

Medi-Cal Rx Contract Drugs List

December 1, 2024



Revision History

Drug Name	Description	Effective Date
Adalimumab-fkjp	Added to CDL with diagnosis, quantity, and labeler restrictions.	October 1, 2024
Atovaquone-Proguanil HCL	Added to CDL.	October 1, 2024
Crotamiton	Labeler restriction removed.	October 1, 2024
Glucagon (R-DNA Origin)	Labeler restriction removed.	October 1, 2024
Imetelstat	Added to CDL with labeler restriction.	October 1, 2024
Lazertinib	Added to CDL with labeler restriction.	October 1, 2024
Mefloquine HCL	Added to CDL.	October 1, 2024
Segesterone Acetate and Ethinyl Estradiol	Additional labeler code (68308) restriction added.	October 1, 2024
Selpercatinib	Additional formulation (tablets) added to CDL with prior authorization required.	October 1, 2024
Tislelizumab-jsgr	Added to CDL with labeler restriction.	October 1, 2024
Tirzepatide (Zepbound)	Added to CDL with diagnosis, quantity, and labeler restrictions.	October 1, 2024
Vaccines	Added new vaccines, updated/removed age restrictions.	October 1, 2024
Vorasidenib	Added to CDL with prior authorization (PA) required.	October 1, 2024
Valbenazine Tosylate	Added to CDL with age, diagnosis, and labeler restrictions.	October 1, 2024
Apremilast	Additional strength (20 mg tablet) added to CDL with diagnosis and labeler restrictions.	November 1, 2024
Atezolizumab Hyaluronidase-tqjs	Added to CDL with labeler restriction.	November 1, 2024
Desonide	Added to the CDL.	November 1, 2024
Dexlansoprazole	Effective December 1, 2024: End-dated.	November 1, 2024
Imetelstat	Labeler restriction removed. PA requirement added.	November 1, 2024
Isosorbide Mononitrate	Additional formulation (tablets) added to CDL.	November 1, 2024
Glatiramer Acetate	Added to CDL with labeler restriction.	November 1, 2024

Drug Name	Description	Effective Date
Nebivolol	Added to the CDL.	November 1, 2024
Paroxetine HCL	Additional formulation (controlled release tablets) added to CDL.	November 1, 2024
Selpercatinib	Labeler restriction added and PA requirement removed from tablets.	November 1, 2024
Travoprost	Labeler restriction removed.	November 1, 2024
Clobetasol Propionate	Additional package size (60 gm) added to the CDL for cream and ointment.	December 1, 2024
Deutetrabenazine	PA requirement removed for tardive dyskinesia.	December 1, 2024
Glucagon (synthetic)	Effective January 1, 2025: Labeler restriction (LR) added.	December 1, 2024
Roflumilast	Added to the CDL with quantity limit (QL) restriction.	December 1, 2024

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 51476I. Refer to CCR, Title 22, Section 51313.3(b).
3. Drugs marked with a symbol (+) have a frequency of billing requirement. Refer to 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 member within any 75-day period. The fourth claim from any provider, and subsequent claims for the same drug and strength dispensed to the same member 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. Refer to CCR, Title 22, Section 51513(a)(2). A complete listing of these drugs is found in the *Reimbursement* section of the *Medi-Cal Rx Provider 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 CDL 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 CDL 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

All OTC cough and cold products are restricted to individuals 2 years of age and older.

Compounded Prescriptions

Prescribed drugs listed in the CDL 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.

Cost Ceiling Tiers

All claims for members 22 years of age and older submitted to Medi-Cal Rx are subject to the cost ceiling claim edit Reject Code 78 – Cost Exceeds Maximum.

To improve pharmacy claim submission and processing quality and to mitigate potential fraud, waste or abuse (FWA) in Medi-Cal Rx, the previous \$10,000 cost ceiling policy has been revised to the following cost ceiling categories as outlined in the following table:

Cost Ceiling Limits		
Drug/Product	Identifier	Value Per Claim
Over-the-Counter (OTC)	OTC	\$50
Generic	Generic	\$1,000
Single and Multisource Brand	Brand	\$4,000
High-Cost Drug (HCD) – Generic and Brand	HCD	\$14,000

Note: Cost ceiling limits impacting drugs for the NDCs provided on the [Medi-Cal Rx Approved NDC List](#) are categorized by the following Cost Ceiling Limit Identifiers:

- **OTC:** Over-the-counter products where the claim threshold amount is equal to or greater than \$50.
- **Generic:** Generic drugs where the claim threshold amount is equal to or greater than \$1,000.
- **Brand:** Brand, multisource drugs where the claim threshold amount is equal to or greater than \$4,000 when the claim is submitted with a DAW 1. These claims will be subject to Brand Medically Necessary (BMN) PA requirements.
 - **Note:** Claims without a DAW 1 will be evaluated based on the Generic cost ceiling limit.
- **HCD:** High-cost generic and brand drugs, not in the Generic or Single and Multisource Brand categories, where the claim threshold amount is equal to or greater than \$14,000.
- **Excluded:** Drugs excluded from the cost ceiling limits.
 - **Note:** Other products excluded from cost ceiling limits include specific disposable medical supplies, diabetic testing supplies, COVID-19 antigen tests, enteral nutrition products, OTC insulin, and drugs submitted as a compound claim.

Additional information can be found in the [Medi-Cal Rx Provider Manual](#).

Drugs Used in the Treatment of HIV

Drugs indicated for the treatment of HIV may be used for PEP without obtaining a PA.

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* (W&I 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.

Controlled Substance Policy

Claims for all controlled substances, including opioids (DEA Schedule II-V) will have a **maximum days' supply** of 35 days. A PA request will be required for claims submitted for greater than 35 days.

Note: This limit does **not** apply to new start opioid prescriptions.

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

Claims submitted for controlled substances will be restricted to the following utilization limits:

Controlled Substance Utilization Limits			
Description	Max Day Supply	Quantity Limit	Refill Threshold
All Controlled Substances (except opioids, benzodiazepines, buprenorphine)	35	Refer to the CDL for specific drugs where applicable.	75%
Benzodiazepines *	35	Daily quantity: 8 each (solid) or 240 ml (liquid). Refer to the CDL for additional limit(s) where applicable.	75%
Buprenorphine products indicated for pain	35	Refer to the CDL for specific drugs where applicable.	75%
Buprenorphine products indicated for Opioid Use Disorder	35	Sublingual dosage daily limit: 32 mg. Refer to the CDL for additional limit(s) where applicable.	75%

Controlled Substance Utilization Limits			
Description	Max Day Supply	Quantity Limit	Refill Threshold
Opioid New Start ** (Absence of opioid therapy in the past 90 days prior to the current claim's DOS. Cough preparations containing opioids are excluded from the opioid drug lookback.)	7	Max Dispense quantity: 30 each (solid) or 240 mL (liquid).	90%
Opioid Chronic Therapy ** (Presence of opioid therapy in the member's history within the prior 90 days. Opioid therapy lookback includes long-acting, short-acting, and buprenorphine products. Cough preparations containing opioids are excluded from this lookback.)	35	500 MME	90%
* Limitations for benzodiazepine do not apply to special populations, except for the 75% refill threshold.			
** Limitations for opioids do not apply to special populations, except for the 90% refill threshold.			

Dispensing Limits for Insulin Products

For prandial insulins (which includes rapid-, short-, intermediate-acting, and mixed insulins) with concentrations of 100 units per milliliter, the maximum quantity per fill allowed is 75 ml, which allows for up to 7 vials (10 ml each) or 5 boxes totaling 25 pens or cartridges (3 ml each).

For basal/long-acting insulins with concentrations of 100 units per milliliter, the maximum quantity per fill allowed is 60 ml, which allows for up to 6 vials (10 ml each), or 4 boxes totaling 20 individual pens (3 ml each).

Due to differences in packaging, the maximum quantity per fill allowed for concentrated formulations is as follows:

- 200 units per milliliter – 36 ml which allows dispensing of up to 12 pens.
- 300 units per milliliter – 24 ml which allows dispensing of up to 8 pens (or up to 15 pens, depending on the specific packaging).
- 500 units per milliliter – 60 ml which allows dispensing of up to 3 vials (20 ml each) or 10 boxes, 20 pens (3 ml each).

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.

* Quantity limits allow a sufficient supply of medication based upon FDA-approved or medically accepted maximum daily doses and length of therapy of a particular drug to ensure safe and effective medication use while reducing inappropriate/overuse. Quantity limits may be administered as quantity over time or a maximum daily dose. Quantity over time is based on dosing guidelines over a rolling time period. Maximum daily dose (maximum quantity per day) is based on maximum number of units of the drug allowed per day. Refer to the specific manufacturer's prescribing information for additional details.

To ensure safe and effective medication use, covered products may have quantity limits not listed on the CDL that are reflective of sound clinical practices and FDA-approved dosing. Prescribing above a quantity limit will require prior authorization (PA) approval.

In addition, some covered products listed on the CDL have a 'QL' code listed in the UM Type column of the CDL table. A "QL" indicates that the medication has a Medi-Cal Rx specific quantity limit as a Code I restriction. Prescribing above a Code I "QL" quantity limit will require a PA approval.

