br>50 mg/200 mg                 | ea<br>ea        |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                     | Dosage  | Strength/<br>Package Size  | Billing<br>Unit                  | UM<br>Type | Code 1   |
|---|---|--|----------------------------------|------------|--|
| Carbidopa and<br>Levodopa and<br>Entacapone * | Tablets +   | 12.5 mg/50 mg/<br>200 mg<br>25 mg/100 mg/<br>200 mg<br>37.5 mg/150 mg/<br>200 mg                           | ea<br><br>ea<br><br>ea           | AL         | * Use in beneficiaries less than 18 years<br>of age requires prior authorization<br>approval.                                |
| Entacapone *                                  | Tablets   | 200 mg   | ea                               | AL         | * Use of Entacapone in beneficiaries less<br>than 18 years of age requires prior<br>authorization approval.                  |
| Pramipexole<br>Dihydrochloride *              | Tablets<br><br><br><br><br><br><br><br>Tablets,<br>extended-release | 0.125 mg<br>0.25 mg<br>0.5 mg<br>1.0 mg<br>1.5 mg<br><br>0.375 mg<br>0.75 mg<br>1.5 mg<br>3.0 mg<br>4.5 mg | ea<br><br><br><br><br><br><br>ea | AL         | * Use of Pramipexole Dihydrochloride in<br>beneficiaries less than 18 years of age<br>requires prior authorization approval. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                           | Dosage                       | Strength/<br>Package Size                                 | Billing<br>Unit                        | UM<br>Type | Code 1  |
|-------------------------------------|------------------------------|---|--|------------|---|
| Ropinirole HCL *                    | Tablets                      | 0.25 mg<br>0.5 mg<br>1 mg<br>2 mg<br>3 mg<br>4 mg<br>5 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea<br>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<br><br>Liquid        | 2 mg<br>5 mg<br><br>2 mg/5 ml                             | ea<br>ea<br><br>ml                     | AL         | * Use of Trihexyphenidyl Hydrochloride in beneficiaries less than 6 years of age requires prior authorization approval. |
| <b>Autonomic Drugs: Migraine</b>    |                              |   |  |            |   |
| Ergotamine Tartrate<br>and Caffeine | Tablets<br><br>Suppositories |   | ea<br><br>ea                           |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage   | Strength/<br>Package Size                           | Billing<br>Unit | UM<br>Type | Code 1   |
|---|--|---|-----------------|------------|--|
| Isometheptene Mucate,<br>Dichloralphenazone<br>and APAP * | Capsules +   | 65 mg<br>100 mg<br>325 mg                           | ml<br>ml<br>ml  | QL         | * Isometheptene Mucate,<br>Dichloralphenazone and APAP are<br>restricted to a maximum dispensing<br>quantity of 45 capsules per dispensing<br>and a maximum of three (3) dispensings<br>in any 75-day period. Please refer to the<br><a href="#">Opioid Limitation Policy</a> section for drug<br>specific limitations.                                  |
| Fremanezumab-VFRM *                                       | Prefilled<br>autoinjector<br><br>Prefilled syringe | 225 mg/1.5 ml<br>225 mg/1.5 ml x 3<br>225 mg/1.5 ml | ml<br>ml<br>ml  | LR         | * Restricted to use for the preventative<br>treatment of migraine only. Also<br>restricted to labeler code 51759 only.   |
| Galcanezumab-Gnlm *                                       | Injection  | 120 mg/ml   | ML              | LR         | * Restricted to use for the preventative<br>treatment of migraine only. Also<br>restricted to NDC labeler code 00002<br>only.  |
| Lasmiditan Succinate *                                    | Tablets  | 50 mg<br>100 mg                                     | ea<br>ea        | LR, QL     | Requires Prior Authorization. Restricted<br>to 1) Use in patients who have failed or<br>are unable to tolerate a drug in the<br>triptan class of medication; 2) Acute<br>treatment of migraine headache; 3)<br>Maximum fill quantity of 8 tablets per<br>dispensing and one dispensing in 30<br>days. Also restricted to NDC labeler<br>code 00002 only. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name     | Dosage                            | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|---------------|-----------------------------------|---------------------------|-----------------|------------|---|
| Rimegepant *  | Tablets, orally<br>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                           | 5 mg<br>10 mg             | ea<br>ea        | QL         | * Rizatriptan is restricted to a maximum quantity per dispensing of nine (9) tablets.   |
|               | Tablets, orally<br>disintegrating | 5 mg<br>10 mg             | ea<br>ea        |            |   |
| Sumatriptan * | Nasal Spray                       | 5 mg<br>20 mg             | ea<br>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.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                        | Strength/<br>Package Size      | Billing<br>Unit | UM<br>Type | Code 1  |
|--|-------------------------------|--------------------------------|-----------------|------------|---|
| Sumatriptan Succinate  | Injection<br>(kit or refill)  | 4 mg *<br>6 mg *               | ml<br>ml        | QL         | <p>* 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.</p> <p>* The 25 mg, 50 mg, and 100 mg tablets are restricted to a maximum quantity per dispensing of nine (9) tablets.</p> |
|  | Tablets                       | 25 mg *<br>50 mg *<br>100 mg * | ea<br>ea<br>ea  |            |   |
| Ubrogepant *   | Tablets                       | 50 mg<br>100 mg                | ea<br>ea        | LR, QL     | <p>* 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.</p>   |
| <b>Autonomic Drugs: Parasympatholytic (Anticholinergic) Agents</b> |                               |                                |                 |            |   |
| Atropine   | See: Ophthalmic<br>mydriatics |                                |                 |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage   | Strength/<br>Package Size   | Billing<br>Unit                      | UM<br>Type | Code 1   |
|--|--|---|--------------------------------------|------------|--|
| Dicyclomine  | Tablets or<br>Capsules +<br><br>Liquid         | 10 mg<br>20 mg<br><br>10 mg/5 ml  | ea<br>ea<br><br>ml                   |            |  |
| Glycopyrrolate   | Injection<br><br><br><br>Tablets +             | 0.2 mg/ml, 1 ml<br>0.2 mg/ml, 2 ml<br>0.2 mg/ml, 5 ml<br>0.2 mg/ml, 20 ml<br><br>1mg<br>2mg | ml<br>ml<br>ml<br>ml<br><br>ea<br>ea |            |  |
| Propantheline Bromide  | Tablets +                                      | 7.5 mg<br>15 mg   | ea<br>ea                             |            |  |
| <b>Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also see Ophthalmic Miotics</b> |  |   |                                      |            |  |
| Bethanechol Chloride   | Tablets  | 5 mg<br>10 mg<br>25 mg<br>50 mg   | ea<br>ea<br>ea<br>ea                 |            |  |
| Donepezil HCL *  | Tablets or Orally<br>Disintegrating<br>Tablets | 5 mg<br>10 mg   | ea<br>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. |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                     | Dosage   | Strength/<br>Package Size                     | Billing<br>Unit        | UM<br>Type | Code 1   |
|-------------------------------|--|---|------------------------|------------|--|
| Galantamine<br>Hydrobromide * | Extended-Release<br>Capsules                                     | 8 mg<br>16 mg<br>24 mg                        | ea<br>ea<br>ea         | AL         | * Use of Galantamine Hydrobromide in beneficiaries less than 18 years of age requires prior authorization approval.<br>* Extended-release capsules are restricted to treatment of mild to moderate dementia of the Alzheimer's type.                   |
| Pyridostigmine                | Tablets +<br><br>Tablets,<br>long acting +<br><br>Oral, solution | 60 mg<br><br>180 mg<br><br>60 mg/5 ml         | ea<br><br>ea<br><br>ml |            |  |
| Rivastigmine *                | Transdermal<br>System  | 4.6 mg/24 hr<br>9.5 mg/24 hr<br>13.3 mg/24 hr | ea<br>ea<br>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. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                   | Strength/<br>Package Size                            | Billing<br>Unit      | UM<br>Type | Code 1   |
|--|--------------------------|--|----------------------|------------|--|
| Rivastigmine Tartrate *  | Capsules                 | 1.5 mg<br>3.0 mg<br>4.5 mg<br>6.0 mg                 | ea<br>ea<br>ea<br>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. |
| <b>Autonomic Drugs: Sympatholytic (Adrenergic Blocking) Agents</b> |                          |  |                      |            |  |
| Ergotamine Tartrate and Caffeine                                   | See: Migraine            |  |                      |            |  |
| Propranolol  | See:<br>Antihypertensive |  |                      |            |  |
| <b>Autonomic Drugs: Sympathomimetic (Adrenergic) Agents</b>        |                          |  |                      |            |  |
| Epinephrine  | See: Anti-Asthmatics     |  |                      |            |  |
| <b>Blood Modifiers: Anticoagulant Antagonist</b>                   |                          |  |                      |            |  |
| Phytonadione   | Injection                | 10 mg/ml, 1 ml<br>10 mg/ml, 2.5 ml<br>10 mg/ml, 5 ml | ml<br>ml<br>ml       |            |  |
|  | Tablets                  | 5 mg   | ea                   |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                              | Dosage               | Strength/<br>Package Size                                      | Billing<br>Unit | UM<br>Type | Code 1   |
|--|----------------------|--|-----------------|------------|--|
| <b>Blood Modifiers: Anticoagulants</b> |                      |  |                 |            |  |
| Apixaban *                             | Tablets              | 2.5 mg<br>5 mg   | ea<br>ea        | LR         | * Restricted to NDC labeler code 00003 only.   |
|  | Starter Pack Tablets | 5 mg   | ea              |            |  |
| Dabigatran Etexilate Mesylate *        | Capsules             | 75 mg<br>110 mg<br>150 mg                                      | ea<br>ea<br>ea  | LR         | * Restricted to NDC labeler code 00597 only.   |
| Enoxaparin Sodium *                    | Prefilled syringe    | 30 mg<br>40 mg<br>60 mg<br>80 mg<br>100 mg<br>120 mg<br>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            | in 5% Dextrose and water (D5W)                                 | ml              |            |  |
|  | Injection, premixed  | in 0.9% Sodium Chloride (NS)                                   | ml              |            |  |
|  | Vial                 |  | ea              |            |  |
| Heparin Lock Flush Solution            |                      |  |                 |            |  |
| Prasugrel                              | Tablets              | 5 mg   | ea              |            |  |
|  |                      | 10 mg  | ea              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                  | Dosage               | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|----------------------------|----------------------|---------------------------|-----------------|------------|---|
| Buprenorphine/<br>Naloxone | Sublingual Tablets * | 2 mg/0.5 mg               | ea              |            | * Limited to use for the treatment of<br>opioid addiction by physicians with a<br>DATA 2000 waiver. |
|                            |                      | 8 mg/2 mg                 | ea              |            |   |
|                            |                      | 0.7 mg/0.18 mg            | ea              |            |   |
|                            |                      | 1.4 mg/0.36 mg            | ea              |            |   |
|                            |                      | 2.9 mg/0.71 mg            | ea              |            |   |
|                            |                      | 5.7 mg/1.4 mg             | ea              |            |   |
|                            |                      | 8.6 mg/2.1 mg             | ea              |            |   |
|                            |                      | 11.4 mg/2.9 mg            | ea              |            |   |
|                            | Sublingual Film *    | 2 mg/0.5mg                | ea              | LR         | * Sublingual film is restricted to NDC<br>labeler code 12496.                                       |
|                            |                      | 4 mg/1 mg                 | ea              |            |   |
|                            |                      | 8 mg/2 mg                 | ea              |            |   |
|                            |                      | 12 mg/3 mg                | ea              |            |   |
| Naloxone HCL               | Injection            | 0.4 mg/ml                 | ml              |            |   |
|                            |                      | 1.0 mg/ml                 | ml              |            |   |
|                            | Intranasal Spray     | 4 mg/0.1ml *              | ea              | LR         | * Restricted to NDC labeler code 69547.   |
|                            |                      | 8 mg/0.1 ml *             | ea              | LR         | * Restricted to NDC labeler code 59467.   |
|                            | Syringe, 2-pack      | 5 mg/0.5 ml *             | ml              | LR         | * Restricted to NDC labeler code 78670<br>for 5 mg/0.5 ml syringe only.                             |
|                            |                      |                           |                 |            |   |
| Analgesics: Narcotics      |                      |                           |                 |            |   |
| Naltrexone HCL             | Tablets              | 50 mg                     | ea              |            |   |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                          | Dosage                   | Strength/<br>Package Size                    | Billing<br>Unit      | UM<br>Type | Code 1  |
|------------------------------------|--------------------------|--|----------------------|------------|---|
| Codeine and<br>Acetaminophen       | Tablets or<br>Capsules * | 15 mg – 300 to<br>325mg                      | ea                   | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
|                                    |                          | 30 mg – 300 to<br>325mg                      | ea                   |            |   |
|                                    | Liquid                   | 12 mg – 120<br>mg/5 ml                       | ml                   |            |   |
| Fentanyl *                         | Transdermal Patch        | 25 mcg<br>50 mcg<br>75 mcg<br>100 mcg        | ea<br>ea<br>ea<br>ea | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
| Hydrocodone and<br>Acetaminophen * | Tablets                  | 5 mg/325 mg<br>7.5 mg/325 mg<br>10 mg/325 mg | ea<br>ea<br>ea       | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
|                                    | Oral Solution *          | 7.5mg/325mg/<br>15ml                         | ml                   | AL         | * Restricted to use in individuals less than 14 years of age for the oral solution only.              |
| Hydromorphone *                    | Injection                | 1 mg/ml, 1 ml                                | ml                   | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
|                                    |                          | 2 mg/ml, 1 ml                                | ml                   |            |   |
|                                    |                          | 2 mg/ml, 20 ml                               | ml                   |            |   |
|                                    |                          | 3 mg/ml                                      | ml                   |            |   |
|                                    |                          | 4 mg/ml                                      | ml                   |            |   |
|                                    |                          | 10 mg/ml, 1 ml                               | ml                   |            |   |
|                                    |                          | 10 mg/ml, 5 ml                               | ml                   |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name              | Dosage                                | Strength/<br>Package Size            | Billing<br>Unit      | UM<br>Type | Code 1  |
|------------------------|---------------------------------------|--------------------------------------|----------------------|------------|---|
| (continued)            | Tablets                               | 2 mg<br>4 mg<br>8 mg                 | ea<br>ea<br>ea       |            |   |
|                        | Suppositories                         | 3 mg                                 | ea                   |            |   |
| Levorphanol Tartrate * | Injection                             | 2 mg, 1 ml<br>2 mg, 10ml             | ml<br>ml             |            | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
|                        | Tablets                               | 2 mg                                 | ea                   |            |   |
| Meperidine HCl *       | Injection, multi-dose vial            | 50 mcg/ml, 30 ml<br>100 mg/ml, 20 ml | ml<br>ml             |            | * Meperidine HCl requires a prior authorization request.  |
|                        | Injection, single-dose vial or ampule | 25 mg<br>50 mg<br>75 mg<br>100 mg    | ml<br>ml<br>ml<br>ml |            |   |
|                        | Elixir                                | 50 mg/5 ml                           | ml                   |            |   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                        | Dosage                                   | Strength/<br>Package Size                             | Billing<br>Unit | UM<br>Type | Code 1  |
|----------------------------------|--|---|-----------------|------------|---|
| Morphine Sulfate *               | Injection                                |   | ml              | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
|                                  | Capsules,<br>Extended-Release<br>Pellets | 10 mg   | ea              |            |   |
|                                  |  | 20 mg   | ea              |            |   |
|                                  |  | 30 mg   | ea              |            |   |
|                                  |  | 40 mg   | ea              |            |   |
|                                  |  | 50 mg   | ea              |            |   |
|                                  |  | 60 mg   | ea              |            |   |
|                                  |  | 80 mg   | ea              |            |   |
|                                  |  | 100 mg  | ea              |            |   |
|                                  |  | 200 mg  | ea              |            |   |
|                                  | Tablets, Oral                            | 10 mg   | ea              |            |   |
|                                  |  | 15 mg   | ea              |            |   |
|                                  |  | 30 mg   | ea              |            |   |
|                                  | Tablets,<br>Long-Acting                  | 15 mg   | ea              |            |   |
|                                  |  | 30 mg   | ea              |            |   |
|                                  |  | 60 mg   | ea              |            |   |
|                                  |  | 100 mg  | ea              |            |   |
|                                  | Liquid                                   | 10 mg/5 ml  | ml              |            |   |
|                                  |  | 20 mg/5 ml  | ml              |            |   |
|                                  |  | 20 mg/ml  | ml              |            |   |
| Oxycodone and<br>Acetaminophen * | Tablets                                  | 5 mg to 325 mg<br>7.5 mg to 325 mg<br>10 mg to 325 mg | ea              | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                   | Dosage                    | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|-----------------------------|---------------------------|---------------------------|-----------------|------------|--|
| Oxycodone HCl *             | Tablets or Capsules       | 5 mg<br>15 mg<br>30 mg    | ea              | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.      |
|                             | Solution                  |                           | ml              |            |  |
|                             | Concentrate               |                           | ml              |            |  |
| Oxycodone HCl and Aspirin * | Tablets                   | 4.8355 mg to 325 mg       | ea              | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.      |
| Oxymorphone                 | Ampule                    | 1 mg/ml, 1 ml             | ml              |            | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.      |
|                             |                           | 1.5 mg/ml, 1 ml           | ea              |            |  |
|                             |                           | 1.5 mg/ml, 10 ml          | ml              |            |  |
|                             | Suppositories             | 5 mg                      | ea              |            |  |
| Analgesics: Non-Narcotics   |                           |                           |                 |            |  |
| Aspirin                     | See: Anti-Platelet Agents |                           |                 |            |  |
| Lidocaine                   | Topical system *          | 1.8 %                     | ea              | LR         | * Lidocaine is restricted to NDC labeler code 69557 only.<br><b>Note:</b> Billing unit "each" means patch. |
|                             | Viscous solution          | 2%                        | ml              |            |  |
|                             | Jelly                     | 2%                        | ml              |            |  |
|                             | Cream                     | 3%                        | gm              |            |  |
|                             | Ointment                  | 5%                        | gm              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                | Dosage                  | Strength/<br>Package Size                | Billing<br>Unit            | UM<br>Type | Code 1   |
|--|-------------------------|--|----------------------------|------------|--|
| Phenazopyridine HCL                      | Tablets                 | 100 mg<br>200 mg                         | ea<br>ea                   |            |  |
| Tramadol HCL *                           | Tablets                 | 50 mg                                    | ea                         | AL,<br>QL  | * The use of tramadol for Medi-Cal beneficiaries younger than 17 years of age requires prior authorization approval. Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
| <b>Bisphosphonates</b>                   |                         |  |                            |            |  |
| Alendronate Sodium                       | Tablets +               | 5 mg<br>10 mg<br>35 mg<br>40 mg<br>70 mg | ea<br>ea<br>ea<br>ea<br>ea |            |  |
| Alendronate Sodium/<br>Cholecalciferol * | Tablets +               | 70 mg/2800 IU<br>70 mg/5600 IU           | ea<br>ea                   | LR         | * Restricted to NDC labeler codes 00006 and 78206 only.  |
| Ibandronate Sodium                       | Tablets                 | 150 mg                                   | ea                         |            |  |
| Pamidronate Disodium                     | Powder for<br>Injection |  | ea                         |            |  |
| Risedronate Sodium                       | Tablets                 | 5 mg<br>30 mg<br>35 mg                   | ea<br>ea<br>ea             |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                    | Dosage                                   | Strength/<br>Package Size                             | Billing<br>Unit                        | UM<br>Type | Code 1   |
|--|--|---|--|------------|--|
| Zoledronic Acid                              | Injection<br><br>Powder for<br>Injection | 4 mg/5 ml   | ml<br><br>ea                           |            |  |
| <b>Broncho-Pulmonary Secretion Modifiers</b> |  |   |  |            |  |
| Acetylcysteine                               | Solution                                 | 10 %<br>20 %  | ml<br>ml                               |            |  |
| Sodium Chloride                              | Inhalation Vials                         | 0.45 %<br>0.9 %<br>3 %<br>3.5 %<br>6 %<br>7 %<br>10 % | ml<br>ml<br>ml<br>ml<br>ml<br>ml<br>ml |            |  |
| <b>Calcimimetic Agent</b>                    |  |   |  |            |  |
| Cinacalcet HCl *                             | Tablets                                  | 30 mg<br>60 mg<br>90 mg                               | ea<br>ea<br>ea                         |            | * Restricted to use in secondary hyperparathyroidism in patients with chronic kidney disease on dialysis or hypercalcemia in patients with parathyroid carcinoma, or in patients with severe hypercalcemia with primary hyperparathyroidism who are unable to undergo parathyroidectomy. |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                           | Dosage                 | Strength/<br>Package Size             | Billing<br>Unit      | UM<br>Type | Code 1  |
|-------------------------------------|------------------------|---------------------------------------|----------------------|------------|---|
| Central Nervous System: Antianxiety |                        |                                       |                      |            |   |
| Buspirone *                         | Tablets                | 5 mg<br>10 mg<br>15 mg<br>30 mg       | ea<br>ea<br>ea<br>ea | AL         | * Use in beneficiaries less than 18 years of age requires prior authorization approval.                         |
| Chlordiazepoxide HCl *              | Capsules               | 5 mg<br>10 mg<br>25 mg                | ea<br>ea<br>ea       | QL         | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.           |
| Hydroxyzine HCl                     | Tablets +<br><br>Syrup | 10 mg<br>25 mg<br>50 mg<br>10 mg/5 mg | ea<br><br>ml         |            |   |
| Hydroxyzine Pamoate                 | Capsules +             | 25 mg<br>50 mg                        | ea                   |            |   |
| Lorazepam                           | Tablets *              | 0.5 mg<br>1 mg<br>2 mg                | ea                   | AL,<br>QL  | * Restricted to a maximum quantity per dispensing of 60 tablets. Use in beneficiaries less than 18 years of age |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                      | Dosage                                       | Strength/<br>Package Size            | Billing<br>Unit      | UM<br>Type | Code 1   |
|--|--|--------------------------------------|----------------------|------------|--|
| (continued)                                    | Oral concentration*                          | 2 mg/ml                              | ml                   |            | requires prior authorization approval. Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.<br><br>*Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
| <b>Central Nervous System: Anticonvulsants</b> |  |                                      |                      |            |  |
| Carbamazepine                                  | Capsules, and<br>Tablets extended<br>release | 100 mg<br>200 mg<br>300 mg<br>400 mg | ea<br>ea<br>ea<br>ea |            |  |
|  | Chewable Tablets                             | 100 mg                               | ea                   |            |  |
|  | Tablets                                      | 200 mg                               | ea                   |            |  |
|  | Liquid                                       | 100 mg/5 ml                          | ml                   |            |  |
| Clobazam *                                     | Tablets                                      | 10 mg<br>20 mg                       | ea<br>ea             | 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 <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.        |
|  | Suspension                                   | 2.5 mg/ml                            | ml                   |            |  |



Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name    | Dosage        | Strength/<br>Package Size       | Billing<br>Unit      | UM<br>Type | Code 1  |
|--------------|---------------|---------------------------------|----------------------|------------|---|
| Clonazepam * | Tablets +     | 0.5 mg<br>1.0 mg<br>2.0 mg      | ea<br>ea<br>ea       | QL         | * Restricted to a maximum quantity per dispensing of 90 tablets. Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.  |
| Diazepam *   | Injection *   | 5 mg/ml                         | ml                   | AL         | * Restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration for the injection only.   |
|              | Nasal Spray * | 5 mg<br>10 mg<br>15 mg<br>20 mg | ea<br>ea<br>ea<br>ea | LR<br>QL   | * 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.<br><b>Note:</b> The billing unit for the nasal spray is a blister pack. Each carton contains 2 blister packs. |
|              | Tablets + *   | 2 mg<br>5 mg<br>10 mg           | ea<br>ea<br>ea       | AL<br>QL   | * Restricted to a maximum quantity per dispensing of 60 tablets for the tablets only. Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name         | Dosage                                     | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type     | Code 1   |
|-------------------|--|--|-----------------|----------------|--|
| (continued)       | Rectal Gel *                               | 2.5 mg twin pack<br>10 mg delivery<br>system twin pack<br>20 mg delivery<br>system twin pack | ea<br>ea<br>ea  | AL<br>LR<br>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.<br><b>Note:</b> The billing unit for the rectal gel is each twin pack |
|                   | Solution *                                 | 5 mg/5 ml  | ml              | AL<br>QL       | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations for the solution.<br><br>* Use in beneficiaries less than 2 years of age requires prior authorization approval for all dosage forms except the nasal spray.   |
| Divalproex Sodium | Capsules +<br>Tablets, enteric<br>coated + | 125 mg   | ea              |                |  |
|                   |  | 125 mg   | ea              |                |  |
|                   |  | 250 mg   | ea              |                |  |
|                   |  | 500 mg   | ea              |                |  |
|                   | Tablets,<br>Extended Release +             | 250 mg<br>500 mg   | ea<br>ea        |                |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name    | Dosage               | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|--------------|----------------------|---------------------------|-----------------|------------|--------|
| Ethosuximide | Capsules             | 250 mg                    | ea              |            |        |
|              | Syrup                | 250 mg/5 ml               | ml              |            |        |
| Gabapentin   | Capsules             | 100 mg                    | ea              |            |        |
|              |                      | 300 mg                    | ea              |            |        |
|              |                      | 400 mg                    | ea              |            |        |
|              | Tablets              | 600 mg                    | ea              |            |        |
|              |                      | 800 mg                    | ea              |            |        |
|              | Solution, Oral       | 250 mg/5 ml               | ml              |            |        |
| Lamotrigine  | Tablets +            | 25 mg                     | ea              |            |        |
|              |                      | 100 mg                    |                 |            |        |
|              |                      | 150 mg                    |                 |            |        |
|              |                      | 200 mg                    |                 |            |        |
|              | Starter Kits         | 25 mg, tablets            |                 |            |        |
|              | Tablets              | from 35-Tablet Kit        |                 |            |        |
|              |                      | 25 mg – 100 mg,           |                 |            |        |
|              |                      | tablets from 49-          |                 |            |        |
|              |                      | tablet kit                |                 |            |        |
|              |                      | 25 mg – 100 mg,           |                 |            |        |
|              |                      | tablets from 98-          |                 |            |        |
|              |                      | tablet kit                |                 |            |        |
|              | Tablets, dispersible | 5 mg                      | ea              |            |        |
|              |                      | 25 mg                     | ea              |            |        |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name     | Dosage                    | Strength/<br>Package Size                    | Billing<br>Unit            | UM<br>Type    | Code 1   |
|---------------|---------------------------|--|----------------------------|---------------|--|
| (continued)   | Tablets, extended-release | 25 mg<br>50 mg<br>100 mg<br>200 mg<br>300 mg | ea<br>ea<br>ea<br>ea<br>ea |               |  |
|               | Tablets, ODT              | 25 mg<br>50 mg<br>100 mg<br>200 mg           | ea<br>ea<br>ea<br>ea       |               |  |
| Levetiracetam | Solution, oral            | 100 mg/ml                                    | ml                         |               |  |
|               | Tablets                   | 250 mg<br>500 mg<br>750 mg<br>1000 mg        | ea<br>ea<br>ea<br>ea       |               |  |
|               | Tablets, extended-release | 500 mg<br>750 mg                             | ea<br>ea                   |               |  |
| Midazolam *   | Nasal spray               | 5 mg   | ea                         | AL,<br>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.<br><b>Note:</b> The billing unit is a blister pack. Each box contains 2 blister packs. |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name       | Dosage     | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1  |
|-----------------|------------|----------------------------|-----------------|------------|---|
| Oxcarbazepine   | Tablets *  | 150 mg<br>300 mg<br>600 mg | ea              | AL         | * Use of Oxcarbazepine in beneficiaries less than 2 years of age requires prior authorization approval.   |
|                 | Suspension | 300 mg/5 ml                | ml              |            |   |
| Perampanel *    | Suspension | 0.5 mg/ml                  | ml              | 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. |
|                 | Tablets    | 2 mg                       | ea              |            |   |
|                 |            | 4 mg                       | ea              |            |   |
|                 |            | 6 mg                       | ea              |            |   |
|                 |            | 8 mg                       | ea              |            |   |
|                 |            | 10 mg                      | ea              |            |   |
| Phenobarbital * | Injection  | 120 to 130 mg/ml, 1 ml     | ml              |            | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.   |
|                 |            |                            |                 |            |   |
|                 | Tablets +  | 15 mg                      | ea              |            |   |
|                 |            | 16.2 mg                    | ea              |            |   |
|                 |            | 30 mg                      | ea              |            |   |
|                 |            | 32.4 mg                    | ea              |            |   |
|                 |            | 60 mg                      | ea              |            |   |
|                 |            | 65 mg                      | ea              |            |   |
|                 |            | 97.2 mg                    | ea              |            |   |
|                 |            | 100 mg                     | ea              |            |   |
|                 | Liquid     | 20 mg/5 ml                 | ml              |            |   |
|                 |            |                            |                 |            |   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



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

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name                               | Dosage                            | Strength/<br>Package Size  | Billing<br>Unit                        | UM<br>Type | Code 1   |
|---|-----------------------------------|--|--|------------|--|
| Tiagabine HCL *                         | Tablets, plain +                  | 2 mg<br>4 mg<br>12 mg<br>16 mg                                   | ea<br>ea<br>ea<br>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<br><br>Capsules, sprinkle | 25 mg<br>50 mg<br>100 mg<br>200 mg<br>15 mg<br>25 mg             | ea<br>ea<br>ea<br>ea<br>ea<br>ea       | AL         | * Use of Topiramate in beneficiaries less than 2 years of age requires prior authorization approval.                                       |
| Valproic Acid                           | Tablets or Capsules<br>Liquid     | 250 mg<br>250 mg/5 ml  | ea<br>ml                               |            |  |
| Zonisamide                              | Capsules                          | 25 mg<br>50 mg<br>100 mg   | ea<br>ea<br>ea                         |            |  |
| Central Nervous System: Antidepressants |                                   |  |  |            |  |
| Amitriptyline                           | Injection<br>Tablets              | 10 mg/ml<br>10 mg<br>25 mg<br>50 mg<br>75 mg<br>100 mg<br>150 mg | ml<br>ea<br>ea<br>ea<br>ea<br>ea<br>ea |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                          | Dosage   | Strength/<br>Package Size                            | Billing<br>Unit      | UM<br>Type | Code 1  |
|------------------------------------|--|--|----------------------|------------|---|
| Amitriptyline HCL,<br>Perphenazine | Tablets  | 10 mg/2 mg<br>10 mg/4 mg<br>25 mg/2 mg<br>25 mg/4 mg | ea<br>ea<br>ea<br>ea |            |   |
| Bupropion HCL                      | Tablets  | 75 mg<br>100 mg                                      | ea<br>ea             |            | <p>* 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 tablets per dispensing. Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing.</p> <p><b>Note:</b> 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.</p> |
|                                    | Tablets, Extended Release (24-hour)                  | 150 mg<br>300 mg                                     | ea<br>ea             |            |   |
|                                    | Tablets, Sustained Release (12-hour)                 | 100 mg<br>150 mg<br>200 mg                           | ea<br>ea<br>ea       |            |   |
|                                    | Tablets, sustained release for Smoking Cessation + * | 150 mg   | ea                   | QL         |   |
| Citalopram HBR                     | Tablets  | 10 mg<br>20 mg<br>40 mg                              | ea<br>ea<br>ea       |            |   |
|                                    | Solution   | 10 mg/5 ml   | ml                   |            |   |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                   | Dosage                       | Strength/<br>Package Size                            | Billing<br>Unit                  | UM<br>Type | Code 1 |
|-----------------------------|------------------------------|--|----------------------------------|------------|--------|
| Clomipramine HCL            | Capsules                     | 25 mg<br>50 mg<br>75 mg                              | ea<br>ea<br>ea                   |            |        |
| Desipramine HCL             | Tablets                      | 10 mg<br>25 mg<br>50 mg<br>75 mg<br>100 mg<br>150 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea |            |        |
| Desvenlafaxine<br>Succinate | Tablets, Extended<br>Release | 25 mg<br>50 mg<br>100 mg                             | ea<br>ea<br>ea                   |            |        |
| Doxepin HCL                 | Capsules                     | 10 mg<br>25 mg<br>50 mg<br>75 mg<br>100 mg<br>150 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea |            |        |
|                             | Oral concentrate             | 10 mg/ml   | ml                               |            |        |
| Duloxetine HCL              | Capsules                     | 20 mg<br>30 mg<br>60 mg                              | ea<br>ea<br>ea                   |            |        |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name            | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|----------------------|--|---------------------------|-----------------|------------|--------|
| Escitalopram Oxalate | Solution, oral<br>Tablets                      | 5 mg/5mL                  | ml              |            |        |
|                      |  | 5 mg                      | ea              |            |        |
|                      |  | 10 mg                     | ea              |            |        |
|                      |  | 20 mg                     | ea              |            |        |
| Fluoxetine HCl       | Capsules                                       | 10 mg                     | ea              |            |        |
|                      |  | 20 mg                     | ea              |            |        |
|                      |  | 40 mg                     | ea              |            |        |
|                      | Tablets  | 10 mg                     | ea              |            |        |
|                      | Solution                                       | 20 mg/5 ml                | ml              |            |        |
| Fluvoxamine Maleate  | Capsules, Extended<br>Release                  | 100 mg                    | ea              |            |        |
|                      |  | 150 mg                    | ea              |            |        |
|                      | Tablets  | 25 mg                     | ea              |            |        |
|                      |  | 50 mg                     | ea              |            |        |
|                      |  | 100 mg                    | ea              |            |        |
| Imipramine           | Injection<br>Tablets                           | 25 mg, 2 ml               | ml              |            |        |
|                      |  | 10 mg                     | ea              |            |        |
|                      |  | 25 mg                     | ea              |            |        |
|                      |  | 50 mg                     | ea              |            |        |
| Mirtazapine          | Tablets or orally<br>disintegrating<br>tablets | 15 mg                     | ea              |            |        |
|                      |  | 30 mg                     | ea              |            |        |
|                      |  | 45 mg                     | ea              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name         | Dosage           | Strength/<br>Package Size        | Billing<br>Unit      | UM<br>Type | Code 1 |
|-------------------|------------------|----------------------------------|----------------------|------------|--------|
| Nortriptyline HCL | Capsules         | 10 mg<br>25 mg<br>50 mg<br>75 mg | ea<br>ea<br>ea<br>ea |            |        |
|                   | Liquid           | 10 mg/5 ml                       | ml                   |            |        |
| Paroxetine HCL    | Suspension, oral | 10 mg/5 ml                       | ml                   |            |        |
|                   | Tablets          | 10 mg<br>20 mg<br>30 mg<br>40 mg | ea<br>ea<br>ea<br>ea |            |        |
| Protriptyline HCL | Tablets          | 5 mg<br>10 mg                    | ea<br>ea             |            |        |
| Sertraline HCL    | Concentrate      | 20 mg/ml                         | ml                   |            |        |
|                   | Tablets          | 25 mg<br>50 mg<br>100 mg         | ea<br>ea<br>ea       |            |        |
| Trazodone         | Tablets          | 50 mg<br>100 mg<br>150 mg        | ea<br>ea<br>ea       |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name       | Dosage                        | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|-----------------|-------------------------------|---------------------------|-----------------|------------|--------|
| Venlafaxine HCL | Tablets                       | 25 mg                     | ea              |            |        |
|                 |                               | 37.5 mg                   | ea              |            |        |
|                 |                               | 50 mg                     | ea              |            |        |
|                 |                               | 75 mg                     | ea              |            |        |
|                 |                               | 100 mg                    | ea              |            |        |
|                 | Capsules, Extended<br>Release | 37.5 mg                   | ea              |            |        |
|                 |                               | 75 mg                     | ea              |            |        |
|                 |                               | 150 mg                    | ea              |            |        |
|                 | Tablets, Extended<br>Release  | 37.5 mg                   | ea              |            |        |
|                 |                               | 75 mg                     | ea              |            |        |
|                 |                               | 150 mg                    | ea              |            |        |
|                 |                               | 225 mg                    | ea              |            |        |
| Vortioxetine    | Tablets                       | 5 mg                      | ea              |            |        |
|                 |                               | 10 mg                     | ea              |            |        |
|                 |                               | 20 mg                     | ea              |            |        |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name   | Dosage  | Strength/<br>Package Size  | Billing<br>Unit  | UM<br>Type | Code 1   |
|---|---|--|--|------------|--|
| Central Nervous System: Anti-Hyperkinetics  |   |  |  |            |  |
| Amphetamine, mixed salts (amphetamine sulfate, amphetamine aspartate monohydrate, dextroamphetamine sulfate and dextroamphetamine saccharate) * | Tablets<br><br><br><br><br><br><br><br>Capsules, Extended Release | 5 mg<br>7.5 mg<br>10 mg<br>12.5 mg<br>15 mg<br>20 mg<br>30 mg<br><br>5 mg<br>10 mg<br>15 mg<br>20 mg<br>25 mg<br>30 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea<br>ea<br><br>ea<br>ea<br>ea<br>ea<br>ea<br>ea |            | * Restricted to use in Attention Deficit Hyperactivity Disorder. Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
| Atomoxetine HCL *   | Capsules  | 10 mg<br>18 mg<br>25 mg<br>40 mg<br>60 mg<br>80 mg<br>100 mg   | ea<br>ea<br>ea<br>ea<br>ea<br>ea<br>ea   |            | * Restricted to use in Attention Deficit Hyperactivity Disorder.   |
| Clonidine HCl *   | 12-Hour Tablet  | 0.1 mg   | ea   |            | * Restricted to use in Attention Deficit Hyperactivity Disorder.   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                            | Dosage                        | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|--------------------------------------|-------------------------------|---------------------------|-----------------|------------|---|
| Dexmethylphenidate<br>HCL *          | Capsules, Extended<br>Release | 5 mg                      | ea              |            | * Restricted to use in Attention Deficit<br>Hyperactivity Disorder. Please refer to<br>the <a href="#">Opioid Limitation Policy</a> section for<br>drug specific limitations. |
|                                      |                               | 10 mg                     | ea              |            |   |
|                                      |                               | 15 mg                     | ea              |            |   |
|                                      |                               | 20 mg                     | ea              |            |   |
|                                      |                               | 25 mg                     | ea              |            |   |
|                                      |                               | 30 mg                     | ea              |            |   |
|                                      |                               | 35 mg                     | ea              |            |   |
|                                      |                               | 40 mg                     | ea              |            |   |
|                                      | Tablets                       | 2.5 mg                    | ea              |            |   |
|                                      |                               | 5 mg                      | ea              |            |   |
|                                      |                               | 10 mg                     | ea              |            |   |
| Dextroamphetamine<br>Sulfate *       | Tablets                       | 5 mg                      | ea              |            | * Restricted to use in Attention Deficit<br>Hyperactivity Disorder. Please refer to<br>the <a href="#">Opioid Limitation Policy</a> section for<br>drug specific limitations. |
|                                      |                               | 10 mg                     | ea              |            |   |
| Guanfacine HCl<br>Extended-Release * | Tablets, Extended<br>Release  | 1 mg                      | ea              |            | * Restricted to use in Attention Deficit<br>Hyperactivity Disorder.   |
|                                      |                               | 2 mg                      | ea              |            |   |
|                                      |                               | 3 mg                      | ea              |            |   |
|                                      |                               | 4 mg                      | ea              |            |   |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name                      | Dosage                         | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|--------------------------------|--------------------------------|---------------------------|-----------------|------------|--|
| Lisdexamfetamine<br>Dimesylate | Capsules                       | 10 mg                     | ea              | LR         | * Lisdexamfetamine Dimesylate is restricted to NDC labeler Code 59417 and restricted to use in Attention Deficit Disorder. Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
|                                |                                | 20 mg                     | ea              |            |  |
|                                |                                | 30 mg                     | ea              |            |  |
|                                |                                | 40 mg                     | ea              |            |  |
|                                |                                | 50 mg                     | ea              |            |  |
|                                |                                | 60 mg                     | ea              |            |  |
|                                |                                | 70 mg                     | ea              |            |  |
|                                | Chewable Tablets               | 10 mg                     | ea              |            |  |
|                                |                                | 20 mg                     | ea              |            |  |
|                                |                                | 30 mg                     | ea              |            |  |
|                                |                                | 40 mg                     | ea              |            |  |
|                                |                                | 50 mg                     | ea              |            |  |
|                                |                                | 60 mg                     | ea              |            |  |
| Methylphenidate HCl *          | Tablets *                      | 5 mg                      | ea              | LR         | * Tablets restricted to use in Attention Deficit Hyperactivity Disorder.   |
|                                |                                | 10 mg                     | ea              |            |  |
|                                |                                | 20 mg                     | ea              |            |  |
|                                | Tablets, extended<br>release * | 18 mg                     | ea              |            | * Extended release tablets restricted to use in Attention Deficit Hyperactivity Disorder.  |
|                                |                                | 27 mg                     | ea              |            |  |
|                                |                                | 36 mg                     | ea              |            |  |
|                                |                                | 54 mg                     | ea              |            |  |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name                                  | Dosage                               | Strength/<br>Package Size                          | Billing<br>Unit                  | UM<br>Type | Code 1  |
|--|--------------------------------------|--|----------------------------------|------------|---|
| (continued)                                | Capsules, extended<br>release (CD) * | 10 mg<br>20 mg<br>30 mg<br>40 mg<br>50 mg<br>60 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea | LR         | * Restricted to use in Attention Deficit<br>Hyperactivity Disorder.   |
|  | Capsules, extended<br>release (LA) * | 10 mg<br>20 mg<br>30 mg<br>40 mg<br>60 mg          | ea<br>ea<br>ea<br>ea<br>ea       | LR         | * Restricted to use in Attention Deficit<br>Hyperactivity Disorder.<br><br>* Please refer to the <a href="#">Opioid Limitation<br/>Policy</a> section for drug specific<br>limitations.                             |
| Central Nervous System: Appetite Stimulant |                                      |  |                                  |            |   |
| Dronabinol *                               | Capsules                             | 2.5 mg<br>5 mg<br>10 mg                            | ea<br>ea<br>ea                   |            | * Restricted to use in the treatment of<br>anorexia associated with weight loss in<br>patients with AIDS. Please refer to the<br><a href="#">Opioid Limitation Policy</a> section for drug<br>specific limitations. |
| Central Nervous System: Miscellaneous      |                                      |  |                                  |            |   |
| Memantine HCl                              | Titration Pack                       | 5 mg – 10 mg                                       | ea                               |            |   |
|  | Tablets                              | 5 mg<br>10 mg                                      | ea<br>ea                         |            |   |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                             | Dosage                        | Strength/<br>Package Size                        | Billing<br>Unit                  | UM<br>Type | Code 1   |
|---------------------------------------|-------------------------------|--|----------------------------------|------------|--|
| (continued)                           | Solution                      | 2 mg/ml  | ml                               |            |  |
|                                       | Capsules, Extended<br>Release | 7 mg<br>14 mg<br>21 mg<br>28 mg                  | ea<br>ea<br>ea<br>ea             |            |  |
| Milnacipran HCl *                     | Tablets                       | 12.5 mg<br>25 mg<br>50 mg<br>100 mg              | ea<br>ea<br>ea<br>ea             | AL         | * Use of Milnacipran HCl in beneficiaries less than 18 years of age requires prior authorization approval.                                     |
|                                       | Titration Pack<br>Tablets     | 12.5 mg, contains<br>5 Tablets                   | ea                               |            |  |
|                                       |                               | 25 mg, contains<br>8 Tablets                     | ea                               |            |  |
|                                       |                               | 50 mg, contains<br>42 Tablets                    | ea                               |            |  |
|                                       |                               |  |                                  |            |  |
| Central Nervous System: Psychotropics |                               |  |                                  |            |  |
| Aripiprazole *                        | Tablets                       | 2 mg<br>5 mg<br>10 mg<br>15 mg<br>20 mg<br>30 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea |            | * Restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name        | Dosage                            | Strength/<br>Package Size                      | Billing<br>Unit            | UM<br>Type | Code 1  |
|------------------|-----------------------------------|--|----------------------------|------------|---|
| (continued)      | Tablets, orally<br>disintegrating | 10 mg<br>15 mg                                 | ea<br>ea                   |            |   |
|                  | Oral Solution                     | 1 mg/ml  | ml                         |            |   |
| Asenapine *      | Sublingual Tablets                | 2.5 mg<br>5 mg<br>10 mg                        | ea<br>ea<br>ea             | LR         | * Restricted to NDC labeler code 00456.   |
| Chlorpromazine * | Tablets +                         | 10 mg<br>25 mg<br>50 mg<br>100 mg<br>200 mg    | ea<br>ea<br>ea<br>ea<br>ea |            | * Restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.  |
| Clozapine *      | Tablets                           | 25 mg<br>50 mg<br>100 mg<br>200 mg             | ea<br>ea<br>ea<br>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. |
|                  | Tablets, orally<br>disintegrating | 12.5 mg<br>25 mg<br>100 mg<br>150 mg<br>200 mg | ea<br>ea<br>ea<br>ea<br>ea |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name      | Dosage             | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|----------------|--------------------|---------------------------|-----------------|------------|---|
| Fluphenazine * | Tablets +          | 1 mg                      | ea              | 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 is restricted to FDA approved indications. |
|                |                    | 2.5 mg                    | ea              |            |   |
|                |                    | 5 mg                      | ea              |            |   |
|                |                    | 10 mg                     | ea              |            |   |
|                | Liquid             | 0.5 mg/ml                 | ml              |            |   |
|                | Liquid concentrate | 5 mg/ml                   | ml              |            |   |
| Haloperidol *  | Tablets +          | 0.5mg                     | ea              |            | * Haloperidol is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.   |
|                |                    | 1mg                       | ea              |            |   |
|                |                    | 2mg                       | ea              |            |   |
|                |                    | 5mg                       | ea              |            |   |
|                |                    | 10mg                      | ea              |            |   |
|                |                    | 20mg                      | ea              |            |   |
|                | Liquid             | 2mg/ml, 15ml              | ml              |            |   |
|                |                    | 2mg/ml, 120ml             | ml              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name           | Dosage                                      | Strength/<br>Package Size                              | Billing<br>Unit | UM<br>Type | Code 1  |
|---------------------|---|--|-----------------|------------|---|
| Iloperidone *       | Tablets                                     | 1 mg<br>2 mg<br>4 mg<br>6 mg<br>8 mg<br>10 mg<br>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<br>Capsules<br>Tablets, long-acting | 300 mg<br>300 mg<br>300 mg                             | ea              | AL         | * Lithium Carbonate is for use in beneficiaries less than 12 years of age requires prior authorization approval.  |
| Lithium Citrate *   | Liquid                                      | 8 mEq/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.   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                     | Dosage    | Strength/<br>Package Size                  | Billing<br>Unit            | UM<br>Type | Code 1   |
|-------------------------------|-----------|--|----------------------------|------------|--|
| Loxapine Succinate *          | Capsules  | 5 mg<br>10 mg<br>25 mg<br>50 mg            | ea                         |            | * Loxapine Succinate is restricted to: 1)<br>The use of antipsychotics for Medi-Cal<br>beneficiaries less than 18 years of age<br>requires prior authorization approval; 2)<br>The use of antipsychotics for Medi-Cal<br>beneficiaries residing in nursing facilities<br>is restricted to FDA approved<br>indications. |
| Lurasidone<br>Hydrochloride * | Tablets   | 20 mg<br>40 mg<br>60 mg<br>80 mg<br>120 mg | ea                         | LR         | * Restricted to NDC labeler code 63402.  |
| Molindone<br>Hydrochloride *  | Tablets + | 5 mg<br>10 mg<br>25 mg<br>50 mg<br>100 mg  | ea<br>ea<br>ea<br>ea<br>ml |            | * Molindone Hydrochloride is restricted<br>to the use of antipsychotics for Medi-<br>Cal beneficiaries residing in nursing<br>facilities is restricted to FDA approved<br>indications.   |
|                               | Liquid    | 20 mg/ml, 120 ml                           | ml                         |            |  |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name             | Dosage                            | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|-----------------------|-----------------------------------|---------------------------|-----------------|------------|---|
| Olanzapine *          | Tablets                           | 2.5 mg                    | ea              |            | * Olanzapine is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.          |
|                       |                                   | 5 mg                      | ea              |            |   |
|                       |                                   | 7.5 mg                    | ea              |            |   |
|                       |                                   | 10 mg                     | ea              |            |   |
|                       |                                   | 15 mg                     | ea              |            |   |
|                       |                                   | 20 mg                     | ea              |            |   |
|                       | Tablets, orally<br>disintegrating | 5 mg                      | ea              |            |   |
|                       |                                   | 10 mg                     | ea              |            |   |
|                       |                                   | 15 mg                     | ea              |            |   |
|                       |                                   | 20 mg                     | ea              |            |   |
| Perphenazine          | See: Anti-Emetics                 |                           |                 |            |   |
| Quetiapine Fumarate * | Tablets                           | 25 mg                     | ea              |            | * Quetiapine Fumarate is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications. |
|                       |                                   | 50 mg                     | ea              |            |   |
|                       |                                   | 100 mg                    | ea              |            |   |
|                       |                                   | 200 mg                    | ea              |            |   |
|                       |                                   | 300 mg                    | ea              |            |   |
|                       |                                   | 400 mg                    | ea              |            |   |
|                       | Extended-release<br>tablets       | 50 mg                     | ea              |            |   |
|                       |                                   | 150 mg                    | ea              |            |   |
|                       |                                   | 200 mg                    | ea              |            |   |
|                       |                                   | 300 mg                    | ea              |            |   |
|                       |                                   | 400 mg                    | ea              |            |   |
|                       |                                   |                           |                 |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name      | Dosage             | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|----------------|--------------------|---------------------------|-----------------|------------|--|
| Risperidone *  | Tablets            | 0.25 mg                   | ea              |            | * Risperidone is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.  |
|                |                    | 0.5 mg                    | ea              |            |  |
|                |                    | 1 mg                      | ea              |            |  |
|                |                    | 2 mg                      | ea              |            |  |
|                |                    | 3 mg                      | ea              |            |  |
|                |                    | 4 mg                      | ea              |            |  |
|                | Solution           | 1 mg/ml                   | ml              |            |  |
| Thioridazine * | Tablets +          | 10 mg                     | ea              |            | * Thioridazine is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications. |
|                |                    | 15 mg                     | ea              |            |  |
|                |                    | 25 mg                     | ea              |            |  |
|                |                    | 50 mg                     | ea              |            |  |
|                |                    | 100 mg                    | ea              |            |  |
|                |                    | 150 mg                    | ea              |            |  |
|                |                    | 200 mg                    | ea              |            |  |
|                | Liquid Concentrate | 30 mg/ ml<br>100 mg/ ml   | ml<br>ml        |            |  |
| Thiothixene *  | Capsules +         | 1 mg                      | ea              |            | * Thiothixene is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.  |
|                |                    | 2 mg                      | ea              |            |  |
|                |                    | 5 mg                      | ea              |            |  |
|                |                    | 10 mg                     | ea              |            |  |
|                |                    | 20 mg                     | ea              |            |  |
|                | Liquid             | 5 mg/ ml, 30 ml           | ml              |            |  |
|                |                    | 5 mg/ ml, 120 ml          | ml              |            |  |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name  | Dosage     | Strength/<br>Package Size        | Billing<br>Unit      | UM<br>Type | Code 1  |
|--|------------|----------------------------------|----------------------|------------|---|
| Trifluoperazine *  | Tablets +  | 1 mg<br>2 mg<br>5 mg<br>10 mg    | ea<br>ea<br>ea<br>ea | AL         | * Trifluoperazine is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.   |
| Ziprasidone HCL *  | Capsules   | 20 mg<br>40 mg<br>60 mg<br>80 mg | ea<br>ea<br>ea<br>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.              |
| <p><b>Central Nervous System: Sedatives and Hypnotics</b></p> <p>The Department of Health Care Services (DHCS) recommends that a patient's use of a hypnotic in insomnia therapy be occasional rather than continuous.</p> |            |                                  |                      |            |   |
| Flurazepam *   | Capsules + | 15 mg<br>30 mg                   | ea<br>ea             | AL,<br>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. Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |



Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name       | Dosage        | Strength/<br>Package Size          | Billing<br>Unit      | UM<br>Type | Code 1  |
|-----------------|---------------|------------------------------------|----------------------|------------|---|
| Pentobarbital * | Suppositories | 30 mg<br>60 mg<br>120 mg<br>200 mg | ea<br>ea<br>ea<br>ea |            | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.   |
| Ramelteon *     | Tablets       | 8 mg                               | ea                   | AL,<br>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<br>15 mg<br>30 mg           | ea<br>ea<br>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 <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                           | Dosage                                | Strength/<br>Package Size   | Billing<br>Unit                  | UM<br>Type | Code 1  |
|-------------------------------------|---------------------------------------|---|----------------------------------|------------|---|
| Zolpidem Tartrate *                 | Tablets +                             | 5 mg<br>10 mg   | ea<br>ea                         | AL,<br>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 <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
| Chelating Agent                     |                                       |   |                                  |            |   |
| Patiromer *                         | Powder Packets for<br>Oral Suspension | 8.4 gm carton of<br>4<br>8.4 gm carton of<br>30<br>16.8 gm carton of<br>30<br>25.2 gm carton of<br>30 | ea<br><br>ea<br><br>ea<br><br>ea | LR         | * Restricted to NDC labeler code 53436.   |
| Sodium Polystyrene<br>Sulfonate     | Powder<br>Suspension                  | 15 g/60 ml  | gm<br>ml                         |            |   |
| Sodium Zirconium<br>Cyclosilicate * | Powder Packets                        | 5 gm<br>10 gm   | ea<br>ea                         | LR         | * Restricted to NDC labeler code 00310.   |
| Succimer                            | Capsules                              | 100 mg  | ea                               |            |   |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name   | Dosage     | Strength/<br>Package Size  | Billing<br>Unit                  | UM<br>Type | Code 1 |
|---|------------|--|----------------------------------|------------|--------|
| Diuretics & Cardiovascular: Antihypertensive (also see Diuretics) |            |  |                                  |            |        |
| Acebutolol  | Capsules + | 200 mg<br>400 mg   | ea<br>ea                         |            |        |
| Amlodipine Besylate/<br>Benazepril HCl                            | Capsules + | 2.5 mg/10 mg<br>5 mg/10 mg<br>5 mg/20 mg<br>10 mg/20 mg<br>5 mg/40 mg<br>10 mg/40 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea |            |        |
| Amlodipine Besylate   | Tablets +  | 2.5 mg<br>5 mg<br>10 mg  | ea<br>ea<br>ea                   |            |        |
| Amlodipine/Valsartan  | Tablets    | 5 mg/160 mg<br>10 mg/160 mg<br>5 mg/320 mg<br>10 mg/320 mg                           | ea<br>ea<br>ea<br>ea             |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                    | Dosage    | Strength/<br>Package Size  | Billing<br>Unit                  | UM<br>Type | Code 1 |
|--|-----------|--|----------------------------------|------------|--------|
| Amlodipine/Valsartan/<br>Hydrochlorothiazide | Tablets   | 5 mg/160 mg/<br>12.5 mg<br>10 mg/160 mg/<br>12.5 mg<br>5 mg/160 mg/<br>25 mg<br>10 mg/160 mg/<br>25 mg<br>10 mg/320 mg/<br>25 mg | ea<br>ea<br>ea<br>ea<br>ea<br>ea |            |        |
| Atenolol                                     | Tablets + | 25 mg<br>50 mg<br>100 mg   | ea<br>ea<br>ea                   |            |        |
| Azilsartan Medoxomil                         | Tablets   | 40 mg<br>80 mg   | ea<br>ea                         |            |        |
| Benazepril HCL                               | Tablets + | 5 mg<br>10 mg<br>20 mg<br>40 mg  | ea<br>ea<br>ea<br>ea             |            |        |
| Benazepril HCL and<br>Hydrochlorothiazide    | Tablets + | 5 mg – 6.25 mg<br>10 mg – 12.5 mg<br>20 mg – 12.5 mg<br>20 mg – 25 mg  | ea<br>ea<br>ea<br>ea             |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                    | Dosage                                  | Strength/<br>Package Size  | Billing<br>Unit                      | UM<br>Type | Code 1   |
|------------------------------|---|--|--------------------------------------|------------|--|
| Bisoprolol Fumarate          | Tablets +                               | 5 mg<br>10 mg  | ea<br>ea                             |            |  |
| Candesartan Cilexetil        | Tablets                                 | 4 mg<br>8 mg<br>16 mg<br>32 mg   | ea<br>ea<br>ea<br>ea                 |            |  |
| Captopril                    | Tablets +                               | 12.5 mg<br>25 mg<br>50 mg<br>100 mg  | ea<br>ea<br>ea<br>ea                 |            |  |
| Clonidine<br>Hydrochloride * | Tablets +<br><br>Transdermal<br>Patch + | 0.1 mg<br>0.2 mg<br>0.3 mg<br><br>0.1 mg/24 hr<br>0.2 mg/24 hr<br>0.3 mg/24 hr | ea<br>ea<br>ea<br><br>ea<br>ea<br>ea | AL         | * Use in beneficiaries less than 6 years<br>of age requires prior authorization<br>approval. |
| Diltiazem HCL                | See: Vasodilating<br>Agents             |  |                                      |            |  |
| Doxazosin Mesylate           | Tablets +                               | 1 mg<br>2 mg<br>4 mg<br>8 mg   | ea<br>ea<br>ea<br>ea                 |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                             | Dosage                       | Strength/<br>Package Size                         | Billing<br>Unit                | UM<br>Type | Code 1   |
|---------------------------------------|------------------------------|---|--------------------------------|------------|--|
| Enalapril Maleate                     | Tablets +                    | 2.5 mg<br>5 mg<br>10 mg<br>20 mg                  | ea                             |            |  |
| Enalapril and<br>Hydrochlorothiazide  | Tablets                      | 5 mg-12.5 mg<br>10 mg-25 mg                       | ea<br>ea                       |            |  |
| Felodipine                            | Tablets, extended<br>release | 2.5 mg<br>5 mg<br>10 mg                           | ea<br>ea<br>ea                 |            |  |
| Fosinopril Sodium                     | Tablets                      | 10 mg<br>20 mg<br>40 mg                           | ea<br>ea<br>ea                 |            |  |
| Fosinopril and<br>Hydrochlorothiazide | Tablets                      | 10 mg-12.5 mg<br>20 mg -12.5 mg                   | ea<br>ea                       |            |  |
| Guanfacine HCl *                      | Tablets +                    | 1 mg<br>2 mg                                      | ea<br>ea                       | AL         | * Use of Guanfacine HCl in beneficiaries less than 6 years of age requires prior authorization approval. |
| Hydralazine                           | Injection<br><br>Tablets +   | 20 mg/ml<br><br>10 mg<br>25 mg<br>50 mg<br>100 mg | ml<br><br>ea<br>ea<br>ea<br>ea |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                             | Dosage     | Strength/<br>Package Size                          | Billing<br>Unit | UM<br>Type | Code 1 |
|---------------------------------------|------------|--|-----------------|------------|--------|
| Irbesartan                            | Tablets    | 75 mg<br>150 mg<br>300 mg                          | ea<br>ea<br>ea  |            |        |
| Isradipine                            | Capsules + | 2.5 mg<br>5 mg                                     | ea<br>ea        |            |        |
| Labetalol HCl                         | Tablets +  | 100 mg<br>200 mg<br>300 mg                         | ea<br>ea<br>ea  |            |        |
| Lisinopril                            | Tablets +  | 2.5 mg<br>5 mg<br>10 mg<br>20 mg<br>30 mg<br>40 mg | ea              |            |        |
| Lisinopril and<br>Hydrochlorothiazide | Tablets +  | 10 mg-12.5 mg<br>20 mg-25 mg                       | ea              |            |        |
| Losartan                              | Tablets +  | 25 mg<br>50 mg<br>100 mg                           | ea              |            |        |
| Losartan and<br>Hydrochlorothiazide   | Tablets +  | 50 mg-12.5 mg<br>100 mg-12.5 mg<br>100 mg-25 mg    | ea              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                              | Dosage  | Strength/<br>Package Size  | Billing<br>Unit                                  | UM<br>Type | Code 1 |
|--|---|--|--|------------|--------|
| Methyldopa                             | Tablets +   | 125 mg<br>250 mg<br>500 mg   | ea<br>ea<br>ea                                   |            |        |
| Methyldopa with<br>Hydrochlorothiazide | Tablets +   | 250 mg – 15 mg<br>250 mg – 25 mg<br>500 mg – 30 mg                           | ea<br>ea<br>ea                                   |            |        |
| Metoprolol Succinate                   | Tablets, extended-<br>release +<br><br>Capsules,<br>extended- release | 25 mg<br>50 mg<br>100 mg<br>200 mg<br><br>25 mg<br>50 mg<br>100 mg<br>200 mg | ea<br>ea<br>ea<br>ea<br><br>ea<br>ea<br>ea<br>ea |            |        |
| Metoprolol Tartrate                    | Tablets<br><br>Tablets, extended-<br>release +<br><br>Injection       | 37.5 mg<br>75 mg<br><br>25 mg<br>50 mg<br>100 mg<br><br>1 mg/ml, 5 ml        | ea<br>ea<br><br>ea<br>ea<br>ea<br><br>ml         |            |        |
| Moexipril HCL                          | Tablets   | 7.5 mg<br>15 mg  | ea<br>ea   |            |        |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                        | Dosage                      | Strength/<br>Package Size           | Billing<br>Unit      | UM<br>Type | Code 1 |
|----------------------------------|-----------------------------|-------------------------------------|----------------------|------------|--------|
| Nadolol                          | Tablets                     | 20 mg<br>40 mg<br>80 mg             | ea<br>ea<br>ea       |            |        |
| Nicardipine                      | See: Vasodilating<br>agents |                                     |                      |            |        |
| Nisoldipine, extended<br>release | Tablets                     | 8.5 mg<br>17 mg<br>25.5 mg<br>34 mg | ea<br>ea<br>ea<br>ea |            |        |
| Olmesartan Medoxomil             | Tablet                      | 5 mg<br>20 mg<br>40 mg              | ea<br>ea<br>ea       |            |        |
| Penbutolol Sulfate               | Tablets +                   | 20 mg                               | ea                   |            |        |
| Perindopril Erbumine             | Tablets                     | 2 mg<br>4 mg<br>8 mg                | ea<br>ea<br>ea       |            |        |
| Pindolol                         | Tablets +                   | 5 mg<br>10 mg                       | ea                   |            |        |
| Prazosin HCl                     | Capsules +                  | 1 mg<br>2 mg<br>5 mg                | ea<br>ea<br>ea       |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                         | Dosage                     | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|-----------------------------------|----------------------------|---------------------------|-----------------|------------|---|
| Propranolol                       | Injection                  | 1 mg/ml, 1 ml             | ml              | LR         | * Restricted to use in the treatment of proliferating infantile hemangioma. Restricted to NDC labeler code 64370. |
|                                   | 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              |            |   |
|                                   | Capsules, extended release | 60 mg                     | ea              |            |   |
|                                   |                            | 80 mg                     | ea              |            |   |
|                                   |                            | 120 mg                    | ea              |            |   |
|                                   |                            | 160 mg                    | ea              |            |   |
| Quinapril                         | Tablets                    | 5 mg                      | ea              |            |   |
|                                   |                            | 10 mg                     | ea              |            |   |
|                                   |                            | 20 mg                     | ea              |            |   |
|                                   |                            | 40 mg                     | ea              |            |   |
| Quinapril and Hydrochlorothiazide | Tablets                    | 10 mg-12.5 mg             | ea              |            |   |
|                                   |                            | 20 mg-12.5 mg             | ea              |            |   |
|                                   |                            | 20 mg-25 mg               | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                           | Dosage               | Strength/<br>Package Size                     | Billing<br>Unit      | UM<br>Type | Code 1  |
|-------------------------------------|----------------------|---|----------------------|------------|---|
| Ramipril                            | Capsules +           | 1.25 mg<br>2.5 mg<br>5 mg<br>10 mg            | ea<br>ea<br>ea<br>ea |            |   |
| Sildenafil Citrate *                | Tablets              | 20 mg   | ea                   |            | * Restricted to use for pulmonary arterial hypertension |
| Telmisartan                         | Tablets +            | 20 mg<br>40 mg<br>80 mg                       | ea<br>ea<br>ea       |            |   |
| Telmisartan and Hydrochlorothiazide | Tablets +            | 40 mg/12.5 mg<br>80 mg/12.5 mg<br>80 mg/25 mg | ea<br>ea<br>ea       |            |   |
| Terazosin Hydrochloride             | See: Prostate Agents |   |                      |            |   |
| Timolol Maleate                     | Tablets              | 5 mg<br>10 mg<br>20 mg                        | ea<br>ea<br>ea       |            |   |
| Trandolapril                        | Tablets              | 1 mg<br>2 mg<br>4 mg                          | ea<br>ea<br>ea       |            |   |
| Triamterene and Hydrochlorothiazide | Tablets              | 37.5 mg-25 mg                                 | ea                   |            |   |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name                                 | Dosage                      | Strength/<br>Package Size   | Billing<br>Unit            | UM<br>Type | Code 1 |
|---|-----------------------------|---|----------------------------|------------|--------|
| Valsartan                                 | Tablets +                   | 40 mg<br>80 mg<br>160 mg<br>320 mg  | ea<br>ea<br>ea<br>ea       |            |        |
| Valsartan/<br>Hydrochlorothiazide         | Tablets +                   | 80 mg – 12.5 mg<br>160 mg – 12.5 mg<br>160 mg – 25 mg<br>320 mg – 12.5 mg<br>320 mg – 25 mg | ea<br>ea<br>ea<br>ea<br>ea |            |        |
| Verapamil HCL                             | See: Vasodilating<br>agents |   |                            |            |        |
| Diuretics & Cardiovascular: Cardiac Drugs |                             |   |                            |            |        |
| Amiodarone                                | Tablets                     | 100 mg<br>200 mg<br>400 mg  | ea<br>ea<br>ea             |            |        |
| Betaxolol                                 | Tablets +                   | 10 mg<br>20 mg  | ea<br>ea                   |            |        |
| Captopril                                 | See:<br>Antihypertensive    |   |                            |            |        |
| Carvedilol                                | Tablets                     | 3.125 mg<br>6.25 mg<br>12.5 mg<br>25 mg   | ea<br>ea<br>ea<br>ea       |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name              | Dosage                       | Strength/<br>Package Size        | Billing<br>Unit      | UM<br>Type | Code 1  |
|------------------------|------------------------------|----------------------------------|----------------------|------------|---|
| Carvedilol Phosphate * | Extended Release<br>Capsules | 10 mg<br>20 mg<br>40 mg<br>80 mg | ea<br>ea<br>ea<br>ea | LR         | * Restricted to NDC labeler code 00007<br>only. |
| Digoxin                | Injections                   | 0.25 mg /ml                      | ml                   |            |   |
|                        | Tablets +                    | 0.125 mg<br>0.25 mg<br>0.5 mg    | ea<br>ea<br>ea       |            |   |
|                        | Liquid                       | 0.05 mg/ml                       | ml                   |            |   |
| Enalapril Maleate      | See:<br>Antihypertensive     |                                  |                      |            |   |
| Flecainide Acetate     | Tablets                      | 50 mg<br>100 mg<br>150 mg        | ea<br>ea<br>ea       |            |   |
| Metoprolol Succinate   | See:<br>Antihypertensive     |                                  |                      |            |   |
| Metoprolol Tartrate    | See:<br>Antihypertensive     |                                  |                      |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                   | Dosage   | Strength/<br>Package Size   | Billing<br>Unit                                | UM<br>Type | Code 1 |
|-----------------------------|--|---|--|------------|--------|
| Mexiletine<br>Hydrochloride | Capsules   | 150 mg<br>200 mg<br>250 mg  | ea<br>ea<br>ea                                 |            |        |
| Midodrine HCL               | Tablets  | 2.5 mg<br>5 mg<br>10 mg   | ea<br>ea<br>ea                                 |            |        |
| Procainamide                | Injection<br><br>Capsules or<br>Tablets +<br><br>Capsules or Tablets,<br>long-acting + | 100 mg/ml, 10 ml<br><br>250 mg<br>375 mg<br>500 mg<br><br>250 mg<br>500 mg<br>750 mg<br>1000 mg | ml<br><br>ea<br>ea<br>ea<br><br>ea<br>ea<br>ea |            |        |
| Propranolol                 | See:<br>Antihypertensive   |   |  |            |        |
| Quinidine Gluconate         | Injection<br><br>Tablets,<br>long acting +   | 80 mg/ml, 10 ml<br><br>324 mg   | ml<br>ea                                       |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                               | Strength/<br>Package Size                              | Billing<br>Unit      | UM<br>Type | Code 1 |
|--|--------------------------------------|--|----------------------|------------|--------|
| Quinidine Sulfate                                  | Tablets +<br><br>Tablets or capsules | 100 mg<br>200 mg<br>300-325 mg                         | ea<br>ea<br>ea<br>ea |            |        |
| Sotalol HCl  | Tablets                              | 80 mg<br>120 mg<br>160 mg<br>240 mg                    | ea<br>ea<br>ea<br>ea |            |        |
| Sotalol HCL AF                                     | Tablets                              | 80 mg<br>120 mg<br>160 mg                              | ea<br>ea<br>ea       |            |        |
| Timolol Maleate                                    | See:<br>Antihypertensive             |  |                      |            |        |
| <b>Diuretics &amp; Cardiovascular: Diuretics</b>   |                                      |  |                      |            |        |
| Acetazolamide                                      | See: Anti-Glaucoma<br>Agents         |  |                      |            |        |
| Amiloride HCL                                      | Tablets                              | 5 mg   | ea                   |            |        |
| Amiloride and<br>Hydrochlorothiazide               | Tablets                              | 5 mg-50 mg   | ea                   |            |        |
| Amlodipine Besylate<br>and Olmesartan<br>Medoxomil | Tablets                              | 5 mg-20 mg<br>5 mg-40 mg<br>10 mg-20 mg<br>10 mg-40 mg | ea<br>ea<br>ea<br>ea |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name           | Dosage   | Strength/<br>Package Size  | Billing<br>Unit                        | UM<br>Type | Code 1 |
|---------------------|--|--|--|------------|--------|
| Bumetanide          | Tablets  | 0.5 mg<br>1 mg<br>2 mg   | ea<br>ea<br>ea                         |            |        |
| Chlorothiazide      | Oral, suspension                                 | 250 mg/5 ml  | ml                                     |            |        |
| Chlorthalidone      | Tablets +  | 25 mg<br>50 mg<br>100 mg   | ea<br>ea<br>ea                         |            |        |
| Eplerenone          | Tablet   | 25 mg<br>50 mg   | ea<br>ea                               |            |        |
| Ethacrynic Acid     | Tablets +  | 25mg   | ea                                     |            |        |
| Furosemide          | Injection<br>Tablets +<br><br>Liquid<br>Solution | 10 mg/ml<br>20 mg<br>40 mg<br>80 mg<br>10 mg/ml, 60 ml<br>10 mg/ml, 120 ml<br>40 mg/5 ml | ml<br>ea<br>ea<br>ea<br>ml<br>ml<br>ml |            |        |
| Hydrochlorothiazide | Capsules +<br>Tablets +                          | 12.5 mg<br>12.5 mg<br>25 mg<br>50 mg<br>100 mg   | ml<br>ea<br>ea<br>ea<br>ea             |            |        |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                  | Dosage                      | Strength/<br>Package Size                       | Billing<br>Unit      | UM<br>Type | Code 1 |
|--|-----------------------------|---|----------------------|------------|--------|
| Indapamide                                 | Tablets or<br>Capsules +    | 1.25 mg<br>2.5 mg                               | ea<br>ea             |            |        |
| Metolazone                                 | Tablets +                   | 2.5 mg<br>5 mg<br>10 mg                         | ea<br>ea<br>ea       |            |        |
| Spironolactone                             | Tablets                     | 25 mg<br>50 mg<br>100 mg                        | ea<br>ea<br>ea       |            |        |
| Spironolactone with<br>Hydrochlorothiazide | Tablets                     | 25 mg/25 mg<br>50 mg/50 mg                      | ea<br>ea             |            |        |
| Torsemide                                  | Tablets                     | 5 mg<br>10 mg<br>20 mg<br>100 mg                | ea<br>ea<br>ea<br>ea |            |        |
| Triamterene                                | Capsules +                  | 50 mg<br>100 mg                                 | ea<br>ea             |            |        |
| Triamterene with<br>Hydrochlorothiazide    | Capsules +<br><br>Tablets + | 37.5 mg/25 mg<br>50 mg/25 mg<br><br>75 mg/50 mg | ea<br>ea<br><br>ea   |            |        |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name                                       | Dosage                                | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|---|---------------------------------------|---------------------------|-----------------|------------|--------|
| Diuretics & Cardiovascular: Vasodilating Agents |                                       |                           |                 |            |        |
| Diltiazem HCL                                   | Tablets +                             | 30 mg                     | ea              |            |        |
|   |                                       | 60 mg                     | ea              |            |        |
|   |                                       | 90 mg                     | ea              |            |        |
|   |                                       | 120 mg                    | ea              |            |        |
|   | Tablets or Capsules,<br>long acting + | 60 mg                     | ea              |            |        |
|   |                                       | 90 mg                     | ea              |            |        |
|   |                                       | 120 mg                    | ea              |            |        |
|   | Tablets or capsules,<br>once-a-day +  | 120 mg                    | ea              |            |        |
|   |                                       | 180 mg                    | ea              |            |        |
|   |                                       | 240 mg                    | ea              |            |        |
|   |                                       | 300 mg                    | ea              |            |        |
|   |                                       | 360 mg                    | ea              |            |        |
|   |                                       | 420 mg                    | ea              |            |        |
| Isosorbide Dinitrate                            | Tablets +<br>Sublingual               | 2.5 mg                    | ea              |            |        |
|   |                                       | 5 mg                      | ea              |            |        |
|   |                                       | 10 mg                     | ea              |            |        |
|   | Chewable                              | 5 mg                      | ea              |            |        |
|   |                                       | 10 mg                     | ea              |            |        |
|   |                                       |                           |                 |            |        |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name  | Dosage  | Strength/<br>Package Size                     | Billing<br>Unit                | UM<br>Type | Code 1                                  |
|--|---|---|--------------------------------|------------|---|
| (continued)  | Oral  | 5 mg<br>10 mg<br>20 mg<br>30 mg<br>40 mg      | ea<br>ea<br>ea<br>ea<br>ea     |            |   |
| Isosorbide Dinitrate and<br>Hydralazine<br>Hydrochloride * | Tablets   | 20 mg-37.5 mg                                 | ea                             | LR         | * Restricted to NDC labeler code 24338. |
| Isosorbide Mononitrate                                     | Tablets, Extended<br>Release                            | 30 mg<br>60 mg<br>120 mg                      | ea<br>ea<br>ea                 |            |   |
| Nicardipine  | Capsules +<br><br>Tablets or capsules,<br>long-acting + | 20 mg<br>30 mg<br><br>30 mg<br>45 mg<br>60 mg | ea<br>ea<br><br>ea<br>ea<br>ea |            |   |
| Nifedipine   | Capsules +<br><br>Tablets or Capsules,<br>long-acting + | 10 mg<br>20 mg<br><br>30 mg<br>60 mg<br>90 mg | ea<br>ea<br><br>ea<br>ea<br>ea |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                           | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|-------------------------------------|--|---------------------------|-----------------|------------|--------|
| Nitroglycerin (Glyceryl Trinitrate) | Tablets (sublingual)<br>(no long-acting forms) + | 0.15 mg                   | ea              |            |        |
|                                     |  | 0.3 mg                    | ea              |            |        |
|                                     |  | 0.4 mg                    | ea              |            |        |
|                                     |  | 0.6 mg                    | ea              |            |        |
|                                     | Ointment   | 2 %, 20 gm                | gm              |            |        |
|                                     |  | 2 %, 30 gm                | gm              |            |        |
|                                     |  | 2 %, 60 gm                | gm              |            |        |
|                                     | Spray, lingual                                   | 2 %, 12 gm                | gm              |            |        |
| Verapamil HCl                       | Tablets +  | 40 mg                     | ea              |            |        |
|                                     |  | 80 mg                     | ea              |            |        |
|                                     |  | 120 mg                    | ea              |            |        |
|                                     |  | 120 mg                    | ea              |            |        |
|                                     | Tablets or Capsules,<br>long acting +            | 180 mg                    | ea              |            |        |
|                                     |  | 240 mg                    | ea              |            |        |
|                                     | Injection  | 5 mg/2 ml<br>ampule       | ml              |            |        |
|                                     |  | 10 mg/4 ml<br>ampule      | ml              |            |        |
|                                     |  | 5 mg/2 ml vial            | ml              |            |        |
|                                     |  | 10 mg/4 ml vial           |                 |            |        |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