Amyotrophic Lateral Sclerosis Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Amyotrophic Lateral Sclerosis Agent					
Edaravone *	Oral Suspension (including starter kits)	105 mg/5 ml	ml	LR	* Restricted to NDC labeler code 70510 only.
Riluzole	Tablets	50 mg	ea		

Anti-Alcoholism

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Alcoholism					
Acamprosate Calcium	Delayed-release Tablets	333 mg	ea		
Disulfiram	Tablets	0.25 gm 0.5 gm	ea ea		

Anti-Gout

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Gout					
Allopurinol	Tablets	100 mg 300 mg	ea ea		
Colchicine	Tablets	0.6 mg	ea		
Probenecid	Tablets	500 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Gout					
Probenecid with Colchicine	Tablets		ea		

Anti-Infectives: Amebicide

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Amebicide					
Albendazole	Tablets	200 mg	ea		
Ivermectin	Tablets	3 mg	ea		
Mebendazole	Tablets, chewable	100 mg	ea		
Praziquantel	Tablets	600 mg	ea		
Pyrantel Pamoate	Liquid		ea		

Anti-Infectives: Antibiotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Amikacin Sulfate	Injection, vial	500 mg/2 ml 1,000 mg/4 ml	ml ml		
Amoxicillin/Clavulanate Potassium	Tablets, chewable	125 mg 200 mg 250 mg 400 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
(continued)	Tablets, oral	250 mg 500 mg 875 mg 1 gm	ea ea ea ea		
	Solution or suspension	125 mg/ 5ml 200 mg/ 5ml 250 mg/ 5ml 400 mg/ 5ml 600 mg/ 5ml	ml ml ml ml ml		
Amoxicillin Trihydrate	Solution or suspension	125 mg/5 ml 200 mg/5 ml 250 mg/5 ml 400 mg/5 ml	ml ml ml ml		
	Pediatric drops	50 mg/ml	ml		
	Capsules	250 mg 500 mg	ea ea		
	Chewable Tablets	125 mg 250 mg	ea ea		
	Tablets	500 mg 875 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Ampicillin	Powder for injection	125 mg/vial	ea		
		250 mg/vial	ea		
		500 mg/vial	ea		
		1 gm/vial	ea		
		2 gm/vial	ea		
		2.5 gm/vial	ea		
		10 gm/vial	ea		
		500 mg, piggyback	ea		
Tablets or capsules	250 mg 500 mg	ea			
		ea			
Solution or suspension	125 mg/5ml 250 mg/5m	ml			
		ml			
Drops	100 mg/ml	ml			
Azithromycin	Tablets	250 mg	ea		
		500 mg	ea		
		600 mg	ea		
	Powder packet	1 gm	ea		
	Suspension	100 mg/5 ml 200 mg /5 ml	ml		
ml					
Ophthalmic solution	1 %	ml			
Aztreonam Lysine	Vials	75 mg/ml	ml		
Cefaclor	Capsules	250 mg	ea		
		500 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Cefadroxil	Tablets	1 Gram	ea		
	Capsules	500 mg	ea		
	Suspension	250 mg/5 ml 500 mg/5 ml	ml ml		
Cefazolin Sodium	Powder for injection	250 mg/vial	ea		
		500 mg/vial	ea		
		1 gm/vial	ea		
		5 gm/vial	ea		
		10 gm/vial	ea		
		20 gm/vial	ea		
		500 mg, piggyback	ea		
	1 gm, piggyback	ea			
Injection	500 mg in 5 % Dextrose and water (D5W)	ml			
	1 gm in 5 % Dextrose and water (D5W)	ml			
Cefdinir	Capsules	300 mg	ea		
	Liquid	125 mg/ 5 ml 250 mg/5 ml	ml ml		
Cefixime	Liquid	100 mg/5 ml	ml		
	Tablets or capsules	400 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Cefpodoxime Proxetil	Tablet	100 mg 200 mg	ea ea		
	Suspension	50 mg/5 ml 100 mg/5 ml	ml ml		
Cefprozil	Tablets	250 mg 500 mg	ea ea		
	Suspension	125 mg/5 ml 250 mg/5 ml	ml ml		
Ceftazidime	Powder for Injection		ea		
	Injection		ml		
Ceftriaxone Sodium	Powder for Injection		ea		
	Injection		ml		
Cefuroxime Axetil	Tablets	250 mg 500 mg	ea ea		
	Capsules	250 mg 500 mg	ea ea		
Cephalexin	Solution or Suspension	125 mg/5 ml 250 mg/5ml	ml ml		
	Succinate, injectable	1 gm	ea		
Chloramphenicol	Capsules	250 mg	ea		
	Ophthalmic Ointment		gm		
	Ophthalmic solution/drops	0.5 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Chlorhexidine Gluconate	Mouthwash	0.12 %	ml		
Ciprofloxacin	Suspension, Oral	5 % (250 mg/ 5 ml)	ml		
		10 % (500 mg/ 5 ml)	ml		
Ciprofloxacin HCL	Tablets	250 mg	ea		
		500 mg	ea		
		750 mg	ea		
Clarithromycin	Tablets	250 mg 500 mg	ea ea		
	Tablets, extended release	500 mg	ea		
	Liquid	125 mg/5 ml 250 mg/5 ml	ml ml		
Clindamycin Hydrochloride	Tablets or Capsules	75 mg	ea		
		150 mg	ea		
		300 mg	ea		
Clindamycin Palmitate HCL	Solution	75 mg/5 ml	ml		
Dicloxacillin Sodium	Capsules	125 mg	ea		
		250 mg	ea		
		500 mg	ea		
	Suspension	62.5 mg/5 ml	ml		
	Capsules	50 mg	ea		
		100 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Doxycycline Calcium	Syrup	50 mg/5 ml	ml		
Doxycycline Hyclate	Tablets	20 mg 100 mg	ea ea		
	Capsules	50 mg 100 mg	ea ea		
Doxycycline Monohydrate	Capsules	50 mg 100 mg	ea ea		
	Tablets	50 mg 75 mg 100 mg	ea ea ea		
Erythromycin Base	Tablets	250 mg 500 mg	ea ea		
	Tablets, delayed release	250 mg 333 mg 500 mg	ea ea ea		
	Capsules, delayed release	250 mg	ea		
Erythromycin Ethylsuccinate	Tablets	400 mg	ea		
	Reconstituted suspension	200 mg/5 ml 400 mg/5 ml	ml ml		
Erythromycin Stearate	Tablets, film coated	250 mg 500 mg	ea ea		
Fosfomycin	Sachet	3 gm	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
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 Solution/Drops	0.3 %, 5ml	ml		
		0.3 %, 15ml	ml		
Griseofulvin	Tablets or capsules (ultramicrosize only)	125 mg	ea		
		165 mg	ea		
250 mg		ea			
330 mg		ea			
	Suspension (micro size only)	125 mg/5 ml	ml		
Levofloxacin	Tablets	250 mg	ea		
		500 mg	ea		
750 mg		ea			
	Solution, oral	25 mg/ml	ml		
		250 mg/10 ml	ml		
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		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
(continued)	Powder for injection	500 mg vial	ea		
	Gel with applicator	0.75 %	gm		
	Cream	0.75 %	gm		
	Lotion	0.75 %	ml		
Minocycline HCL	Tablets	50 mg	ea		
		75 mg	ea		
		100 mg	ea		
	Capsules	50 mg	ea		
		75 mg	ea		
		100 mg	ea		
Moxifloxacin HCL	Tablets	400 mg	ea		
	IV	400 mg/250 ml	ml		
Mupirocin	Refer to: Dermatological Preparations				
Nafcillin	Powder for 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		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Ofloxacin	Tablets	200 mg 300 mg 400 mg	ea ea ea		
Penicillin G	Powder for injection	1,000,000 units/vial 5,000,000 units/vial 10,000,000 units/vial 20,000,000 units/vial	ea		
Penicillin G Benzathine	Injection	300,000 U/ml, 10 ml 600,000 U/ml, 1 ml 600,000 U/ml, 2 ml 600,000 U/ml, 4 ml	ml		
	Powder for injection	1.2 mm unit 2.4 mm unit	ea ea		
Penicillin G Procaine	Injection		ml		
Penicillin VK	Tablets	125 mg 250 mg 500 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
(continued)	Liquid	125mg/5ml,100ml 125mg/5ml,150ml 125mg/5ml,200ml 250mg/5ml,100ml 250mg/5ml,150ml 250mg/5ml,200ml	ml		
Piperacillin Sodium	Powder for injection		ea		
Secnidazole *	Oral granules	2 gm	ea	LR	* Restricted to NDC labeler code 27437.
Streptomycin	Injection	1 gm dry	ea		
Tetracycline	Injection	250 mg 500 mg	ea ea		
	Capsules	250 mg 500 mg	ea ea		
	Liquid	125 mg/5 ml	ml		
Tinidazole	Tablets	250 mg 500 mg	ea ea		
Tobramycin	Injection	10mg/ml, 2ml vial 10mg/ml, 6ml vial 10mg/ml, 8ml vial 40mg/ml, 2ml vial 40mg/ml, 30ml vial 40mg/ml, 1.5ml syringe 40mg/ml, 2ml syringe	ml ml ml ml ml ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
(continued)	Powder for injection	1.2 gm/vial	ea		
	Ampule	300 mg/5 ml	ml		
	Inhalation Powder *	28 mg/capsule	ea	LR	
Vancomycin	Powder for injection	500 mg vial	ea		
		1 gm vial	ea		
		5 gm vial	ea		
10 gm vial		ea			
	Capsules	125 mg	ea		
		250 mg	ea		
	Solution, oral *	25 mg/ml	ml	AL	* Restricted to members that are age 21 and younger.
		50 mg/ml	ml		

Anti-Infectives: Anti-Fungals

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Fungals					
Amphotericin B	Injection		ea		
Butoconazole Nitrate	Vaginal Cream (prefilled applicator)	2 %	gm		
Clotrimazole	Topical Cream	1 %	gm		
	Topical Solution	1 %	ml		
	Troches	10 mg	ea		
	Vaginal Cream	45 gm 90 gm	gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Fungals					
Econazole Nitrate	Topical cream	1 %	gm		
Fluconazole	Injection	2 mg/ml, 100 ml (saline)	ml		
		2 mg/ml, 200 ml (saline)	ml		
		2 mg/ml, 100 ml (dextrose)	ml		
		2 mg/ml, 200 ml (dextrose)	ml		
Tablets		50 mg	ea		
		100 mg	ea		
		150 mg	ea		
		200 mg	ea		
Suspension		10 mg/ml	ml		
		40 mg/ml	ml		
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	ml		
	Vaginal tablets	15's	ea		
30's		ea			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Fungals					
(continued)	Cream	100,000 units/gm, 15 gm	gm		
		100,000 units/gm, 30 gm	gm		
		100,000 units/gm, 15 gm	gm		
100,000 units/gm, 30 gm		gm			
100,000 units/gm, 240 gm		gm			
Ointment			gm		
Topical Powder		gm			
Nystatin/Triamcinolone	Cream		gm		
Posaconazole	Suspension *	200 mg/5 ml	ml	AL	* Restricted to members that are age 21 and younger.
	Delayed-Release Tablets	100 mg	ea		
Terbinafine HCL	Tablets	250 mg	ea		
Voriconazole	Suspension *	40 mg/ml	ml	AL	* Restricted to members that are age 21 and younger.
	Tablets	50 mg 200 mg	ea ea		

Anti-Infectives: Anti-Malarials

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Malarials					
Chloroquine *	Tablets	250 mg	ea	QL	* Restricted to 60 tablets per dispensing.
Hydroxychloroquine	Tablets	200 mg	ea		
Mefloquine HCL	Tablets	250 mg	ea		
Primaquine	Tablets	26.3 mg	ea		
Pyrimethamine	Tablets	25 mg	ea		

Anti-Infectives: Anti-Protozoal

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Protozoal					
Atovaquone	Tablets	250 mg	ea		
	Oral Suspension	750 mg/ 5 ml	ml		
Atovaquone-Proguanil HCL	Tablets	62.5 mg-25 mg 250 mg-100 mg	ea ea		
Nitazoxanide	Suspension	100 mg/ 5 ml	ml		
Pentamidine	Powder for injection	300 mg/vial	ea		
	Powder for aerosolized administration	300 mg/vial			