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

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name  | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|--|----------|---------------------------|-----------------|------------|--|
| 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 <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
| Gallstone Dissolving Agent                       |          |                           |                 |            |  |
| Ursodiol   | Capsules | 300 mg                    | ea              |            |  |
|  | Tablets  | 250 mg                    | ea              |            |  |
|  |          | 500 mg                    | ea              |            |  |
| Gastro-Intestinal Drugs: Antacids & Absorbents   |          |                           |                 |            |  |
| Aluminum and Magnesium Hydroxide Gel             |          |                           |                 |            |  |
| Aluminum Hydroxide and Magnesium Trisilicate Gel |          |                           |                 |            |  |
| Aluminum Hydroxide Gel                           |          |                           |                 |            |  |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name  | Dosage            | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|--|-------------------|---------------------------|-----------------|------------|---|
| Aluminum Hydroxide,<br>Magnesium Hydroxide,<br>and Simethicone |                   |                           |                 |            |   |
| Calcium Carbonate and<br>Magnesium Carbonate                   |                   |                           |                 |            |   |
| Gastro-Intestinal Drugs: Anti-Diarrhea Agents                  |                   |                           |                 |            |   |
| Bismuth Subsalicylate  |                   |                           |                 |            |   |
| Diphenoxylate HCL with<br>Atropine Sulfate *                   | Tablets<br>Liquid | 2.5 mg<br>2.5 mg/5 ml     | ea<br>ml        |            | * Please refer to the <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
| Loperamide   | Capsules          | 2 mg                      | ea              |            |   |
| Paregoric  | Liquid            |                           |                 |            |   |
| Paregoric and<br>Protective                                    | Liquid            |                           | ml              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage | Strength/<br>Package Size   | Billing<br>Unit | UM<br>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              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name            | Dosage                | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|----------------------|-----------------------|---------------------------|-----------------|------------|---|
| Hormones: Androgens  |                       |                           |                 |            |   |
| Fluoxymesterone *    | Tablets               | 2 mg<br>5 mg<br>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 <a href="#">Opioid Limitation Policy</a> section for drug specific limitations.     |
| Methyltestosterone * | Tablets               | 5 mg<br>10 mg<br>25 mg    | ea<br>ea<br>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 <a href="#">Opioid Limitation Policy</a> section for drug specific limitations. |
| Testosterone         | See: Anti-Neoplastics |                           |                 |            |   |



Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                              | Dosage  | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1   |
|--|---|--|-----------------|------------|--|
| Hormones: Contraceptives               |   |  |                 |            |  |
| Desogestrel and Ethinyl<br>Estradiol * | Tablets   | 0.15 mg – 30 mcg<br>Tablets from 21<br>Tablet Packet   | ea              | QL         | <p>* 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.</p> <p><b>Note:</b> Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4), regarding exceptions.</p> |
|  |   | Tablets from 28<br>Tablet Packet   | ea              |            |  |
|  | Tablets from the<br>21/2/5<br>Combination<br>Packet<br>(28 Tablets/Package) | 21 x 0.15 mg<br>Desogestrel/<br>0.02 mg ethinyl<br>estradiol 2 x inert<br>5 x 0.01 mg<br>ethinyl estradiol | ea              |            |  |
|  | Tablets from 7/7/7<br>Combination<br>Packet (28<br>Tablets/Package)         | 7 x 0.100 mg/<br>0.025 mg<br>7 x 0.125 mg/<br>0.025 mg<br>7 x 0.150 mg/<br>0.025 mg<br>7 x inert           | ea              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage  | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1  |
|---|---------|--|-----------------|------------|---|
| Drospirenone/<br>Ethinyl estradiol/<br>Levomefolate Calcium * | Tablets | 28 tablets/packet<br>24x3 mg/0.02mg/<br>0.451 mg<br>4x0.451 mg<br>Levomefolate<br>Calcium<br><br>28 tablets/packet<br>21x3 mg/0.03mg/<br>0.451 mg<br>7x0.451 mg<br>Levomefolate<br>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<br>Valerate/Dienogest *                             | Tablets | 28 tablets/packet<br>2x3 mg<br>Estradiol Valerate<br>5x2 mg/2 mg<br>17x2 mg/3 mg<br>2x1 mg<br>Estradiol Valerate<br>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. |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                            | Dosage  | Strength/<br>Package Size        | Billing<br>Unit | UM<br>Type | Code 1   |
|--------------------------------------|---------|----------------------------------|-----------------|------------|--|
| Ethinyl Estradiol/<br>Drospirenone * | Tablets | 0.03 mg – 3 mg<br>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. |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                                       | Dosage  | Strength/<br>Package Size                          | Billing<br>Unit | UM<br>Type | Code 1   |
|---|---------|--|-----------------|------------|--|
| Ethinodiol Diacetate<br>and Ethinyl Estradiol * | Tablets | 1 mg – 35 mcg,<br>Tablets from<br>21-Tablet Packet | ea              | QL         | <p>* Ethinodiol 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.</p> <p><b>Note:</b> Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.</p> |
|   |         | 1 mg – 35 mcg,<br>Tablets from<br>28-Tablet Packet | ea              |            |  |
|   |         | 1 mg – 50 mcg,<br>Tablets from<br>21-Tablet Packet | ea              |            |  |
|   |         | 1 mg – 50 mcg,<br>Tablets from<br>28-Tablet Packet | ea              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage         | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|---|----------------|---------------------------|-----------------|------------|--|
| Etonogestrel and<br>Ethinyl Estradiol *                   | Vaginal Ring + | 0.120 mg – 0.015<br>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<br>and Potassium<br>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.   |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name                                 | Dosage  | Strength/<br>Package Size   | Billing<br>Unit | UM<br>Type | Code 1   |
|---|---------|---|-----------------|------------|--|
| Levonorgestrel and<br>Ethinyl Estradiol * | Tablets | 0.1 mg – 20 mcg,<br>Tablets from 21<br>Tablet Packet<br><br>0.1 mg – 20 mcg,<br>Tablets from 28<br>Tablet Packet<br><br>0.15 mg – 30mcg,<br>Tablets from 21<br>Tablet Packet<br><br>0.15 mg – 30mcg,<br>Tablets from 28<br>Tablet Packet<br><br>0.15 mg – 30mcg,<br>Tablets from 91<br>Tablet Packet<br><br>0.1 – 0.02 – 0.01<br>mg | ea              | QL         | <p>* 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.</p> <p><b>Note:</b> Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.</p> |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage   | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1   |
|-------------|--|--|-----------------|------------|--|
| (continued) | Tablets from 6/5/10<br>Combination<br>Packet (21<br>Tablets/Package) | 6x0.05mg/30 mcg<br>5 x 0.075 mg/<br>40 mcg 10 x 0.125<br>mg/30 mcg             | ea              |            |  |
|             | Tablets from 6/5/10<br>Combination<br>Packet (28<br>Tablets/Package) | 6x0.05mg/30 mcg<br>5 x 0.075 mg/<br>40 mcg 10 x 0.125<br>mg/30 mcg7 x<br>inert | ea              |            |  |
|             | Transdermal<br>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. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage            | Strength/<br>Package Size                | Billing<br>Unit | UM<br>Type | Code 1   |
|--|-------------------|--|-----------------|------------|--|
| Levonorgestrel and<br>Ethinyl Estradiol/Ethinyl<br>Estradiol | Tablets           | 0.15 – 0.03 – 0.01<br>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<br>Ethinyl Estradiol *                    | Transdermal Patch | 6 mg – 0.75 mg<br>4.86 mg –<br>0.53 mg * | ea<br>ea        | QL<br>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.<br>* The 4.86mg-0.53mg formulation is restricted to labeler code 00378. |



Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name       | Dosage  | Strength/<br>Package Size                   | Billing<br>Unit | UM<br>Type | Code 1  |
|-----------------|---------|---|-----------------|------------|---|
| Norethindrone * | Tablets | 0.35 mg Tablets<br>from 28 Tablet<br>Packet | ea              | QL         | <p>*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.</p> <p><b>Note:</b> Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.</p> |
|                 |         | 0.35 mg Tablets<br>from 42 Tablet<br>Packet | ea              |            |   |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name                                | Dosage  | Strength/<br>Package Size                           | Billing<br>Unit | UM<br>Type | Code 1   |
|--|---------|---|-----------------|------------|--|
| Norethindrone and<br>Ethinyl Estradiol * | Tablets | 0.4 mg – 35 mcg<br>Tablets from 21<br>Tablet Packet | ea              | QL         | <p>* 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.</p> <p><b>Note:</b> Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.</p> |
|  |         | 0.4 mg – 35 mcg<br>Tablets from 28<br>Tablet Packet | ea              |            |  |
|  |         | 0.5 mg – 35 mcg<br>Tablets from 21<br>Tablet Packet | ea              |            |  |
|  |         | 0.5 mg – 35 mcg<br>Tablets from 28<br>Tablet Packet | ea              |            |  |
|  |         | 1 mg – 35 mcg<br>Tablets from 21<br>Tablet Packet   | ea              |            |  |
|  |         | 1 mg – 35 mcg<br>Tablets from 28<br>Tablet Packet   | ea              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                 | Dosage  | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1  |
|---|---------|--|-----------------|------------|---|
| Norethindrone/Ethinyl<br>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<br>Mestranol *          | Tablets | 1 mg – 50 mcg<br>Tablets from 21<br>tablet packet<br><br>1 mg – 50 mcg<br>Tablets from 28<br>tablet packet | ea<br><br>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.<br><br><b>Note:</b> Payment limited to a minimum dispensing quantity of three cycles. See |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                               | Dosage  | Strength/<br>Package Size                             | Billing<br>Unit | UM<br>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<br>7x0.215mg/25mcg<br>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/Package) | 7x0.180mg/35mcg<br>7x0.215mg/35mcg<br>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  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                          | Dosage  | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1   |
|------------------------------------|---|--|-----------------|------------|--|
| (continued)                        | Tablets from 7/7/7<br>(tri-phasic)<br>Combination<br>Packet<br>(28 Tablets/Package) | 7x0.180mg/35mcg<br>7x0.215mg/35mcg<br>7x0.250mg/35mcg<br>7 inert | 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.<br><br><b>Note:</b> 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<br>Monophasic Packet<br>(28 tablets/package)                           | 21x0.25mg/35mcg<br>7 inert                                       | ea              |            |  |
| Norgestrel and Ethinyl Estradiol * | Tablets   | 0.3 mg – 30 mcg<br>Tablets from 21<br>tablet packet              | 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.<br><br><b>Note:</b> Payment limited to a minimum dispensing quantity of three cycles. See |
|                                    |   | 0.3 mg – 30 mcg<br>Tablets from 28<br>tablet packet              | ea              |            |  |
|                                    |   | 0.5 mg – 50 mcg<br>Tablets from 21<br>tablet packet              | ea              |            |  |
|                                    |   | 0.5 mg – 50 mcg<br>Tablets from 28<br>tablet packet              | ea              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                   | Dosage       | Strength/<br>Package Size | Billing<br>Unit | UM<br>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.  |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



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



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                           | Dosage  | Strength/<br>Package Size                               | Billing<br>Unit                      | UM<br>Type | Code 1   |
|-------------------------------------|---|---|--------------------------------------|------------|--|
| Glipizide and<br>Metformin HCl      | Tablets+  | 2.5 mg/250 mg<br>2.5 mg/500 mg<br>5 mg/500 mg           | ea<br>ea<br>ea                       |            |  |
| Glyburide                           | Tablets +<br><br>Tablets,<br>Micronized +                   | 1.25 mg<br>2.5 mg<br>5 mg<br><br>1.5 mg<br>3 mg<br>6 mg | ea<br>ea<br>ea<br><br>ea<br>ea<br>ea |            |  |
| Glyburide and<br>Metformin HCl      | Tablets +   | 1.25 mg/250 mg<br>2.5 mg/500 mg<br>5 mg/500 mg          | ea<br>ea<br>ea                       |            |  |
| Insulin                             | Injection,<br>concentrated, USP<br>(rDNA Origin)<br>regular | 500 units/ml,<br>20 ml                                  | ml                                   |            |  |
| Insulin Glargine (rDNA<br>Origin) * | Injection<br><br>Prefilled Pen                              | 100 units/ml,<br>10 ml<br><br>100 units/ml,<br>3 ml x 5 | ml<br><br>ml                         | LR         | * Insulin Glargine (rDNA Origin) is<br>restricted to NDC labeler code 00088,<br>00002, and 49502 only. |
| Insulin Glargine-YFGN               | Vial  | 100 units/ml,<br>10 ml                                  | ml                                   |            |  |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                   | Dosage  | Strength/<br>Package Size                        | Billing<br>Unit | UM<br>Type | Code 1   |
|-----------------------------|---|--|-----------------|------------|--|
| Linagliptin/Metformin HCl * | Tablets   | 2.5 mg/500 mg<br>2.5 mg/850 mg<br>2.5 mg/1000 mg | ea<br>ea<br>ea  | LR         | * Linagliptin/Metformin HCl is restricted to NDC labeler code 00597 only.  |
|                             | Tablets, Extended Release                             | 2.5 mg/1000 mg<br>5 mg/1000 mg                   | ea<br>ea        |            |  |
| 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 +   | 500 mg<br>850 mg<br>1000 mg                      | ea<br>ea<br>ea  |            |  |
|                             | Tablets, Extended Release (SCOT delivery system) +    | 500 mg<br>1000 mg                                | ea<br>ea        |            |  |
|                             | Tablets, extended release (GR drug delivery system) + | 500 mg   | ea              |            |  |
|                             | Tablets, Extended Release +                           | 500 mg<br>750 mg                                 | ea              |            |  |
|                             | Solution, Oral  | 100 mg/ ml                                       | ml              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                    | Dosage                          | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|------------------------------|---------------------------------|---------------------------|-----------------|------------|--|
| Hormones: Hypoglycemic Shock |                                 |                           |                 |            |  |
| Dasiglucagon HCl *           | Single Dose Auto-Injector       | 0.6 mg/0.6 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.  |
|                              | Single Dose Prefilled Syringe   | 0.6 mg/0.6 ml             | ml              |            |  |
| 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 *                  | 3 mg                      | ea              | 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.<br>* 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. |
|                              | Prefilled Auto-Injector *       | 0.5 mg/0.1ml              | ml              |            |  |
|                              |                                 | 1.0 mg/0.2 ml             | ml              |            |  |
|                              | Prefilled Syringe *             | 0.5 mg/ 0.1 ml            | ml              |            |  |
|                              | 1.0 mg/0.2 ml                   | ml                        |                 |            |  |
|                              | Single-Dose Vial/ Syringe Kit * | 1 mg/0.2 ml               | ml              |            |  |
| Hormones: Parathyroid        |                                 |                           |                 |            |  |
| Calcitonin-Salmon            | Injection                       | 200 IU/ml                 | ml              |            |  |
|                              | Nasal Spray                     | 2200 IU/ml                | ml              |            |  |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



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



Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name    | Dosage  | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1   |
|--------------|---|--|-----------------|------------|--|
| (continued)  |   | 1 mg – 20 mcg/<br>7 Fe tablets<br>Tablets from 28<br>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.                            |
|              |   | 1.5 mg – 30 mcg<br>Tablets from 21<br>tablet packet                  | ea              | QL         |  |
|              |   | 1.5 mg – 30 mcg/<br>7 Fe tablets<br>Tablets from 28<br>tablet packet | ea              | QL         | *The 1 mg to 10 mcg/2 Fe tablets are restricted to NDC Labeler Code 00430 only.  |
|              | Tablets from 5/7/9<br>combination packet<br>(28 Tablets/packet) | 5 x 1 mg/20 mcg<br>7 x 1 mg/30 mcg<br>9 x mg/35 mcg<br>7 inert       | ea              | QL         | <b>Note:</b> Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions. |
| Progesterone | Injection   | 50 mg/ml, 10 ml  | ml              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



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

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name            | Dosage   | Strength/<br>Package Size                            | Billing<br>Unit      | UM<br>Type | Code 1  |
|----------------------|--|--|----------------------|------------|---|
| (continued)          | Chron.-UC-HS<br>Pedi. Chron.<br>Pedi. UC   | 80 mg/0.8 ml   | ea<br>ea<br>ea       |            |   |
|                      | PS-UV-ADOL HS<br>(80 mg/40 mg)<br>Pedi. Chron.<br>(80 mg/40 mg)  | 80 mg/0.8 ml and<br>40 mg/0.4 ml                     | ea<br>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,<br>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<br>prefilled syringe<br>Single-dose<br>prefilled SureClick<br>autoinjector<br>Single dose vial | 25 mg/0.5 ml<br>50 mg/ml<br>50 mg/ml<br>25 mg/0.5 ml | ml<br>ml<br>ml<br>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 |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                   | Dosage   | Strength/<br>Package Size   | Billing<br>Unit        | UM<br>Type | Code 1  |
|-----------------------------|--|---|------------------------|------------|---|
| (continued)                 | Lyophilized powder, multiple-dose vial for reconstitution<br><br>Enbrel Mini single-dose prefilled cartridge | 25 mg<br><br>50 mg  | ea<br><br>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.<br><br><b>Note:</b> Bill using outer package NDCs for proper reimbursement. |
| Leflunomide                 | Tablets  | 10 mg<br>20 mg  | ea<br>ea               |            |   |
| Monomethyl<br>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<br>Hydrochloride * | Capsules<br><br>7-day starter pack<br><br>Starter Kit  | 0.92 mg, 30 count bottle<br><br>0.23 mg x 4,<br>0.46 mg x 3<br><br>0.23 mg x 4,<br>0.46 mg x 3,<br>0.92 mg x 30 | ea<br><br>ea<br><br>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.  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|--|-------------------------|---------------------------|-----------------|------------|--------|
| Potassium Citrate<br>Monohydrate/ Sodium<br>Citrate Dihydrate/Citric<br>Acid Monohydrate | Solution, oral          | 550 mg/500 mg /<br>334 mg | ml              |            |        |
| <b>Metabolic Supplements: Vitamins</b>   |                         |                           |                 |            |        |
| Cyanocobalamin<br>(Injectable Only)  | Injection               | 100 mcg/ml<br>1000 mcg/ml | ml<br>ml        |            |        |
| Folic Acid   | Tablets +               | 1mg                       | ea              |            |        |
| Leucovorin Calcium   | Injection               | 3 mg/ml, 1 ml             | ml              |            |        |
|  | Powder for<br>injection | 50 mg/vial<br>100 mg/vial | ea<br>ea        |            |        |
|  | Tablets                 | 5 mg<br>10 mg<br>25 mg    | ea<br>ea<br>ea  |            |        |
| Levocarnitine  | Tablets                 | 330 mg                    | ea              |            |        |
|  | Liquid, oral            | 100 mg/ml                 | ml              |            |        |
| Levocarnitine SF   | Liquid, oral            | 100 mg/ ml                | ml              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                 | Dosage                          | Strength/<br>Package Size            | Billing<br>Unit | UM<br>Type | Code 1  |
|---|---------------------------------|--------------------------------------|-----------------|------------|---|
| Pyridoxine                                | Injection                       | 100 mg/ml, 10 ml<br>100 mg/ml, 30 ml | ml<br>ml        |            |   |
| Thiamine Hydrochloride                    | Injection                       | 100 mg/ml                            | ml              |            |   |
| Vitamins A, D, C, with<br>Sodium Fluoride | Chewable Tablets +<br><br>Drops | 100s<br><br>50 ml                    | ea<br><br>ml    |            | (Reimbursable for children up to the 5th birthday only.)<br><b>Note:</b> Refer to the Drugs: Contract Drugs List Over-the-Counter Drugs section for more information.   |
| Miscellaneous                             |                                 |                                      |                 |            |   |
| Water for Injection                       | Injection                       | 10 ml<br>30 ml                       | ml<br>ml        |            |   |
| Movement Disorder Agents                  |                                 |                                      |                 |            |   |
| Deutetrabenazine *                        | Tablets                         | 6 mg<br>9 mg<br>12 mg                | ea<br>ea<br>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<br>25 mg                     | ea<br>ea        |            | * Restricted to use in the treatment of chorea associated with Huntington's disease.  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage  | Strength/<br>Package Size   | Billing<br>Unit                  | UM<br>Type | Code 1   |
|--|---|---|----------------------------------|------------|--|
| <b>Nasal Corticosteroids</b>                         |   |   |                                  |            |  |
| Fluticasone Furoate                                  | Nasal Spray                                       | 27.5 mcg/<br>actuation, 9.9 ml<br>27.5 mcg/<br>actuation, 15.8 ml<br>27.5 mcg/<br>actuation, 10 gm                            | ml<br><br>ml<br><br>gm           |            |  |
| Fluticasone Propionate                               | Nasal Spray                                       | 50 mcg/actuation,<br>9.9 ml<br>50 mcg/actuation,<br>15.8 ml<br>50 mcg/actuation,<br>16.0 gm<br>93 mcg/actuation,<br>16.0 ml * | ml<br><br>ml<br><br>gm<br><br>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. |
| <b>Ophthalmic Preparations: Anti-Glaucoma Agents</b> |   |   |                                  |            |  |
| Acetazolamide  | Tablets +<br><br>Capsules, sustained<br>release + | 125 mg<br>250 mg<br>500 mg  | ea<br>ea<br>ea                   |            |  |
| Apraclonidine *                                      | Ophthalmic<br>solution                            | 0.5 %   | ml                               |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                  | Dosage                | Strength/<br>Package Size    | Billing<br>Unit | UM<br>Type | Code 1   |
|--|-----------------------|------------------------------|-----------------|------------|--|
| Betaxolol HCL                              | Ophthalmic Drops      | 0.25 % *<br>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 % *<br>0.1 % *<br>0.2 % | ml<br>ml<br>ml  | LR         | * Restricted to NDC labeler code 00023 for the 0.15% and 0.1% ophthalmic solutions only. |
| Brimonidine Tartrate/<br>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/<br>Brimonidine Tartrate *    | Ophthalmic Suspension | 1 % - 0.2 %                  | ml              | LR         | * Restricted to NDC labeler codes 00078 and 00065.                                       |
| Carteolol HCL                              | Ophthalmic Solution   | 1 %                          | ml              |            |  |
| Dorzolamide HCL                            | Ophthalmic Solution   | 2 %                          | ml              |            |  |
| Dorzolamide HCL and<br>Timolol Maleate     | Ophthalmic Solution   | 2 %/0.5 %                    | ml              |            |  |
| Latanoprost                                | Ophthalmic Solution   | 0.005 %                      | ml              |            |  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage   | Strength/<br>Package Size   | Billing<br>Unit                      | UM<br>Type | Code 1  |
|--|--|---|--------------------------------------|------------|---|
| Methazolamide  | Tablets +  | 25 mg<br>50 mg  | ea<br>ea                             |            |   |
| Netarsudil *   | Ophthalmic<br>Solution   | 0.02 %  | ml                                   | LR         | * Netarsudil is restricted to NDC labeler<br>code 70727.                |
| Netarsudil/<br>Latanoprost *                           | Ophthalmic<br>Solution   | 0.02 %/0.005 %  | ml                                   | LR         | *Netarsudil/ Latanoprost is restricted<br>to NDC labeler code 70727.    |
| Timolol Maleate  | Ophthalmic Drops<br><br>Ophthalmic Gel   | 0.25 %, single use<br>0.25 %, single use<br>0.5 %, single use<br>0.5 %, single use<br><br>0.25 %<br>0.5 % | ea<br>ml<br>ea<br>ml<br><br>ml<br>ml |            |   |
| Travoprost *   | Ophthalmic<br>Solution<br><br>Ophthalmic<br>Solution with Sofzia<br>Preservative | 0.004 %, 2.5 ml<br>0.004 %, 5.0 ml<br><br>0.004 %, 2.5 ml<br>0.004 %, 5.0 ml                              | ml<br>ml<br><br>ml<br>ml             | LR         | * Travoprost is restricted to NDC labeler<br>code 00065 and 00078 only. |
| <b>Ophthalmic Preparations: Ophthalmic Anesthetic</b>  |  |   |                                      |            |   |
| Proparacaine HCL *                                     | Ophthalmic<br>Solution   | 0.5 %, 2 ml<br>0.5 %, 15 ml   | ml<br>ml                             |            |   |
| <b>Ophthalmic Preparations: Ophthalmic Antibiotics</b> |  |   |                                      |            |   |
| Azithromycin   | See: Antibiotics   |   |                                      |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                             | Dosage                 | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|---------------------------------------|------------------------|---------------------------|-----------------|------------|--------|
| Bacitracin                            | Ophthalmic<br>Ointment |                           | gm              |            |        |
| Chloramphenicol                       | See: Antibiotics       |                           |                 |            |        |
| Ciprofloxacin HCL                     | Ophthalmic<br>Solution | 0.3 %                     | ml              |            |        |
| Erythromycin<br>Ophthalmic Ointment   | Ophthalmic<br>Ointment |                           | gm              |            |        |
| Gentamicin                            | See: Antibiotics       |                           |                 |            |        |
| Moxifloxacin HCl                      | Ophthalmic<br>Solution | 0.5 %                     | ml              |            |        |
| Natamycin                             | Ophthalmic<br>Solution | 5 %,15 ml                 | ml              |            |        |
| Neomycin, Bacitracin<br>and Polymyxin | Ophthalmic<br>Ointment |                           | gm              |            |        |
| Neomycin, Polymyxin<br>and Gramicidin | Ophthalmic<br>Solution |                           | ml              |            |        |
| Ofloxacin                             | Ophthalmic<br>Solution | 0.3 %                     | ml              |            |        |
| Polymyxin, Bacitracin                 | Ophthalmic<br>Ointment |                           | gm              |            |        |
| Tobramycin                            | Ophthalmic<br>Solution | 0.3 %, 5 ml               | ml              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                            | Dosage                                      | Strength/<br>Package Size  | Billing<br>Unit | UM<br>Type | Code 1   |
|--------------------------------------|---|--|-----------------|------------|--|
| Fluorometholone                      | Ophthalmic<br>Suspension                    | 0.1 %<br>0.25 %  | ml<br>ml        |            |  |
| Ketorolac<br>Tromethamine            | Ophthalmic<br>Solution                      | 0.4 %<br>0.5 %   | ml<br>ml        |            |  |
|                                      | Ophthalmic<br>solution, single use<br>vials | 0.45 %, 30s *  | ea              | LR         | * The 0.45%, 30s ophthalmic solution,<br>single use vials are restricted to NDC<br>labeler code 00023.   |
| Loteprednol Etabonate<br>*           | Ophthalmic<br>suspension                    | 0.2 %<br>0.25 % *<br>0.5 %   | ml<br>ml<br>ml  | LR         | * Loteprednol Etabonate is restricted<br>NDC labeler code 24208 only.<br><br>* The 0.25% ophthalmic suspension is<br>restricted to the short-term treatment<br>of 14 days for Dry Eye Disease and to<br>labeler code 71571 only. |
| Loteprednol Etabonate/<br>Tobramycin | Ophthalmic<br>suspension                    | 0.5 %<br>0.3 %   | ml<br>ml        |            |  |
| Prednisolone                         | Ophthalmic<br>solution                      | 0.12 % - 0.125 %, 5 ml<br>0.12 % - 0.125 %, 10 ml<br>1.0 %, 5 ml<br>1.0 %, 10 ml<br>1.0 %, 15 ml | ml              |            |  |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                       | Dosage                           | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|---|----------------------------------|---------------------------|-----------------|------------|--|
| Prednisolone with<br>Sulfacetamide              | Ophthalmic<br>ointment           | 0.25 %<br>0.5 %           | gm<br>gm        |            |  |
|   | Ophthalmic<br>solution           | 0.2 % - 0.25 %, 5 ml      | ml              |            |  |
|   |                                  | 0.2 % - 0.25 %, 10 ml     | ml              |            |  |
|   |                                  | 0.2 % - 0.25 %, 15 ml     | ml              |            |  |
|   |                                  | 0.5 %, 5 ml               | ml              |            |  |
|   |                                  | 0.5 %, 15 ml              | ml              |            |  |
|   | Tobramycin with<br>Dexamethasone | Ophthalmic<br>Ointment *  | 0.3 % - 0.1 %   | gm         | LR   |
| Ophthalmic<br>Solution or<br>Suspension         |                                  | 0.3 % - 0.1 %             | ml              |            |  |
| 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. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                 | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|--|------------------------|---------------------------|-----------------|------------|--------|
| Trifluridine   | Ophthalmic<br>Solution | 1 %, 7.5 ml               | ml              |            |        |
| <b>Ophthalmic Preparations: Ophthalmic Mast Cell Stabilizers</b> |                        |                           |                 |            |        |
| Cromolyn Sodium  | Ophthalmic<br>solution | 4 %                       | ml              |            |        |
| Lodoxamide   | Ophthalmic<br>Solution | 0.1 %                     | ml              |            |        |
| <b>Ophthalmic Preparations: Ophthalmic Miotics</b>               |                        |                           |                 |            |        |
| Echothiophate  | Ophthalmic             |                           | ml              |            |        |
| Pilocarpine  | Ophthalmic Gel         | 4 %,                      | gm              |            |        |
|  | Ophthalmic<br>solution | 1/4 %                     | ml              |            |        |
|  |                        | 1 %                       | ml              |            |        |
|  |                        | 2 %                       | ml              |            |        |
|  |                        | 3 %                       | ml              |            |        |
|  |                        | 4 %                       | ml              |            |        |
|  |                        | 5 %                       | ml              |            |        |
|  |                        | 6 %                       | ml              |            |        |
|  |                        | 8 %                       | ml              |            |        |
|  |                        | 10 %                      | ml              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                       | Dosage                 | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1 |
|---|------------------------|---------------------------|-----------------|------------|--------|
| Ophthalmic Preparations: Ophthalmic Mydriatics  |                        |                           |                 |            |        |
| Atropine  | Injection              |                           | ml              |            |        |
|   | Ophthalmic<br>Ointment | 1/2 %                     | gm              |            |        |
|   |                        | 1 %                       | gm              |            |        |
|   | Ophthalmic<br>Solution | 1/2 %                     | ml              |            |        |
|   |                        | 1 %                       | ml              |            |        |
|   |                        | 2 %                       | ml              |            |        |
|   |                        | 3 %                       | ml              |            |        |
|   |                        | 4 %                       | ml              |            |        |
| Cyclopentolate                                  | Ophthalmic<br>solution | 0.5 %                     | ml              |            |        |
|   |                        | 1 %                       | ml              |            |        |
|   |                        | 2 %                       | ml              |            |        |
| Phenylephrine                                   | Ophthalmic<br>Solution | 0.12 %                    | ml              |            |        |
|   |                        | 2.5 %                     |                 |            |        |
|   |                        | 10 %                      |                 |            |        |
| Tropicamide                                     | Ophthalmic<br>Solution | 0.5 %                     | ml              |            |        |
|   |                        | 1 %                       | ml              |            |        |
| Ophthalmic Preparations: Ophthalmic Sulfonamide |                        |                           |                 |            |        |
| Sulfacetamide Sodium                            | Ophthalmic<br>Ointment | 10 %                      | gm              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                 | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|--|------------------------|---------------------------|-----------------|------------|--|
| (continued)  | Ophthalmic<br>Solution | 10 %<br>15 %<br>30 %      | ml<br>ml<br>ml  |            |  |
| <b>Ophthalmic Preparations: Ophthalmic Vasoconstrictors &amp; Combinations</b> |                        |                           |                 |            |  |
| Naphazoline HCL  | Ophthalmic<br>Solution | 0.1 %                     | ml              |            |  |
| Naphazoline HCL and<br>Antazoline Phosphate                                    | Ophthalmic<br>Solution | 0.05 % – 0.5 %            | ml              |            |  |
| <b>Otic Preparations</b>   |                        |                           |                 |            |  |
| Acetic Acid with<br>Aluminum Acetate   | Otic Solution          | 2 %                       | ml              |            |  |
| Acetic Acid with<br>Hydrocortisone   | Otic Solution          | 2 %-1 %                   | ml              |            |  |
| Ciprofloxacin HCL/<br>Dexamethasone *  | Otic Suspension        | 3mg/ml – 1mg/ml           | ml              | LR         | * Restricted to NDC labeler codes 00065<br>and 00078 only. |
| Ciprofloxacin<br>Hydrochloride/<br>Hydrocortisone *                            | Otic Suspension        | 2mg/ml –<br>10mg/ml       | ml              | LR         | * Restricted to NDC labeler codes 00065<br>and 00078 only. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                    | Dosage   | Strength/<br>Package Size            | Billing<br>Unit | UM<br>Type | Code 1 |
|--|--|--------------------------------------|-----------------|------------|--------|
| Hydrocortisone with Polymyxin B and Neomycin | Otic Solution  | 1 %, 10,000 units – 3.3 mg/ml, 10 ml | ml              |            |        |
|  | Otic Suspension  | 1 %, 10,000 units – 3.3 mg/ml, 10 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              |            |        |
| Prazosin HCl                                 | See: Diuretics & Cardiovascular: Antihypertensive (also see Diuretics) |                                      |                 |            |        |
| Tamsulosin HCl                               | Capsules +   | 0.4 mg                               | ea              |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                               | Dosage   | Strength/<br>Package Size             | Billing<br>Unit      | UM<br>Type | Code 1   |
|---|--|---------------------------------------|----------------------|------------|--|
| Terazosin<br>Hydrochloride              | Tablets or<br>capsules +                           | 1 mg<br>2 mg<br>5 mg<br>10 mg         | ea<br>ea<br>ea<br>ea |            |  |
| <b>Phosphate Binders</b>                |  |                                       |                      |            |  |
| Calcium Acetate                         | See: Calcium<br>Supplements &<br>Vitamin D Analogs |                                       |                      |            |  |
| Sevelamer Carbonate                     | Tablets  | 800 mg                                | ea                   |            |  |
| Sevelamer<br>Hydrochloride              | Tablets  | 400 mg<br>800 mg                      | ea<br>ea             |            |  |
| <b>Recombinant Human Growth Hormone</b> |  |                                       |                      |            |  |
| Somatropin *                            | Pen Injector                                       | 5 mg/2 ml<br>10 mg/2 ml<br>20 mg/2 ml | ml<br>ml<br>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. |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name                 | Dosage                  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|---------------------------|-------------------------|---------------------------|-----------------|------------|--|
| Skeletal Muscle Relaxants |                         |                           |                 |            |  |
| Baclofen                  | Tablets                 | 5 mg<br>10 mg<br>20 mg    | ea<br>ea<br>ea  |            |  |
| Cyclobenzaprine           | Tablets                 | 5 mg<br>10 mg             | ea<br>ea        |            |  |
| Dantrolene Sodium         | Capsules                | 25 mg<br>50 mg<br>100 mg  | ea<br>ea<br>ea  |            |  |
| Methocarbamol             | Tablets                 | 500 mg<br>750 mg          | ea<br>ea        |            |  |
| Tizanidine HCL            | Tablets                 | 2 mg<br>4 mg              | ea<br>ea        |            |  |
|                           | Capsules                | 2 mg<br>4 mg<br>6 mg      | ea<br>ea<br>ea  |            |  |
| Smoking Deterrents        |                         |                           |                 |            |  |
| Bupropion HCL *           | See:<br>Antidepressants |                           |                 |            |  |
| Varenicline Tartrate *    | Tablets                 | 0.5 mg<br>1.0 mg          | ea<br>ea        | QL         | * Varenicline Tartrate is restricted to be part of a comprehensive smoking |

Medi-Cal Rx Contract Drugs List  
Effective 07/01/2022



| Drug Name   | Dosage   | Strength/<br>Package Size                | Billing<br>Unit    | UM<br>Type | Code 1  |
|---|--|--|--------------------|------------|---|
| (continued)   | Tablets from Continuing Month Box (56 tablets/box)<br><br>Tablets, Starting Month Box (53 tablets/box) | 1.0 mg<br><br>11 x 0.5 mg<br>42 x 1.0 mg | ea<br><br>ea<br>ea |            | 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.  |
| Sodium/Saline Preparations                                |  |  |                    |            |   |
| Sodium Chloride Injection *                               | Vial   | 0.9 %, 10 ml<br>0.9 %, 30 ml             | ml                 |            | <p>* 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.</p> <p><b>Note:</b> Sodium chloride/normal saline flush syringes are classified as medical supplies. Refer to the Medical Supplies section of the provider manual for more information.</p> |
| Topical & Local Preparations: Dermatological Preparations |  |  |                    |            |   |
| Alclometasone Dipropionate                                | Cream<br><br>Ointment  | 0.05 %<br><br>0.05 %                     | gm<br><br>gm       |            |   |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                    | Dosage   | Strength/<br>Package Size                           | Billing<br>Unit            | UM<br>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. |
| Benzoyl Peroxide             | Gel  | 5 %<br>10 %   | gm<br>gm                   |            | <b>Note:</b> See also Drugs: Contract Drugs List Over-the-Counter Drugs.  |
| Butenafine HCl               | Cream  | 1 %   | gm                         |            |   |
| Calcipotriene                | Cream<br>Ointment<br>Solution                    | 0.005 %<br>0.005 %<br>0.005 %                       | gm<br>gm<br>ml             |            |   |
| Ciclopirox                   | Cream  | 0.77 %  | gm                         |            |   |
| Clindamycin Phosphate        | Injection<br>Topical solution<br>Pledgets<br>Gel | 150 mg/ml<br>1 %<br>1 %<br>1 %, 30 gm<br>1 %, 60 gm | ml<br>ml<br>ea<br>gm<br>gm |            |   |
| Clindamycin/Benzoyl Peroxide | Topical gel                                      | 1 %/5 %, 50 gram container                          | gm                         |            |   |
| Clobetasol Propionate        | Cream  | 0.05 %, 15 gm<br>0.05 %, 30 gm<br>0.05 %, 45 gm     | gm<br>gm<br>gm             |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                      | Dosage            | Strength/<br>Package Size                       | Billing<br>Unit | UM<br>Type | Code 1 |
|--|-------------------|---|-----------------|------------|--------|
| (continued)                                    | Ointment          | 0.05 %, 15 gm<br>0.05 %, 30 gm<br>0.05 %, 45 gm | gm<br>gm<br>gm  |            |        |
|  | Topical solution  | 0.05 %, 25 ml<br>0.05 %, 50 ml                  | ml<br>ml        |            |        |
| Clotrimazole                                   | See: Anti-Fungals |   |                 |            |        |
| Clotrimazole/<br>Betamethasone<br>Dipropionate | Cream             | 1 %/0.05 %                                      | gm              |            |        |
| Collagenase                                    | Ointment          |   | gm              |            |        |
| Crotamiton                                     | Cream             | 10 %  | gm              |            |        |
|  | Lotion            | 10 %  | ml              |            |        |
| Econazole Nitrate                              | See: Anti-Fungals |   |                 |            |        |
| Erythromycin Topical<br>Solution               | Topical solution  | 2 %   | ml              |            |        |
| Erythromycin/Benzoyl<br>Peroxide               | Gel               | 3 %/5 %   | gm              |            |        |
| Fluocinolone                                   | Cream             | 0.01 %<br>0.025 %                               | gm<br>gm        |            |        |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                    | Dosage             | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|------------------------------|--------------------|---------------------------|-----------------|------------|--|
| (continued)                  | Ointment           | 0.025 %                   | gm              |            |  |
|                              | Solution           | 0.01 %,                   | ml              |            |  |
|                              | Topical oil        | 0.01 %                    | ml              |            |  |
| Fluocinonide                 | Cream              | 0.05 %                    | gm              |            |  |
|                              | Ointment           | 0.05 %                    | gm              |            |  |
|                              | Solution           | 0.05 %                    | ml              |            |  |
|                              | Gel                | 0.05 %                    | gm              |            |  |
| Lidocaine/Prilocaine         | Cream              | 2.5 %/2.5 %               | gm              |            |  |
| Mupirocin                    | Ointment           | 2 %                       | gm              |            |  |
| Permethrin                   | Cream              | 5 %                       | gm              |            |  |
| Podofilox                    | Topical solution   | 0.5 %                     | ml              |            |  |
|                              | Topical gel        | 0.5 %                     | gm              |            |  |
| Prednicarbate                | Cream              | 0.1 %                     | gram            |            |  |
| Silver Sulfadiazine<br>Cream | Cream              | 1 %                       | gm              |            |  |
| Spinosad *                   | Topical Suspension | 0.9 %                     | ml              | LR         | * Spinosad is restricted to NDC labeler<br>code 52246 only |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage                  | Strength/<br>Package Size  | Billing<br>Unit                  | UM<br>Type | Code 1  |
|--|-------------------------|--|----------------------------------|------------|---|
| Tazarotene   | Topical cream or<br>gel | 0.05 %<br>0.1 %  | gm<br>gm                         |            |   |
| Tretinoin  | Cream<br><br>Gel        | 0.025%<br>0.05%<br>0.1%<br><br>0.01%<br>0.025%   | gm<br>gm<br>gm<br><br>gm<br>gm   |            |   |
| <b>Topical &amp; Local Preparations: Rectal Preparations</b> |                         |  |                                  |            |   |
| Mesalamine   | Rectal<br>Suppositories | 500 mg<br>1000 mg  | ea<br>ea                         |            |   |
| <b>topical &amp; local preparations: vaccines</b>            |                         |  |                                  |            |   |
| COVID-19 Vaccine *   | Injection               | 0.2 ml Pfizer-<br>BioNtech<br><br>0.3 ml Pfizer-<br>BioNtech<br><br>0.5 ml Moderna<br><br>0.5 ml Janssen | ml<br><br>ml<br><br>ml<br><br>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. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