Anti-Infectives: Anti-Tuberculars

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Tuberculars					
Azithromycin	Refer to: Antibiotics				
Clarithromycin	Refer to: Antibiotics				
Cycloserine	Capsules	250 mg	ea		
Ethambutol	Tablets	100 mg 400 mg	ea ea		
Ethionamide	Tablets	250 mg	ea		
Isoniazid	Injection	100 mg/ml 50 mg	ml ea		
	Tablets	100 mg 300 mg	ea ea		
	Liquid	50 mg/5 ml	ml		
Pyrazinamide	Tablets or capsules	500 mg	ea		
Rifabutin	Capsules	150 mg	ea		
Rifampin	Capsules	150 mg 300 mg	ea ea		
	Vial	600 mg	ea		
Rifampin and Isoniazid	Capsules	300 mg/150 mg	ea		
Rifampin, Isoniazid and Pyrazinamide	Tablets	120 mg/50 mg/ 300 mg	ea		
Rifapentine	Tablets	150 mg	ea		

Anti-Infectives: Anti-Virals

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Abacavir Sulfate	Tablets	300 mg	ea		
	Liquid	20 mg/ml	ml		
Abacavir Sulfate and Lamivudine	Tablets	600 mg/300 mg	ea		
Abacavir Sulfate/ Dolutegravir/ Lamivudine *	Tablets	600 mg/50 mg/ 300 mg	ea	LR	* 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		
Acyclovir	Capsules	200 mg	ea		
		400 mg	ea		
		800 mg	ea		
	Tablets				
Oral Suspension	200 mg/5 ml	ml			
Ointment	5 %	gm			
Amantadine HCL	Refer to: Anti-Parkinsonism		ml		
Atazanavir/Cobicistat *	Tablets	300 mg/150 mg	ea	LR	* Restricted to NDC labeler code 00003 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Atazanavir Sulfate	Capsules	100 mg 150 mg 200 mg 300 mg	ea ea ea ea		
	Oral Powder	50 mg/packet	ea		
Baloxavir Marboxil *	Tablets	40 mg 80 mg	ea ea	AL, LR	* Restricted to NDC labeler code 50242 and to use in members less than 5 years of age requires prior authorization approval.
Bictegravir/Emtricitabine/ Tenofovir Alafenamide *	Tablets	30 mg/120 mg/ 15 mg 50 mg/200 mg/ 25 mg	ea ea	LR	* Restricted to NDC labeler code 61958 only.
Cabotegravir	Extended-release intramuscular injection kit	600 mg/3 ml	ml		
Cabotegravir/Rilpivirine *	Injection Kit	400 mg/600 mg 600 mg/900 mg	ea ea	LR	* Restricted to NDC labeler code 49702.
Elbasvir/Grazoprevir *	Tablets	50 mg/100 mg	ea	QL	* Restricted to a maximum quantity of 28 tablets per dispensing.
Emtricitabine and Tenofovir Disoproxil Fumarate	Tablets	100 mg/150 mg 133 mg/200 mg 167 mg/250 mg 200 mg/300 mg	ea ea ea ea		
Enfuvirtide *	Vial	90 mg	ea	LR	* Restricted to NDC labeler code 00004.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Cidofovir	Injection	75 mg/ml	ml		
Cobicistat *	Tablets	150 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Cobicistat/Darunavir *	Tablets	150 mg/800 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
Darunavir *	Tablets	75 mg 150 mg 600 mg 800 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 59676 only.
	Oral Suspension	100 mg/ml	ml		
Darunavir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide *	Tablets	800 mg/150 mg/ 200 mg/10 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
Dolutegravir	Tablets	10 mg 25 mg 50 mg *	ea ea ea	LR	* Restricted to NDC labeler code 49702 only.
	Tablets for Oral Suspension *	5 mg	ea		
Dolutegravir/Lamivudine *	Tablets	50 mg/300 mg	ea	LR	* Restricted to NDC labeler code 49702 only.
Dolutegravir/Rilpivirine *	Tablets	50 mg/25 mg	ea	LR	* Restricted to NDC labeler code 49702 only.
Doravirine *	Tablets	100 mg	ea	LR	* Restricted to NDC labeler code 00006 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Doravirine/Lamivudine/ Tenofovir Disoproxil Fumarate *	Tablets	100 mg/300 mg/ 300 mg	ea	LR	* Restricted to NDC labeler code 00006 only.
Efavirenz	Capsules	50 mg 200 mg	ea ea		
	Tablets	600 mg	ea		
Efavirenz, Emtricitabine and Tenofovir Disoproxil Fumarate	Tablets	600 mg/200 mg/ 300 mg	ea		
Efavirenz/Lamivudine Tenofovir Disoproxil Fumarate	Tablets	400 mg/300 mg/ 300 mg	ea		
		600 mg/300 mg/ 300 mg	ea		
Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide *	Tablets	150 mg/150 mg/ 200 mg/10 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir Disoproxil Fumarate *	Tablets	150 mg/150 mg/ 200 mg/300 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Emtricitabine *	Capsules	200 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
	Oral solution	10 mg/ml	ml		
Emtricitabine/Rilpivirine/ Tenofovir Alafenamide *	Tablets	200 mg/25 mg/ 25 mg	ea	LR	* Restricted to NDC labeler code 61958 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Emtricitabine/Rilpivirine/ Tenofovir Disoproxil Fumarate *	Tablets	200 mg/25 mg/ 300 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Emtricitabine/Tenofovir Alafenamide *	Tablets	120 mg/15 mg 200 mg/25 mg	ea ea	LR	* Restricted to NDC labeler code 61958.
Entecavir	Tablets	0.5 mg 1.0 mg	ea ea		
	Liquid	0.05 mg/ml	ml		
Etravirine *	Tablets	25 mg 100 mg 200 mg	ea ea ea	LR	* Restricted to NDC labeler code 59676 only.
Famciclovir	Tablets	125 mg 250 mg 500 mg	ea ea ea		
Fosamprenavir Calcium	Tablets	700 mg	ea		
	Oral suspension	50 mg/ml	ml		
Foscarnet Sodium Calcium	Injection	24 mg/ml, 250 ml 24 mg/ml, 500 ml	ml ml		
Fostemsavir *	Extended -Release Tablets	600 mg	ea	LR	* Restricted to NDC labeler code 49702 only.
Ganciclovir Sodium	Powder for injection	500 mg/vial	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Glecaprevir/Pibrentasvir	Tablets (dose-pack) *	100 mg/40 mg	ea	LR, QL	* Restricted to a maximum quantity of 84 tablets per dispensing. Also restricted to NDC labeler code 00074. Note: "ea" means tablets.
	Pellet Packet *	50 mg/20 mg	ea	LR, QL	* Restricted to a maximum quantity of 140 pellet packets per dispensing. Also restricted to NDC labeler code 00074.
Ibalizumab-Uiyk	Injection	200 mg/1.33 ml	ml		
Lamivudine	Oral solution	10 mg/ml	ml		
	Tablets	100 mg 150 mg 300 mg	ea ea ea		
Lamivudine and Zidovudine	Tablets	150 mg/300 mg	ea		
Lamivudine/Tenofovir Disoproxil Fumarate *	Tablets	300 mg/300 mg	ea	LR	* Restricted to NDC labeler code 49502 only.
Ledipasvir/ Sofosbuvir *	Pellet packets	33.75 mg/150 mg 45 mg/200 mg	ea ea	QL	* Restricted to a maximum quantity of 28 tablets or packets per dispensing.
	Tablets	45 mg/200 mg 90 mg/400 mg	ea ea		
Lenacapavir Sodium *	Tablets	300 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
	Injection	463.5 mg/1.5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Lopinavir and Ritonavir *	Oral solution	400 mg-100 mg/ 5 ml	ml	LR	* Restricted to NDC labeler code 00074 only.
	Tablets	200 mg-50 mg 100 mg-25 mg	ea ea		
Maraviroc	Tablets	25 mg 75 mg 150 mg * 300 mg *	ea ea ea ea	LR	* Restricted to NDC labeler code 49702 only.
	Oral solution *	20 mg/ml	ml		
Molnupiravir *	Capsules	200 mg	ea	QL	* Restricted to a maximum quantity of 40 capsules per dispensing.
Nelfinavir Mesylate	Tablets	250 mg 625 mg	ea ea		
	Oral powder	50 mg/gm	gm		
Nevirapine	Tablets	200 mg	ea		
	Tablets, extended release	100 mg 400 mg	ea ea		
	Liquid	50 mg/5 ml	ml		
Nirmatrelvir/ Ritonavir *	Tablets	150 mg/100 mg	ea	QL	* Restricted to a maximum quantity of 30 tablets per dispensing.
Oseltamivir Phosphate	Capsules	30 mg 45 mg 75 mg	ea		
	Oral suspension	6 mg/ml, 60ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Peginterferon Alfa-2A	Syringes, package of four, without alcohol pads *	180 mcg/0.5 ml	ml	QL	* 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.
	Injection	180 mcg/ml	ml		
Raltegravir *	Tablets	400 mg 600 mg	ea ea	LR	* Restricted to NDC labeler code 00006 only.
	Chewable tablets	25 mg 100 mg	ea ea		
	Oral Suspension packets	100 mg	ea		
Ribavirin	Capsules	200 mg	ea		
	Tablets	200 mg	ea		
Rilpivirine *	Tablets	25 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
Ritonavir *	Tablets	100 mg	ea	LR	* Restricted to NDC labeler code 00074 only.
	Oral powder packets	100 mg	ea		
Sofosbuvir *	Pellet packets	150 mg 200 mg	ea ea	QL	* Restricted to a maximum quantity of 28 tablets or packets per dispensing.
	Tablets	200 mg 400 mg	ea ea		
Sofosbuvir/Velpatasvir *	Tablets	200 mg/ 50 mg 400 mg/100 mg	ea ea	QL	* Restricted to a maximum quantity of 28 tablets or pellet packets per dispensing.
	Pellet packets	150 mg/37.5 mg 200 mg/50 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Stavudine	Capsules	15 mg 20 mg 30 mg 40 mg	ea ea ea ea		
	Powder for oral solution	1 mg/ml	ml		
Tenofovir Alafenamide	Tablets	25 mg	ea		
Tenofovir Disoproxil Fumarate *	Tablets	150 mg 200 mg 250 mg 300 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 61958 only (except for the 300 mg tablet).
	Oral Powder	40 mg/1 gm oral powder	gm		
Tipranavir *	Capsules	250 mg	ea	LR	* Restricted to NDC code 00597 only.
Valacyclovir HCL	Tablets	500 mg 1 gm	ea ea		
Valganciclovir HCL	Oral Solution	50 mg/ml	ml		
	Tablets	450 mg	ea		
Zanamivir	Powder for inhalation	5 mg/inhalation	ea		Note: "each" means one blister of drug.
Zidovudine	Tablets	300 mg	ea		
	Capsules *	100 mg	ea	LR	* Restricted to NDC labeler codes 00173 and 49702 for capsules, liquid, and injection only.
	Liquid *	50 mg/5 ml	ml		
	Injection *	10 mg/ ml	ml		