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

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                                   | Dosage   | Strength/<br>Package Size                        | Billing<br>Unit                  | UM<br>Type | Code 1   |
|---|--|--|----------------------------------|------------|--|
| Human Papillomavirus Vaccine *              | Injection  | 1-dose syringe<br>1-dose vial                    | ml<br>ml                         | AL,<br>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)<br><br>Injection (multi-dose vial)<br><br>Prefilled syringe<br><br>Influenza vaccine live, intranasal | 0.5 ml<br><br>5.0 ml<br><br>0.5 ml<br><br>0.2 ml | ml<br><br>ml<br><br>ml<br><br>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,<br>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). |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage    | Strength/<br>Package Size            | Billing<br>Unit | UM<br>Type | Code 1  |
|--|-----------|--------------------------------------|-----------------|------------|---|
| Meningococcal Group B Vaccine                                | Injection | 50-50 mcg/0.5ml*<br>120 mcg/0.5 ml * | ml<br>ml        | AL,<br>QL  | <p>* 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).</p> <p>* 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).</p> |
| Meningococcal Oligosaccharide Diphtheria Conjugate Vaccine * | Injection | 10-5 mcg/0.5 ml                      | ea              | AL         | <p>* 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).</p>  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage    | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1  |
|---|-----------|---------------------------|-----------------|------------|---|
| Meningococcal Polysaccharide Diphtheria Conjugate Vaccine * | Injection | 4 mcg/0.5 ml              | ml              | AL         | * Meningococcal Polysaccharide 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 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). |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name  | Dosage    | Strength/<br>Package Size     | Billing<br>Unit | UM<br>Type | Code 1   |
|--|-----------|-------------------------------|-----------------|------------|--|
| Pneumococcal Vaccine,<br>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,<br>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,<br>23-Valent, Non-<br>Conjugated * | Injection | 1-dose vial<br>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). |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| Drug Name   | Dosage    | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code 1   |
|---|-----------|---------------------------|-----------------|------------|--|
| Rabies Vaccine *                                  | Injection | 1-dose vial               | ea              | AL         | * Rabies Vaccine is restricted to:<br>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:<br>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,<br>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). |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name   | Dosage                               | Strength/<br>Package Size      | Billing<br>Unit | UM<br>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).  |
| <b>Topical &amp; Local Preparations: Vaginal Preparations</b> |                                      |                                |                 |            |   |
| Butoconazole Nitrate  | Vaginal cream (prefilled applicator) | 2 %                            | gm              |            |   |
| Clotrimazole  | See: Anti-Fungals                    |                                |                 |            |   |
| Metronidazole   | Vaginal gel                          | 0.75 %, 70 gm<br>1.3 %, 5 gm * | gm<br>gm        | LR         | * The 1.3%, 5 gm vaginal gel is restricted to NDC labeler code 00642.   |
| Miconazole Nitrate  | Vaginal suppositories                | 200 mg, 3's                    | ea              |            |   |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| Drug Name                           | Dosage   | Strength/<br>Package Size                   | Billing<br>Unit            | UM<br>Type | Code 1   |
|-------------------------------------|--|---|----------------------------|------------|--|
| Terconazole                         | Vaginal cream<br><br>Vaginal<br>suppositories              | 0.4 %, 45 gm<br>0.8 %, 20 gm<br>80 mg, 3s   | gm<br>gm<br>ea             |            |  |
| <b>Urinary Tract Antispasmodics</b> |  |   |                            |            |  |
| Fesoterodine Fumarate<br>*          | Tablet, extended<br>release (24-hour)                      | 4 mg<br>8 mg                                | ea                         | LR         | * Restricted to NDC labeler code 00069<br>only.                          |
| Oxybutynin *                        | Transdermal system   | 3.9 mg                                      | ea                         | LR         | * Oxybutynin is restricted to NDC<br>labeler codes 52544 and 00023 only. |
| Oxybutynin Chloride                 | Tablets +<br><br>Tablets, extended<br>release<br><br>Syrup | 5 mg<br>5 mg<br>10 mg<br>15 mg<br>5 mg/5 ml | ea<br>ea<br>ea<br>ea<br>ml |            |  |
| Solifenacin Succinate               | Tablets  | 5 mg<br>10 mg                               | ea<br>ea                   |            |  |
| Tolterodine Tartrate                | Tablets +<br><br>Capsules, extended<br>release +           | 1 mg<br>2 mg<br>2 mg<br>4 mg                | ea<br>ea<br>ea<br>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<br>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<br>Oral Solution: 70 mg/75 ml      | 6/30/2016<br>8/31/2013                               |
| Aliskiren/Valsartan      | Tablets: 150 mg/160 mg, 300 mg/320 mg                         | 7/20/2012  |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| 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<br>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.                          |
| Baloxavir marboxil                        | Tablets: 20 mg  | 6/1/2022  |
| Beclomethasone Dipropionate               | Nasal Inhaler: 7 gm   | 6/1/2002<br>Nasal inhaler is no longer manufactured or available.             |



# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR   | Strength   | End Date   |
|--|--|--|
| Beclomethasone Dipropionate                                      | Aerosol Oral Inhaler:<br>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<br>Gel: 1%                               | Prior to 1/1/2019  |
| Bimatoprost  | Ophthalmic Solution: 0.03%                               | 4/1/2022   |
| Boceprevir   | Capsules: 200 mg   | 12/31/2015   |
| Bromfenac  | Ophthalmic Solution: 0.09%<br>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  |
| Carbachol  | Ophthalmic: 0.75%, 1.5%, 2.25%, 3%                       | These products are no longer manufactured or available.                                  |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| DOS Drugs/No Longer MFGR  | Strength  | End Date  |
|---|---|---|
| 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<br>Liquid: 5 mg/5 ml                                 | Suspended until further notice.                         |
| Cevimeline HCL  | Capsules: 30 mg   | 9/30/2008   |
| Chloral Hydrate   | Capsules: 250 mg, 500 mg<br>Liquid<br>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. |
| Chlorpheniramine Maleate, Phenylephrine HCL, Potassium Iodide and Codeine | Liquid  | These products are no longer manufactured or available. |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR            | Strength   | End Date   |
|-------------------------------------|--|--|
| Chlorpromazine §                    | Injection: 25 mg/ml (sizes 1ml, 2 ml, 10 ml)<br>Liquid: 10 mg/5ml, 30 mg/ml, 100 mg/ml<br>Suppositories: 25 mg, 100 mg | 2/28/2010<br>* These products are no longer manufactured or available. |
| Choline Magnesium Trisalicylate     | Tablets: 500 mg, 750 mg, 1,000 mg<br>Liquid: 500 mg/ 5ml   | These products are no longer manufactured or available.                |
| Ciclopirox                          | Gel: 0.77% (15 gm, 30 gm, 90 gm)<br>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)<br>Vaginal Suppositories: 100 mg (3s)  | 2/29/2012<br>12/31/2005<br>12/31/2005                                  |
| Clofazimine                         | Capsules: 50 mg, 100 mg  | These products are no longer manufactured or available.                |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR | Strength   | End Date   |
|--------------------------|--|--|
| 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<br>Injection: 0.5 mg/ml<br>Capsules: 0.6 mg  | The 0.5 mg tablet and injection are no longer manufactured or available.<br>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<br>Single-Dose Graduated Syringe: 10,000 IU/1 ml<br>Multiple-Dose Vial: 95,000 IU/3.8 ml, 95,000 IU/9.5 ml | 12/31/2015   |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| 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<br>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. |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| 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<br>Tablets: 0.2 mg  | These products are no longer manufactured or available.             |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR   | Strength   | End Date  |
|--|--|---|
| Ergotamine with Caffeine and Pentobarbital Sodium and Belladonna Alkaloids | Tablets<br>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<br>Vaginal tablets: 2 mcg                  | 12/31/2009<br>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. |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| 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<br>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<br>Enteric-Coated Pellets: 90 mg                  | 10/31/2007  |
| Fluphenazine §           | Injection: 2.5 mg/ml, 10 ml;<br>25 mg/ml                                    | 2/28/2010   |
| Fluvastatin Sodium       | Capsules: 20 mg, 40 mg<br>Tablets, Extended Release:<br>80 mg               | 7/31/2019   |
| Fondaparinux Sodium      | Prefilled Syringe: 2.5 mg, 5 mg,<br>7.5 mg, 10 mg                           | 1/31/2014   |
| Formoterol Fumarate      | Capsules for Oral Inhalation: 12 mcg  | 6/30/2008   |
| Furazolidone             | Tablets: 100 mg<br>Liquid: 50 mg/15 ml                                      | These products are no longer manufactured or available. |
| Galantamine Hydrobromide | Solution, Oral: 4 mg/ml<br>Tablets: 4 mg, 8 mg, 12 mg                       | On or before 1/31/2008                                  |
| Gatifloxacin             | Ophthalmic Solution: 0.3%   | 4/30/2010   |



**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| DOS Drugs/No Longer MFGR              | Strength  | End Date   |
|---------------------------------------|---|--|
| Gemtuzumab Ozogamicin                 | Injection: 4.5 mg/vial<br>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<br>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. |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| 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   |
| Indinavir sulfate                         | Capsules: 100 mg, 200 mg, 333 mg, 400 mg   | 06/01/2022   |
| Influenza A (H1N1) Virus Vaccine          | Injection (Single Dose Vial): 15 mcg/0.5 ml, 0.5 ml<br>Injection (Multi-Dose Vial): 15 mcg/0.5 ml, 5.0 ml<br>Prefilled Syringe (Pediatric): 0.25 ml, 0.25 ml<br>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<br>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<br>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   |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR  | Strength  | End Date  |
|---------------------------|---|---|
| Isoetharine Hydrochloride | Solution: 1%, 10 ml<br>Solution: 1%, 30 ml  | N/A   |
| Isradipine                | Tablets, Controlled Release:<br>5 mg, 10 mg   | 10/31/2013  |
| Itraconazole              | Injection Kit   | 4/1/2022  |
| Ivermectin                | Topical Lotion: 5%  | 07/01/2022  |
| Kanamycin Sulfate         | Injection: 0.5 gm/2 ml, 1 gm/<br>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,<br>500 mg, 750 mg, 1,000 mg   | 12/31/2014  |
| Lenalidomide              | Capsules: 5 mg, 10 mg, 15 mg,<br>25 mg  | 2/28/2010   |
| Leuprolide Acetate        | Injection: 5 mg/ml, 2.8 ml<br>Powder for Injection: 7.5<br>mg/vial, 22.5 mg/vial, 30<br>mg/vial | 5/31/2016   |
| Levamisole HCl            | Tablets: 50 mg  | This product is no longer manufactured or available.    |
| Levodopa                  | Tablets or Capsules: 250 mg,<br>500 mg  | These products are no longer manufactured or available. |
| Levofloxacin              | Ophthalmic Solution: 0.5%,<br>2.5 ml; 0.5%, 5.0 ml  | 9/30/2010   |
| Levofloxacin              | Ophthalmic Solution: 1.5%,<br>5.0 ml  | 9/30/2011   |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR                             | Strength   | End Date  |
|--|--|---|
| Levonorgestrel                                       | Tablets: 0.75mg  | 9/30/2015   |
| Levonorgestrel, Ethinyl Estradiol and Pregnancy Test | Emergency Contraceptive Kit<br>Containing Kits (each): 4<br>tablets, 0.25 mg-.05 mg;<br>1 Urine Pregnancy Test | N/A   |
| Lomustine  | Capsules: 10 mg, 40 mg,<br>100 mg<br>Dose-Pack   | 11/15/2018  |
| Lovastatin   | Tablets, Extended Release:<br>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  |
| Melphalan flufenamide                                | Injection: 20 mg   | 06/01/2022  |
| Meperidine HCl                                       | Tablets: 50 mg, 100 mg   | 5/31/2010   |
| Mesoridazine   | Injection: 25 mg/ml, 1 ml<br>Tablets or Capsules: 10mg,<br>25 mg, 50 mg, 100 mg<br>Liquid: 25 mg/ml, 12 0ml    | These<br>products are<br>no longer<br>manufactured<br>or available. |
| Metaproterenol                                       | Aerosol Inhaler with Adapter:<br>14 gm<br>Aerosol Inhaler without<br>Adapter (Refill): 14 gm                   | 1/31/2007   |
| Methadone  | Injection: 10 mg/ml, 1 ml;<br>10 mg/ml, 20 ml<br>Tablets or Capsules: 5 mg,<br>10 mg                           | N/A   |
| Methylphenidate HCl                                  | Capsules, extended release:<br>25mg, 35mg, 45mg, 55mg,<br>70mg, 85mg   | 4/1/2022  |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR               | Strength   | End Date  |
|--|--|---|
| Metipranolol HCl                       | Ophthalmic Drops: 0.3%, 5 ml;<br>0.3%, 10 mg   | This product is no longer manufactured or available.    |
| 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<br>5mg-12.5 mg, 15 mg-2.5 mg  | 5/31/2008   |
| Mometasone Furoate                     | Oral Powder for Inhalation: 30<br>inhalations/0.24 gm, 60<br>inhalations/0.24 gm, 120<br>inhalations/0.24 gm               | 12/31/2008  |
| Mometasone Furoate Monohydrate         | Nasal Spray: 50 mcg/actuation  | 9/30/2017   |
| Morphine Sulfate                       | Capsules, Extended Release: 30<br>mg, 60 mg, 90 mg, 120 mg   | 9/30/2005   |
| Morphine Sulfate/Naltrexone            | Capsules, Extended Release:<br>20 mg/0.8 mg, 30 mg/1.2 mg,<br>50 mg/2 mg, 60 mg/2.4 mg,<br>80 mg/3.2 mg, 100 mg/4 mg       | 9/30/2020   |
| Moxifloxacin HCl                       | Ophthalmic Solution: 0.5%  | Vigamox®<br>2/29/2020<br>Moxeza®<br>6/30/2020           |
| Naftifine HCL                          | Topical Cream: 1%, 15 gm; 1%,<br>30 gm; 1%, 60 gm; 1%, 90 gm<br>Topical Gel: 1%, 20 gm; 1%, 40<br>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. |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR                    | Strength   | End Date  |
|---|--|---|
| Neostigmine Bromide                         | Tablets: 15 mg   | This product is no longer manufactured or available.          |
| Nepafenac                                   | Ophthalmic Suspension: 0.1%<br>Ophthalmic Suspension: 0.3%, 1.7 ml bottle<br>Ophthalmic Suspension: 0.3%, 3 ml bottle  | 3/1/2020<br>2/29/2020<br>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. |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR                            | Strength   | End Date  |
|---|--|---|
| Norethindrone and Ethinyl Estradiol                 | Tablets from 7/14 Combination Packet (28 Tablets Packet):<br>7x0.5 mg/35 mcg, 14x1 mg/35 mcg,<br>7 inert | 7/14 combination packet is no longer manufactured or available. |
| Norfloxacin   | Tablets or Capsules: 400 mg  | These products are no longer manufactured or available.         |
| Olaratumab  | Injection: 500 mg/50 ml,<br>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/<br>Ritonavir and Dasabuvir | Tablets:<br>12.5mg/75mg/50mg/250mg<br>Tablets, ER:<br>8.33mg/50mg/33.33mg/200mg                          | These products are no longer manufactured or available.         |
| Omeprazole/Sodium Bicarbonate                       | Capsules: 20 mg, 40 mg<br>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;<br>1%, 60 gm<br>Lotion: 1%, 30 ml   | 11/30/2012  |
| Oxybutynin Chloride                                 | Tablets, Extended Release:<br>5 mg, 10 mg  | 12/31/2008  |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR                               | Strength   | End Date  |
|--|--|---|
| Oxycodone and Acetaminophen                            | Tablets or Capsules: 5mg-500 mg  | 8/1/2020<br>This product is no longer manufactured or available.            |
| 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.                     |
| Pacritinib   | Capsules: 100 mg   | 07/01/2022  |
| 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<br>Spray: 33 ml  | 2/28/2009<br>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<br>Pen injector, package of four: 180 mcg/0.5 ml, 135 mcg/0.5 ml | 6/30/2012<br>No longer manufactured or available.<br>Pen injector: 1/1/2022 |



# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



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

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| 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.    |
| Polyethylene 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                                       |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| 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,<br>Multi-Dose Pen                                  | 6/30/2005<br>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<br>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.         |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| 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<br>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<br>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   |
| Tebentafusp-tebn  | Vial: 100 mcg/0.5ml   | 07/01/2022  |
| Tegaserod   | Tablets: 2 mg, 6 mg   | 4/1/2007  |
| Telaprevir  | Tablets: 375 mg   | 12/31/2015<br>Product is no longer manufactured or available. |

# Medi-Cal Rx Contract Drugs List

Effective 07/01/2022



| DOS Drugs/No Longer MFGR                 | Strength  | End Date  |
|--|---|---|
| Testolactone                             | Tablets: 50 mg  | This product is no longer manufactured or available.    |
| Thalidomide                              | Capsules: 50 mg, 100 mg, 200 mg   | 2/28/2010   |
| Thiabendazole                            | Tablets or Capsules: 500 mg<br>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 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<br>Liquid: 10 mg/ml  | These products are no longer manufactured or available. |

**Medi-Cal Rx Contract Drugs List**  
Effective 07/01/2022



| DOS Drugs/No Longer MFGR                              | Strength   | End Date  |
|---|--|---|
| Trimetrexate Glucuronate                              | Powder for Injection: 25 mg                        | This product is no longer manufactured or available.    |
| 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<br>Extended Release Capsules: 60 mg | 10/31/2016  |
| Umbralisib  | Tablets: 200 mg                                    | 06/01/2022  |
| Uracil Mustard  | Capsules: 1 mg                                     | This product is no longer manufactured or available.    |
| Valdecoxib  | Tablets: 10 mg                                     | 4/8/2005<br>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   |