Anti-Infectives: Irrigating Solutions

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
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: Polymyxin

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Polymyxin					
Colistimethate	Vial	150 mg	ea		

Anti-Infectives: Sulfonamides

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Sulfonamides					
Dapsone	Tablets	25 mg	ea		
		100 mg	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		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Sulfonamides					
(continued)	Suspension	40/200 mg per 5 ml 800/160 mg per 20 ml	ml		
	Injection		ml		

Anti-Infectives: Trichomonacide

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Trichomonacide					
Metronidazole	Refer to: Antibiotics or Vaginal Preparations				

Anti-Infectives: Urinary Tract Anti-Infectives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Urinary Tract Anti-Infectives					
Methenamine Hippurate	Tablets	1 gm	ea		
Methenamine Mandelate	Tablets	0.5 gm 1.0 gm	ea ea		
	Liquid	500 mg/5ml	ml		
Nitrofurantoin	Capsules (macrocrystals only)	25 mg 50 mg 100 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Urinary Tract Anti-Infectives					
(continued)	Capsules (monohydrate/ macrocrystals)	100 mg	ea		
	Tablets	50 mg 100 mg	ea ea		
	Liquid	5 mg/ml	ml		
Trimethoprim	Tablets	100 mg 200 mg	ea ea		
	Solution	50 mg/5 ml	ml		
Trimethoprim and Sulfamethoxazole	Tablets	80/400 mg	ea		
	Double strength tablets	160/800 mg	ea		
	Suspension	40/200 mg per 5 ml	ml		
	Injection		ml		

Anti-Lipidemic Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Lipidemic Agents					
Atorvastatin Calcium	Tablets	10 mg	ea		
		20 mg	ea		
		40 mg	ea		
		80 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Lipidemic Agents					
Cholestyramine/ Aspartame (Cholestyramine Light)	Powder	200 – 268 gm	gm		
Cholestyramine with Sugar (Cholestyramine Regular)	Powder	348 – 378 gm	gm		
Colesevelam HCL	Tablets	625 mg	ea		
	Oral suspension	3.75 gm packet	ea		
Colestipol Hydrochloride	Granules (bottle)	500 gm	gm		
	Granules, flavored (bottle)	450 gm	gm		
	Tablets	1 gm	ea		
Evolocumab *	Single-dose prefilled syringe	140 mg/ml	ml	LR, QL	* Restricted to 1) Use in patients aged 10 years and older to reduce low-density lipoprotein cholesterol (LDL-C); and 2) Maximum quantity of 2 prefilled syringes or 1 Kit (2 SureClick® prefilled autoinjectors) per dispensing and one dispensing every 28 days. Also restricted to NDC labeler code 72511 only.
	Single-dose prefilled SureClick autoinjector	140 mg/ml	ml		
Ezetimibe	Tablets	10 mg	ea		
Ezetimibe/ Simvastatin	Tablets	10 mg/10 mg 10 mg/20 mg 10 mg/40 mg 10 mg/80 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Lipidemic Agents					
Fenofibrate	Tablets	48 mg 54 mg 145 mg 160 mg	ea ea ea ea		
Fenofibrate, Micronized	Capsules	43 mg 67 mg 130 mg 134 mg 200 mg	ea ea ea ea ea		
Fenofibric Acid	Delayed-release capsules	45 mg 135 mg	ea ea		
Gemfibrozil	Tablets or capsules	600 mg	ea		
Lovastatin	Tablets	10 mg 20 mg 40 mg	ea ea ea		
Niacin	Tablets, extended release (includes film coated tablets)	500 mg 750 mg 1000 mg	ea ea ea		
Omega-3 Acid Ethyl Esters	Capsules	1 gm	ea		
Pravastatin Sodium	Tablets	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Lipidemic Agents					
Rosuvastatin Calcium	Tablets	5 mg	ea		
		10 mg	ea		
		20 mg	ea		
		40 mg	ea		
Simvastatin	Tablets	5 mg	ea		
		10 mg	ea		
		20 mg	ea		
		40 mg	ea		
		80 mg	ea		

Anti-Neoplastics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Abemaciclib *	Tablets	50 mg	ea	LR	* Restricted to NDC labeler code 00002 only.
		100 mg	ea		
		150 mg	ea		
		200 mg	ea		
Abiraterone Acetate	Tablets	125 mg *	ea	LR	* For 125 mg tablets, restricted to NDC labeler code 47335 only. * For film-coated tablets, restricted to NDC labeler code 57894 only.
	Film-coated Tablets	500 mg *	ea		
Acalabrutinib *	Tablets	100 mg	ea	LR	* Restricted to NDC labeler code 00310 only.
Adagrasib *	Tablets	200 mg	ea	LR	* Restricted to NDC labeler code 80739.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Ado-Trastuzumab Emtansine *	Vial	100 mg 160 mg	ea ea	LR	* Restricted to NDC labeler code 50242 only.
Afatinib *	Tablets	20 mg 30 mg 40 mg	ea ea ea	LR	* Restricted to NDC labeler code 00597 only.
Alectinib *	Capsules	150 mg	ea	LR	* Restricted to NDC labeler code 50242 only.
Alitretinoin *	Gel	0.1 %	gm		* Prior authorization required.
Alpelisib (Piqray) *	Tablets	50 mg 150 mg 200 mg	ea ea ea	LR	* Restricted to NDC labeler code 00078 only.
Altretamine	Capsules	50 mg	ea		
Amivantamab-vmjw *	Vial	350 mg/7 ml	ml	LR	* Restricted to NDC labeler code 57894.
Anastrozole	Tablets	1 mg	ea		
Apalutamide *	Tablets	60 mg 240 mg	ea ea	LR	* Restricted to NDC labeler code 59676 only.
Arsenic Trioxide	Injection	12 mg/6 ml	ml		
Asciminib Hydrochloride *	Film-coated tablets	20 mg 40 mg 100 mg	ea ea ea	LR	* Restricted to NDC labeler code 00078 only.
Asparaginase Erwinia Chrysanthemi (Recombinant-Rywn) *	Vial	10 mg/0.5 ml	ea		* Prior authorization required.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Atezolizumab *	Injection	1200 mg/20 ml 840 mg/14 ml	ml ml	LR	* Restricted to NDC labeler code 50242 only.
Atezolizumab Hyaluronidase-tqjs *	Injection	1875 mg-30000 units/15 ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Avapritinib *	Tablets	25 mg 50 mg 100 mg 200 mg 300 mg	ea ea ea ea ea	LR	* Restricted to NDC labeler code 72064 only.
Avelumab *	Injection	200 mg/10 ml	ml	LR	* Restricted to NDC labeler code 44087 only.
Axitinib *	Tablets	1 mg 5 mg	ea ea	LR	* Restricted to NDC labeler code 00069 only.
Belzutifan *	Tablets	40 mg	ea	LR	* Restricted to NDC labeler code 00006 only.
Bendamustine HCL *	Powder for Injection	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler code 63459 only.
	Injection	100 mg/4 ml	ml		
Bevacizumab *	Vial	25 mg/ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Bicalutamide	Tablets	50 mg	ea		
Binimetinib *	Tablets	15 mg	ea	LR	* Restricted to NDC labeler code 70255 only.
Bleomycin Sulfate	Injections	15 Units/Ampule	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Blinatumomab *	Injection kit	35 mcg	ea	LR	* Restricted to NDC labeler code 55513 only.
Bortezomib	Powder for Injection	3.5 mg/vial	ea		
Bosutinib *	Tablets	100 mg 400 mg 500 mg	ea ea ea	LR	* Restricted to NDC labeler code 00069 only.
	Capsules	50 mg 100 mg	ea ea		
Brigatinib *	Tablets	30 mg 90 mg 180 mg	ea ea ea	LR	* Restricted to NDC labeler code 63020 only. Note: "ea" means total number of tablets.
	Tablets (starter pack)	90 mg/180 mg (7x90 mg/bottle and 23x180 mg/ bottle)	ea		
Busulfan	Tablets *	2 mg	ea		* Prior authorization required.
	Injection	6 mg/ml	ml		
Cabazitaxel *	Kit for Injection	60 mg/1.5 ml	ea	LR	* Restricted to NDC labeler code 00024 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Cabozantinib S-Malate *	Capsules	60 mg daily-dose carton (84x20 mg) 100mg daily-dose carton (28x80 mg and 28x20 mg) 140mg daily-dose carton (28x80 mg and 84x20 mg)	ea ea ea	LR	* Restricted to NDC labeler code 42388 only. Note: "ea" means tablet or capsule.
	Tablets	20 mg 40 mg 60 mg	ea ea ea		
Calaspargase pegol-mknl *	Injection	3750 units/5 ml	ml		* Prior authorization required.
Capecitabine	Tablets	150 mg 500 mg	ea ea		
Capivasertib *	Tablets	160 mg 200 mg	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Capmatinib *	Tablets	150 mg 200 mg	ea ea	LR	* Restricted to NDC labeler code 00078 only.
Carboplatin	Injection	10 mg/ml	ml		
	Powder for Injection	50 mg/vial 150 mg/vial 450 mg/vial	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Carfilzomib *	Injection	10 mg 30 mg 60 mg	ea ea ea	LR	* Restricted to NDC labeler code 76075 only.
Carmustine	Powder for Injection	50 mg/vial 100 mg/vial 300 mg/ vial	ea ea ea		
Cemiplimab-Rwlc *	Injection	350 mg/7 ml	ml	LR	* Restricted to NDC labeler code 61755 only.
Ceritinib *	Tablets	150 mg	ea	LR	* Restricted to NDC labeler code 00078 only.
Cetuximab	Injection	100 mg/50 ml 200 mg/100 ml	ml ml		
Chlorambucil *	Tablets	2 mg	ea		* Prior authorization required.
Cisplatin	Powder for Injection	10 mg/vial 50 mg/vial	ea ea		
	Injection	1.0 mg/ml	ml		
Cladribine	Injection	1 mg/ml	ml		
Cobimetinib *	Tablets	20 mg	ea	LR	* Restricted to NDC labeler code 50242 only.
Crizotinib *	Capsules	200 mg 250 mg	ea ea	LR	* Restricted to NDC labeler code 00069 only.
	Pellets in Capsules	20 mg 50 mg 150 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Cyclophosphamide	Solution for Injection	200 mg/ml vial	ml		
	Tablets/Capsules	25 mg	ea		
		50 mg	ea		
	Powder for Injection	500 mg/vial	ea		
1000 mg/vial 2000 mg/vial		ea ea			
Vials	500 mg/ml	ml			
	1 g/2 ml	ml			
	2 g/4 ml	ml			
Cytarabine	Powder for Injection	20 mg/ml vial	ml		
		100 mg/5 ml vial	ml		
		2 gm/20 ml vial	ml		
Dabrafenib	Capsules *	50 mg 75 mg	ea ea	LR	* Restricted to NDC labeler code 00078 or 00173 for the capsules only.
	Tablets for Oral Suspension *	10 mg	ea		* Restricted to NDC labeler code 00078 for the tablets for oral suspension only.
Dacarbazine	Powder for Injection	100 mg/vial	ea		
		200 mg/vial	ea		
		500 mg/vial	ea		
Dacomitinib *	Tablets	15 mg	ea	LR	* Restricted to NDC labeler code 00069 only.
		30 mg	ea		
		45 mg	ea		
Daratumumab *	Injection	100 mg/5 ml	ml	LR	* Restricted to NDC labeler code 57894 only.
		400 mg/20 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Daratumumab and Hyaluronidase-Fihj *	Injection	1800 mg/30,000 units/15 ml	ml	LR	* Restricted to NDC labeler code 57894 only.
Darolutamide *	Tablets	300 mg	ea	LR	* Restricted to NDC labeler code 50419 only.
Dasatinib *	Tablets	20 mg 50 mg 70 mg 80 mg 100 mg 140 mg	ea ea ea ea ea ea	LR	* Restricted to NDC labeler code 00003 only.
Daunorubicin Citrate Liposome	Injection		ml		
Daunorubicin HCL	Injection		ml		
	Powder for Injection		ea		
Decitabine	Injection	50 mg/vial	ea		
Degarelix *	Powder for Injection	80 mg/vial/kit 120 mg/vial/kit	ea ea	LR	* Restricted to NDC labeler code 55566 only.
Docetaxel	Injection, concentrate	20 mg/0.5 ml 80 mg/2 ml 20 mg/ml 80 mg/4 ml	ml ml ml ml		
Dostarlimab-gxly *	Injection	500 mg/10 ml	ml	LR	* Restricted to NDC labeler code 00173 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Doxorubicin HCL	Injection		ml		
	Powder for Injection		ea		
Doxorubicin HCL Liposome	Injection	20 mg/10 ml 50 mg/25 ml	ml ml		
Durvalumab *	Injection	500 mg/10 ml 120 mg/2.4 ml	ml ml	LR	* Restricted to NDC labeler code 00310 only.
Duvelisib *	Capsules	15 mg 25 mg	ea ea	LR	* Restricted to NDC labeler code 73116 only.
Eflornithine *	Tablets	192 mg	ea		* Prior authorization required.
Elacestrant *	Tablets	86 mg 345 mg	ea ea		* Prior authorization required.
Elotuzumab *	Powder for injection	300 mg 400 mg	ea	LR	* Restricted to NDC labeler code 00003 only.
Elranatamab-bcmm *	Injection	44 mg/1.1 ml 76 mg/1.9 ml	ml ml	LR	* Restricted to NDC labeler code 00069 only.
Encorafenib *	Capsules	75 mg	ea	LR	* Restricted to NDC labeler code 70255 only.
Entrectinib *	Capsules	100 mg 200 mg	ea ea	LR	* Restricted to NDC labeler code 50242 only.
	Oral Pellets	50 mg	ea		
Enzalutamide *	Capsules	40 mg	ea	LR	* Restricted to NDC labeler code 00469 only.
	Tablets	40 mg 80 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Epcoritamab-bysp *	Injection	4 mg/0.8 ml 48 mg/0.8 ml	ml ml	LR	* Restricted to NDC labeler code 82705 only.
Epirubicin HCL	Injection	2 mg/ml	ml		
Erdafitinib *	Tablets	3 mg 4 mg 5 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
Eribulin Mesylate	Injection	0.5 mg/ml	ml		
Erlotinib	Tablets	25 mg 100 mg 150 mg	ea ea ea		
Estradiol	Refer to: Estrogens & Combinations				
Estramustine Phosphate	Capsules	140 mg	ea		
Etoposide	Injection		ml		
	Capsules		ea		
Etoposide Phosphate	Powder for injection		ea		
Everolimus *	Tablets	2.5 mg 5 mg 7.5 mg 10 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00078 only.
	Tablets for oral suspension	2 mg 3 mg 5 mg	ea ea ea		
Exemestane	Tablets	25 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Fam-Trastuzumab Deruxtecan-Nxki *	Powder for injection	100 mg	ea	LR	* Restricted to NDC labeler code 65597 only.
Floxuridine	Powder for injection	500 mg/vial			
Fludarabine Phosphate	Powder for injection	50 mg/vial	ea		
	Tablets	10 mg	ea		
Fluorouracil	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 %		gm		
		5 %	gm		
Flutamide	Capsules	125 mg	ea		
Fruquintinib *	Capsules	1 mg	ea		* Prior authorization required.
		5 mg	ea		
Fulvestrant	Injection	250 mg/5 ml	ml		
Futibatinib *	Tablets	21 x 4 mg	ea		* Prior authorization required.
		28 x 4 mg	ea		
		35 x 4 mg	ea		
Gefitinib *	Tablets	250 mg	ea	LR	* Restricted to NDC labeler code 00310 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Gemcitabine HCL	Powder for Injection	200 mg/vial 1 gm/vial	ea		
Gilteritinib *	Tablets	40 mg	ea	LR	* Restricted to NDC labeler code 00469 only.
Glasdegib *	Tablets	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler code 00069 only.
Glofitamab-gxbm *	Injection	2.5 mg/2.5 ml	ml	LR	* Restricted to NDC labeler code 50242 only.
	Single Dose Vials	10 mg/10 ml	ml		
Hydroxyurea	Capsules	200 mg 300 mg 400 mg 500 mg	ea ea ea ea		
	Tablets *	100 mg 1000 mg	ea ea	AL, LR	* Restricted to patients 2-17 years of age with sickle cell anemia for the tablets only. Also restricted to NDC labeler code 71770 only for tablets.
Ibrutinib *	Capsules	70 mg 140 mg	ea ea	LR	* Restricted to NDC labeler code 57962 only.
	Tablets	140 mg 280 mg 420 mg	ea ea ea		
	Suspension	70 mg/ml	ml		
Idelalisib *	Tablets	100 mg 150 mg	ea ea	LR	* Restricted to NDC labeler code 61958 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Ifosfamide	Powder for Injection	1 gm/vial 3 gm/vial	ea		
Ifosfamide with Mesna	Combo pack injection		each pack- age		
Imatinib Mesylate	Tablets	100 mg 400 mg	ea		
Imetelstat *	Powder for Injection	47 mg 188 mg	ea ea		* Prior authorization required.
Imiquimod	Cream pack	5 %	ea		
Infigratinib *	Capsule 21-Day Dose Pack (25 mg & 100 mg capsules)	50 mg 75 mg 100 mg 100 mg/25 mg	ea ea ea ea		* Prior authorization required.
Inotuzumab Ozogamcin *	Injection	0.9 mg/vial	ea	LR	* Restricted to NDC labeler code 00008 only.
Interferon Alfa-2a	Injection		ml		
	Injection, prefilled syringe		ea		
	Powder for injection		ea		
Ipilimumab *	Injection	50 mg/10 ml 200 mg/40 ml	ml ml	LR	* Restricted to NDC labeler code 00003 only.
Irinotecan HCL	Injection		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Irinotecan Liposome *	Injection	43 mg/10 ml	ml	LR	* Restricted to NDC labeler code 15054 only.
Isatuximab-Irfc *	Injection	100 mg/ 5 ml 500 mg/25 ml	ml ml	LR	* Restricted to NDC labeler code 00024 only.
Ivosidenib *	Tablets	250 mg	ea		* Prior authorization required.
Ixabepilone	Injection kit	15 mg 45 mg	ea ea		
Ixazomib	Capsules	2.3 mg 3 mg 4 mg	ea ea ea		
Lanreotide Acetate *	Injection	60 mg/0.2 ml 90 mg/0.3 ml 120 mg/0.5 ml	ml ml ml	LR	* Restricted to NDC labeler code 15054 only.
Lapatinib *	Tablets	250 mg	ea	LR	* Restricted to NDC labeler code 00078 or 00173 only.
Larotrectinib *	Capsules	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler codes 71777 and 50419 only.
	Oral solution	20 mg/ml	ml		
Lazertinib *	Tablets	80 mg 240 mg	ea ea	LR	* Restricted to NDC labeler code 57894 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Lenvatinib *	Capsules	4 mg/day 8 mg/day 10 mg/day 12 mg/day 14 mg/day 18 mg/day 20 mg/day 24 mg/day	ea ea ea ea ea ea ea ea	LR	* Restricted to NDC labeler code 62856 only. Note: "each" means capsule
Letrozole	Tablets	2.5 mg	ea		
Leuprolide Acetate *	Injection, prefilled dual chamber syringe	7.5 mg 22.5 mg 30 mg 45 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00074.
	Syringe Kit (Eligard®)	7.5 mg 22.5 mg 30 mg 45 mg	ea ea ea ea		* Restricted to NDC labeler code 62935.
Leuprolide Mesylate *	Syringe	42 mg	ea	LR	* Restricted to NDC labeler code 69448.
Loncastuximab Tesirine-LPYL *	Injection	10 mg	ea	LR	* Restricted to NDC labeler code 79952 only.
Lorlatinib *	Tablets	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler code 00069 only.
Margetuximab-cmkb *	Vial	250 mg/10 ml	ml	LR	* Restricted to NDC labeler code 74527.
Mechlorethamine HCL	Topical gel	0.016 %	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Medroxyprogesterone Acetate	Refer to: Progestins & Combinations				
Megestrol Acetate	Tablets	20 mg 40 mg	ea ea		
	Suspension	40 mg/ml	ml		
Melphalan	Tablets	2 mg	ea		
Mercaptopurine	Tablets	50 mg	ea		
	Suspension	20 mg/ml	ml		
Methotrexate	Injection	2.5 mg/ml, 2 ml 25 mg/ml, 2 ml 2.5mg/ml, 4 ml 25 mg/ml, 8 ml 25 mg/ml, 10 ml	ml		
	Tablets	2.5 mg 5 mg * 7.5 mg * 10 mg * 15 mg *	ea ea ea ea ea	LR	* The 5 mg, 7.5 mg, 10 mg, and 15 mg tablets are restricted to claims submitted with a date of service on or after July 1, 2016, and to NDC labeler code 51285 only.
	Oral solution	2 mg/ml * 2.5 mg/ml *	ml ml	LR	* The 2 mg/ml oral solution is restricted to NDC labeler code 81927 only. * The 2.5 mg/ml oral solution is restricted to NDC labeler code 52652 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
(continued)	Powder for injection	20 mg/vial 50 mg/vial 100 mg/vial 250 mg/vial	ea ea ea ea		
	Single Dose Autoinjector *	7.5 mg/0.15 ml 10 mg/0.2 ml 12.5 mg/0.25 ml 15 mg/0.3 ml 17.5 mg/0.35 ml 20 mg/0.4 ml 22.5 mg/0.45 ml 25 mg/0.5 ml 27.5 mg/0.55 ml 30 mg/0.6 ml	ml ml ml ml ml ml ml ml ml ml		* Restricted to NDC labeler code 59137 for single dose autoinjector only.
Midostaurin *	Capsules	25 mg	ea	LR	* Restricted to NDC labeler code 00078 only. Note: "each" means number of capsules per carton of either 56 or 112.
Mirvetuximab soravtansine-gynx *	Injection	100 mg/20 ml	ml		* Prior authorization required.
Mitomycin	Powder for injection	5 mg/vial 20 mg/vial 40 mg/vial	ea ea ea		
	Single-dose carton *	(40 mg x 2)	ea	LR	* Lyophilized powder pyelocalyceal solution. Restricted to NDC labeler code 72493 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Mitotane *	Tablets	500 mg	ea	LR	* Restricted to NDC labeler code 76336.
Mitoxantrone	Injection	2 mg/ml, 10 ml 2 mg/ml, 12.5 ml 2 mg/ml, 15 ml	ml ml ml		
Momelotinib *	Tablets	100 mg 150 mg 200 mg	ea ea ea	LR	* Restricted to NDC labeler code 81864.
Mosunetuzumab-axgb *	Single dose vial	1 mg/ml 30 mg/30 ml	ml ml	LR	* Restricted to NDC labeler code 50242 only.
Necitumumab *	Injection	800 mg/50 ml	ml	LR	* Restricted to NDC labeler code 00002 only.
Nelarabine *	Injection	5 mg/ml	ml	LR	* Restricted to NDC labeler code 00078 only.
Nilotinib *	Capsules	50 mg 150 mg 200 mg	ea ea ea	LR	* Restricted to NDC labeler code 00078 only.
Nilutamide	Tablets	150 mg	ea		
Niraparib	Tablets *	100 mg 200 mg 300 mg	ea ea ea	LR	* Tablets restricted to NDC labeler code 00173 only.
Niraparib and Abiraterone Acetate *	Tablets	50 mg/500 mg 100 mg/500 mg	ea ea	LR	* Restricted to NDC labeler code 57894.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Nivolumab *	Injection	40 mg/4 ml 100 mg/10 ml 240 mg/24 ml	ml ml ml	LR	* Restricted to NDC labeler code 00003 only.
	Vial	120 mg/12 ml	ml		
Nivolumab, Relatlimab *	Vial	240 mg-80 mg/ 20 ml	ml	LR	* Restricted to NDC labeler code 00003 only.
Nogapendekin Alfa Inbakicept-pmln *	Injection	400 mcg/0.4 ml	ml		* Prior authorization required.
Obinutuzumab *	Injection	25 mg/ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Ofatumumab *	Injection	100 mg/5 ml 1000 mg/50 ml	ml	LR	* Restricted to NDC labeler code 00078 or 00173 only.
Olaparib *	Tablets	100 mg 150 mg	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Olutasidenib *	Capsules	150 mg	ea	LR	* Restricted to NDC labeler code 71332.
Osimertinib *	Tablets	40 mg 80 mg	ea	LR	* Restricted to NDC labeler code 00310 only.
Oxaliplatin	Injection	5 mg/ml	ml		
Paclitaxel, Semi-Synthetic	Injection		ml		
Palbociclib *	Capsules and tablets	75 mg 100 mg 125 mg	ea	LR	* Restricted to NDC labeler code 00069 only.
Panitumumab *	Injection	100 mg/5 ml 400 mg/20 ml	ml ml	LR	* Restricted to NDC labeler code 55513 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Pazopanib Hydrochloride *	Tablets	200 mg	ea	LR	* Restricted to NDC labeler code 00078.
Pegaspargase *	Injection	750 units/ml	ml		* Prior authorization required.
Pembrolizumab *	Solution for injection	100 mg/4 ml	ml	LR	* Restricted to NDC labeler code 00006 only.
Pemetrexed disodium *	Powder for injection	100 mg/vial 500 mg/vial	ea	LR	* Restricted to NDC labeler code 00002 only.
Pentostatin	Powder for injection	10 mg/vial	ea		
Pertuzumab *	Injection	420 mg/14 ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Pertuzumab, Trastuzumab, and Hyaluronidase-Zzxf *	Subcutaneous Injection	600 mg/600 mg/ 20,000 units/10ml 1200 mg/600 mg/ 30,000 units/15ml	ml ml	LR	* Restricted to NDC labeler code 50242 only.
Pexidartinib *	Capsules	125 mg	ea	LR	* Restricted to NDC labeler code 65597 only.
Pirtobrutinib *	Tablets	50 mg 100 mg	ea ea	LR	* Restricted to NDC labeler code 00002 only.
Polatuzumab Vedotin- Piiq *	Injection	30 mg 140 mg	ea ea	LR	* Restricted to NDC labeler code 50242 only.
Ponatinib *	Tablets	10 mg 15 mg 30 mg 45 mg	ea	LR	* Restricted to NDC labeler code 63020 only.
Porfimer Sodium *	Powder for injection		ea		* Prior authorization required.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Pralsetinib *	Capsules	100 mg	ea	LR	* Restricted to NDC labeler codes 50242 and 71332 only.
Procarbazine	Capsules	50 mg	ea		
Quizartinib *	Tablets	17.7 mg 26.5 mg	ea ea	LR	* Restricted to NDC labeler code 65597 only.
Ramucirumab *	Injection	100 mg/10 ml 500 mg/50 ml	ml ml	LR	* Restricted to NDC labeler code 00002 only.
Regorafenib *	Tablets	40 mg	ea	LR	* Restricted to NDC labeler code 50419 only.
Relugolix	Tablets	120 mg	ea		
Repotrectinib *	Capsules	40 mg	ea	LR	* Restricted to NDC labeler code 00003 only.
Retifanlimab-DLWR *	Injection	500 mg/20 ml	ml		* Prior authorization required.
Ribociclib *	Tablets	600 mg daily dose (3 x 21 tablet blister packs) 400 mg daily dose (3 x 14 tablet blister packs) 200 mg daily dose (1 x 21 tablet blister packs)	ea ea ea	LR	* Restricted to NDC labeler code 00078 only. Note: "each" means number of tablets per box of either 63, 42, or 21.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Ribociclib and Letrozole *	Tablets	600 mg daily dose (3x21 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	ea	LR	* Restricted to NDC labeler code 00078 only. Note: "each" means total number of tablets carton of either 91, 70, or 49.
		400 mg daily dose (3 x 14 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	ea		
		200 mg daily dose (1x21 tablet blister packs) and 2,5 mg (bottle of 28 tablets)	ea		
Ripretinib *	Tablets	50 mg	ea	LR	* Restricted to NDC labeler code 73207 only.
Rituximab *	Injection	10 mg/ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Rituximab-ABBS *	Injection	100 mg/10 ml 500 mg/50 ml	ea ea	LR	* Restricted to NDC labeler code 63459 only.
Rituximab and Hyaluronidase Human *	Injection	1400 mg/23400 units/11.7 ml 1600 mg/26800 units/13.4 ml	ml ml	LR	* Restricted to NDC labeler code 50242 only.
Ropeginterferon alfa-2b-njft *	Syringe	500 mcg/ml	ml		* Prior authorization required.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Sacituzumab Govitecan-hziy *	Vial	180 mg	ea	LR	* Restricted to NDC labeler code 55135 only.
Selpercatinib *	Capsules	40 mg 80 mg	ea ea	LR	* Restricted to NDC labeler code 00002 only.
	Tablets	40 mg 80 mg 120 mg 160 mg	ea ea ea ea		
Sirolimus protein-bound *	Vial	100 mg	ea	LR	* Restricted to NDC labeler code 80803 only.
Sonidegib *	Capsules	200 mg	ea	LR	* Restricted to NDC labeler codes 00078 and 47335 only.
Sorafenib	Tablets	200 mg	ea		
Sotorasib *	Tablets	120 mg 320 mg	ea ea	LR	* Restricted to NDC labeler code 55513 only
Streptozocin	Powder for injection	1 gm/vial	ea		
Sunitinib Malate *	Capsules	12.5 mg 25 mg 37.5 mg 50 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00069 only.
Tagraxofusp-erzs *	Vial	1000 mcg/1 ml	ml		* Prior authorization required.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Talazoparib *	Capsules	0.1 mg 0.25 mg 0.35 mg 0.5 mg 0.75 mg 1 mg	ea ea ea ea ea ea	LR	* Restricted to NDC labeler code 00069 only.
Talimogene Laherparepvec *	Injection	10 ⁶ (1 million) PFU/ml 10 ⁸ (100 million) PFU/ml	ea ea	LR	* Restricted to NDC labeler code 55513 only.
Talquetamab-tgvs *	Single Dose, Vial	3 mg/1.5 ml 40 mg/ml	ml ml	LR	* Restricted to NDC labeler code 57894 only.
Tamoxifen Citrate	Tablets	10 mg 20 mg	ea ea		
Tarlatamab-dlle *	Lyophilized Powder for Injection	1 mg 10 mg	ea ea	LR	* Restricted to NDC labeler code 55513 only.
Tazemetostat *	Tablets	200 mg	ea	LR	* Restricted to NDC labeler code 72607 only.
Teclistamab-cqyv *	Injection	30 mg/3 ml 153 mg/1.7 ml	ml ml	LR	* Restricted to NDC labeler code 57894 only.
Temozolomide	Capsules	5 mg 20 mg 100 mg 140 mg 180 mg 250 mg	ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
(continued)	Powder for injection	100 mg/vial	ea		
Temsirolimus *	Injection Kit	25 mg/ ml	ml	LR	* Restricted to NDC labeler code 00008 only.
Teniposide	Injection		ml		
Tepotinib *	Tablets	225 mg	ea	LR	* Restricted to NDC labeler code 44087 only.
Testosterone *	Injection in aqueous suspension	25 mg/ ml 50 mg/ ml 100 mg/ ml	ml ml ml		* Testosterone is restricted to the treatment of gender affirming care, primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty, or metastatic mammary cancer. Refer to the Controlled Substance Policy section for drug specific limitations.
	Injection in oil	25 mg/ ml 50 mg/ ml 100 mg/ ml 200 mg/ ml, 1 ml/ vial 200 mg/ ml, 10 ml/ vial	ml ml ml ml ml		
Thioguanine *	Tablets	40 mg	ea		* Prior authorization required.
Thiotepa	Injection	15 mg	ea		
Tislelizumab-jsgr *	Injection	100 mg/10 ml	ml	LR	* Restricted to NDC labeler code 72579 only.
Tisotumab Vedotin-TFTV *	Injection	40 mg	ea		* Prior authorization required.
Tivozanib *	Capsules	0.89 mg 1.34 mg	ea ea	LR	* Restricted to NDC labeler code 45629 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Topotecan HCL	Capsules *	0.25 mg * 1 mg *	ea ea	LR	* Topotecan HCL capsules are restricted to NDC labeler code 00078 only.
	Powder for injection	4 mg/vial	ea		
Toripalimab-tpzi *	Injection	240 mg/6 ml	ml	LR	* Restricted to NDC labeler code 70114 only.
Tovorafenib *	Tablets	100 mg (400 mg/week, 500 mg/week, 600 mg/week blister cards)	ea		* Prior authorization required.
	Powder for oral suspension	300 mg (25 mg/mL reconstituted)	ml		
Trabectedin *	Vial	1 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
Trametinib	Tablets *	0.5 mg 2 mg	ea ea	LR	* Restricted to NDC labeler code 00078 or 00173 for the tablets only.
	Solution, reconstituted *	0.05 mg/ml	ml	LR	* Restricted to NDC labeler code 00078 for the reconstituted solution only.
Trastuzumab *	Powder for injection	150 mg	ea	LR	* Restricted to NDC labeler code 50242 only.
Trastuzumab-pkrb *	Injection	150 mg 420 mg	ea ea	LR	* Restricted to NDC labeler code 63459 only.
Trastuzumab and Hyaluronidase-oysk *	Injection	600 mg/ 10,000 units	ml	LR	* Restricted to NDC labeler code 50242 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Trastuzumab-dttb *	Injection	150 mg 420 mg	ea ea	LR	* Restricted to NDC labeler codes 00006 and 78206 only.
Tremelimumab-actl *	Injection	25 mg/1.25 ml 300 mg/15 ml	ml ml	LR	* Restricted to NDC labeler code 00310 only.
Tretinoin	Capsules		ea		
Triptorelin Pamoate *	Powder for injection	3.75 mg/vial 11.25 mg/vial 22.5 mg/vial	ea ea ea	LR	* Restricted to NDC labeler code 74676 for the powder for injection only.
	Kit	22.5 mg	ea		* Restricted to NDC labeler code 24338 for the kit only. Note: All Triptorelin Pamoate dosage forms should be billed in units of "each" and package quantities of "1."
Vandetanib *	Tablets	100 mg 300 mg	ea ea	LR	* Restricted to NDC labeler codes 00310 and 58468 only.
Vemurafenib *	Film-coated Tablets	240 mg	ml	LR	* Restricted to NDC labeler code 50242 only.
Venetoclax *	Tablets	10 mg 50 mg 100 mg	ea ea ea	LR	* Restricted to NDC labeler code 00074 only
	Tablets, Starting Pack (42 tablets/pack)	14 x 10 mg 7 x 50 mg 21 x 100 mg	ea ea ea		
Vinblastine Sulfate	Injection	1 mg/ml, 10 ml	ml		
	Powder for injection	10 mg/vial	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Vincristine Sulfate	Injection	1 mg/1 ml 2 mg/2 ml	ml ml		
Vinorelbine Tartrate	Vial		ml		
Vismodegib *	Capsules	150 mg	ea	LR	* Restricted to NDC labeler code 50242 only.
Vorasidenib *	Tablets	10 mg 40 mg	ea ea		* Prior authorization required.
Vorinostat *	Capsules	100 mg	ea	LR	* Restricted to NDC labeler code 00006 only.
Zanubrutinib *	Capsules	80 mg	ea	LR	* Restricted to NDC labeler code 72579 only.
Ziv-Aflibercept *	Injection	100 mg/4 ml 200 mg/8 ml	ml ml	LR	* Restricted to NDC labeler code 00024 only.

Anti-Obesity Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Obesity Preparations					
Liraglutide (Saxenda) *	Prefilled Pen	18 mg/3 ml	ml	LR, QL	* Restricted to 1) Chronic weight management; and 2) Maximum quantity of 1 carton (5 prefilled pens) per dispensing and one dispensing every 28 days. Also restricted to NDC labeler code 00169.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Obesity Preparations					
Semaglutide (Wegovy) *	Prefilled Pen	0.25 mg/0.5 ml 0.5 mg/0.5 ml 1 mg/0.5 ml 1.7 mg/0.75 ml 2.4 mg/0.75 ml	ml ml ml ml ml	LR, QL	* Restricted to 1) Chronic weight management; and 2) Maximum quantity of 1 carton (4 single-dose pen-injector) per dispensing and one dispensing every 28 days. Also restricted to NDC labeler code 00169.
Tirzepatide (Zepbound) *	Prefilled Pen	2.5 mg/0.5 ml 5 mg/0.5 ml 7.5 mg/0.5 ml 10 mg/0.5 ml 12.5 mg/0.5 ml 15 mg/0.5 ml	ml ml ml ml ml ml	LR, QL	* Restricted to 1) Chronic weight management; and 2) Maximum quantity of 1 carton (4 single-dose pens) per dispensing and one dispensing every 28 days. Also restricted to NDC labeler code 00002.

Anti-Platelet Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Platelet Agents					
Aspirin/Extended-Release Dipyridamole	Capsules	25 mg/200 mg	ea		

Autonomic Drugs: Anti-Asthmatics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Albuterol Sulfate	Tablets or Capsules	2 mg	ea		
		4 mg	ea		
	Long-acting Tablets	4 mg	ea		
		8 mg	ea		
	Inhaler (powdered aerosol)	90 mcg	ea		
	Inhaler (without chlorofluorocarbons as the propellant)	6.7 gm	gm		
		8.5 gm	gm		
		18 gm	gm		
	Solution for inhalation	0.5%, 20 ml	ml		
2.5 mg/0.5 ml		ml			
Solution for inhalation, premixed	0.083%	ml			
	1.25 mg/3 ml	ml			
	0.63 mg/3 ml	ml			
Syrup	2 mg/5 ml	ml			
Capsules for inhalation with inhalation device	Package containing 96 or 100 Capsules and one inhalation device	each capsule			
Capsules only, for inhalation		ea			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Aminophylline	Injection	250 mg	ml		
		500 mg	ml		
	Suppository	0.25 gm	ea		
		0.5 gm	ea		
Tablets	100 mg	ea			
	200 mg	ea			
Liquid	105 mg/5 ml	ml			
Beclomethasone Dipropionate *	Inhalation Aerosol	40 mcg/actuation, 10.6 gm	gm	LR	* Restricted to NDC labeler code 59310 for the oral inhaler only.
		80 mcg/actuation, 10.6 gm	gm		
Budesonide	Oral Powder for Inhalation *	90 mcg/ Inhalation, 60 Inhalations/ container	ea	LR	* Restricted to brand name Pulmicort with NDC labeler codes 00186 and 61269 for the oral powder for inhalation only. Note: The billing unit for this product is each container.
		180 mcg/ Inhalation, 120 Inhalations/ container	ea		
Suspension for Inhalation		0.25 mg/2 ml ampule	ml		
		0.5 mg/2 ml ampule	ml		
		1.0 mg/2 ml ampule	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Budesonide/ Formoterol Fumarate Dihydrate *	Inhalation Aerosol	80 mcg/4.5 mcg 10.2 gm 160 mcg/4.5 mcg 10.2 gm	gm gm	LR	* Restricted to NDC labeler code 00186 only.
Ciclesonide	Spray Pump	50 mcg	gm		
Cromolyn Sodium	Capsules	20 mg	ea		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations.</i>
	Inhaler	8.1 gm 14.2 gm	gm gm		
	Inhaler device for capsules		ea		
	Nebulizer Solution	2 ml	ml		
	Oral Concentrate	20 mg/ml	ml		
Epinephrine	Auto-injector	0.15 mg/0.3 ml 0.3 mg/0.3 ml	ml ml		
	Injection	1:1000, 1 ml 1:1000, 30 ml	ml ml		
Flunisolide	Inhalation Aerosol (without chlorofluorocarbons as the propellant)	80 mcg/actuation, 8.9 gm	gm		
Fluticasone Furoate	Blisters for inhalation with inhalation device	50 mcg 100 mcg 200 mcg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Fluticasone Propionate	Oral Inhaler, without chlorofluoro-carbons as the propellant	44 mcg/actuation, 10.6 gm	gm		
		110mcg/actuation 12 gm	gm		
220mcg/actuation 12 gm		gm			
	Oral powder for inhalation	50 mcg per inhalation, 60	ea		Note: "each" means one blister of drug.
		100 mcg per inhalation, 60	ea		
		250 mcg per inhalation, 60	ea		
Fluticasone Propionate and Salmeterol *	Oral powder for inhalation	100 mcg/50 mcg per inhalation	60 each	LR	* Fluticasone Propionate and Salmeterol are restricted to NDC labeler code 00173 only. Note: "each" means one blister of drug.
		250 mcg/50 mcg per inhalation	60 each		
		500 mcg/50 mcg per inhalation	60 each		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
(continued)	Oral Inhaler, without chlorofluorocarbons as the propellant	45 mcg/21 mcg per inhalation, 12 gm 115 mcg/21 mcg per inhalation, 12 gm 230 mcg/21 mcg per inhalation, 12 gm	gm gm gm		
Fluticasone/ Vilanterol	Blisters for inhalation with inhalation device	100-25 mcg 200-25 mcg	ea ea		
Glycopyrrolate and Formoterol Fumarate *	Oral Inhaler	9 mcg/4.8 mcg, 10.7 gm	gm	LR	* Restricted to NDC labeler code 00310 only.
Ipratropium Bromide and Albuterol Sulfate	Inhaler *	20 mcg-100 mcg, 4 gm	gm	LR	* Restricted to NDC labeler code 00597 only.
	Solution for inhalation	0.5 mg/3.0 mg, 3 ml	ml		
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 0.63 mg 1.25 mg	ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Levalbuterol Tartrate	Oral Inhaler without Chlorofluorocarbons as the Propellant	15 gm	ea		
Metaproterenol	Inhalant solution	0.6%, 2.5 ml 5%, 10 ml 5%, 30 ml	ml ml ml		
	Tablets	10 mg 20 mg	ea ea		
	Liquid	10 mg/ 5 ml	ml		
Mometasone Furoate	Aerosol inhaler with adapter	50 mcg 100 mcg 200 mcg	gm gm gm		
	Oral powder for inhalation	110 mcg, 30 dose 220 mcg, 14 dose 220 mcg, 30 dose 220 mcg, 60 dose 220 mcg, 120 dose	ea ea ea ea ea		
Mometasone/ Formoterol	Aerosol inhaler with adapter	50 mcg-5 mcg 100 mcg-5 mcg 200 mcg-5 mcg	gm gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
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		
Montelukast Sodium	Granules	4 mg	ea		
	Chewable tablets	4 mg	ea		
		5 mg	ea		
Tablets	5 mg	ea			
	10 mg	ea			
Salmeterol Xinafoate	Inhalation powder *	60s	ea	LR	* The inhalation powder is restricted to NDC labeler code 00173.
Terbutaline	Tablets	2.5 mg	ea		
		5 mg	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	Note: Payment limited to a minimum dispensing quantity of 480 ml Refer to <i>California Code of Regulations (CCR)</i> ,
	Long-acting tablets or capsules		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
(continued)	Oral Liquid Dosage Forms		ml		Title 22, Section 51513(b)(5) regarding exceptions.
Tiotropium Bromide *	Capsules for inhalation with inhalation device	Package containing 30 or 90 Capsules and one inhalation device	each capsule	LR	* Tiotropium Bromide is restricted to NDC labeler code 00597 only.
	Inhaler	1.25 mcg, 4 gm 2.5 mcg, 4 gm	gm gm		
Umeclidinium/ Vinlanterol	Blisters for inhalation with inhalation device	62.5 mcg-25 mcg	ea		

Autonomic Drugs: Anti-Emetics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Emetics					
Aprepitant *	Capsules	40 mg 80 mg 125 mg	ea ea ea	QL	* The 40 mg capsules are limited to a maximum of one capsule per dispensing, not to exceed one dispensing in any 30-day period. * Restricted to a maximum of either 1) one tri-fold pack per dispensing, or 2) one 125 mg capsule and/or two 80 mg capsules per dispensing.
	Tri-Fold Pack	1 x 125 mg 2 x 80 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Emetics					
Chlorpromazine	Refer to: Antipsychotics				
Dolasetron Mesylate	Injection *	100 mg/5 ml, 5 ml	ml	QL	* Restricted to a maximum of 5 ml per dispensing.
	Tablets *	50 mg 100 mg	ea ea		* Restricted to a maximum of 3 tablets per dispensing.
Doxylamine/ Pyridoxine HCL *	Tablets, delayed release	10 mg/10 mg	ea	LR	* Restricted to NDC labeler code 55494 only.
Granisetron Hydrochloride	Injection *	1 mg/ml, 1 ml	ml	QL	* Granisetron Hydrochloride injection is restricted to a maximum of 1 ml per dispensing.
	Tablets	1 mg	ea		
Meclizine HCL	Tablets		ea		
	Tablets, chewable		ea		
Ondansetron	Injection *	2 mg/ml, 2 ml	ml	QL	* The 2 mg/ml, 2 ml injection is restricted to a maximum of 16 mg per dispensing.
	Tablets	4 mg 8 mg	ea ea		
	Tablets, orally disintegrating	4 mg 8 mg	ea ea		
	Liquid	4 mg/5 ml	ml		
Perphenazine	Refer to: Antipsychotics				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Emetics					
Prochlorperazine	Injection	5 mg/ml	ml		
	Injection, Prefilled Syringe		ml		
	Tablets	5 mg 10 mg 25 mg	ea ea ea		
	Liquid	5 mg/5 ml	ml		
	Capsules, Sustained Release	10 mg 15 mg 30 mg	ea ea ea		
	Suppositories	2.5 mg 5 mg 25 mg	ea ea ea		

Autonomic Drugs: Antihistamines

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Antihistamines					
Azelastine HCL	Nasal Spray	137 mcg (0.1 %)	ml		
	Nasal Spray	0.15 %	ml		
	Ophthalmic Solution	0.05 %	ml		
Caffeine Citrate *	Oral Solution	60 mg/3 ml	ml	AL	* Restricted to members that are 21 years of age and younger.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Antihistamines					
Cetirizine HCL	Droperette	0.24 %	ea		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations.</i>
	Liquid	1 mg/1 ml	ml		
Cyproheptadine HCL	Tablets	4 mg	ea		
	Oral Liquid Dosage Forms	2 mg/5 ml	ml		
Desloratadine	Tablets	5 mg	ea		
Diphenhydramine HCL	Injection	50 mg/ml	ml		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations.</i>
		10 mg/ml	ml		
Fexofenadine HCL	Liquid	12.5 mg/5 ml	ml		
	Tablets	60 mg	ea		
Fexofenadine HCL	Suspension	30 mg/5 ml	ml		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations.</i>
	Tablets	5 mg	ea		
Levocetirizine Dihydrochloride	Tablets	5 mg	ea		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations.</i>
Olopatadine HCL	Nasal spray	0.6%	gm		
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	ml		
		25 mg/ml, 10 ml	ml		
		50 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Antihistamines					
(continued)	Tablets	12.5 mg 25 mg 50 mg	ea ea ea		
	Oral Liquid Dosage Forms	6.25 mg/5 ml	ml		
	Suppositories	12.5 mg 25 mg 50 mg	ea ea ea		
Tiotropium Bromide/ Olodaterol HCL *	Inhaler	2.5 mg/2.5 mcg, 4 gm	gm		* Tiotropium Bromide and Olodaterol HCL is restricted to NDC labeler code 00597 only.

Autonomic Drugs: Anti-Parkinsonism

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Parkinsonism					
Amantadine HCL	Capsules	100 mg	ea		
	Liquid	50 mg/5 ml	ml		
BENZTROPINE Mesylate	Injection	1 mg/ml	ml		
	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		
Cabergoline	Tablets	0.5 mg	ea		
Carbidopa	Tablets	25 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Parkinsonism					
Carbidopa and Levodopa	Tablets	10 mg/100 mg 25 mg/100 mg 25 mg/250 mg	ea ea ea		
	Tablets, long-acting	25 mg/100 mg 50 mg/200 mg	ea ea		
Carbidopa and Levodopa and Entacapone	Tablets	12.5 mg/50 mg/ 200 mg 25 mg/100 mg/ 200 mg 37.5 mg/150 mg/ 200 mg	ea ea ea		
Entacapone	Tablets	200 mg	ea		
Pramipexole Dihydrochloride	Tablets	0.125 mg 0.25 mg 0.5 mg 0.75 mg 1.0 mg 1.5 mg	ea ea ea ea ea ea		
	Tablets, extended-release	0.375 mg 0.75 mg 1.5 mg 3.0 mg 4.5 mg	ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Parkinsonism					
Ropinirole HCL	Tablets	0.25 mg	ea		
		0.5 mg	ea		
		1 mg	ea		
		2 mg	ea		
		3 mg	ea		
		4 mg	ea		
		5 mg	ea		
	Tablets, extended release	2 mg	ea		
		4 mg	ea		
		6 mg	ea		
8 mg		ea			
12 mg		ea			
Selegiline HCL	Tablets	5 mg	ea		
Trihexyphenidyl HCL	Tablets	2 mg	ea		
		5 mg	ea		
	Liquid	2 mg/5 ml	ml		

Autonomic Drugs: Migraine

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Migraine					
Ergotamine Tartrate and Caffeine	Tablets		ea		
	Suppositories		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Migraine					
Fremanezumab-vfrm *	Prefilled autoinjector	225 mg/1.5 ml 225 mg/1.5 ml x 3	ml ml	LR	* Restricted to use for the preventative treatment of migraine only. Also restricted to NDC labeler code 51759 only.
	Prefilled syringe	225 mg/1.5 ml	ml		
Galcanezumab-gnlm *	Injection	120 mg/ml	ml	LR	* Restricted to use for the preventative treatment of migraine only. Also restricted to NDC labeler code 00002 only.
Naratriptan	Tablets	1 mg 2.5 mg	ea ea		
Rimegepant *	Tablets, orally disintegrating	75 mg	ea	LR, QL	* Restricted to 1) Acute treatment of migraine headache; 2) Maximum quantity of 8 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 72618 only.
Rizatriptan	Tablets	5 mg 10 mg	ea ea		
	Tablets, orally disintegrating	5 mg 10 mg	ea ea		
Sumatriptan	Nasal Spray	5 mg 20 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Migraine					
Sumatriptan Succinate	Injection (kit or refill)	4 mg 6 mg	ml ml		
	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Ubrogepant *	Tablets	50 mg 100 mg	ea ea	LR, QL	* Restricted to 1) Acute treatment of migraine headache; 2) Maximum quantity of 10 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 00023 only.

Autonomic Drugs: Parasympatholytic (Anticholinergic) Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Parasympatholytic (Anticholinergic) Agents					
Atropine	Refer to: Ophthalmic mydriatics				
Dicyclomine	Tablets or Capsules	10 mg 20 mg	ea ea		
	Liquid	10 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Parasympatholytic (Anticholinergic) Agents					
Glycopyrrolate	Injection	0.2 mg/ml, 1 ml	ml		
		0.2 mg/ml, 2 ml	ml		
		0.2 mg/ml, 5 ml	ml		
0.2 mg/ml, 20 ml		ml			
	Tablets	1 mg	ea		
		2 mg	ea		
	Solution, oral	1 mg/5 ml	ml		
Hyoscyamine Sulfate	Tablets, Sublingual tablets, and Rapid tablets	0.125 mg	ea		
	Extended-Release Tablets	0.375 mg	ea		
Ipratropium Bromide	Nasal Spray	0.03 %	ml		
		0.06 %	ml		
Pilocarpine HCL	Tablets	5 mg	ea		
		7.5 mg	ea		
Propantheline Bromide	Tablets	7.5 mg	ea		
		15 mg	ea		

Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also refer to Ophthalmic Miotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also refer to Ophthalmic Miotics					
Bethanechol Chloride	Tablets	5 mg	ea		
		10 mg	ea		
		25 mg	ea		
		50 mg	ea		
Donepezil HCL	Tablets or Orally Disintegrating Tablets	5 mg	ea		
		10 mg	ea		
Galantamine Hydrobromide	Extended-Release Capsules	8 mg	ea		
		16 mg	ea		
		24 mg	ea		
	Tablets	4 mg	ea		
		8 mg	ea		
		12 mg	ea		
Solution, Oral	4 mg/ml	ml			
Pyridostigmine	Tablets	60 mg	ea		
	Tablets, long acting	180 mg	ea		
	Solution, Oral	60 mg/5 ml	ml		
Rivastigmine	Transdermal System	4.6 mg/24 hr	ea		
		9.5 mg/24 hr	ea		
		13.3 mg/24 hr	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also refer to Ophthalmic Miotics					
Rivastigmine Tartrate	Capsules	1.5 mg	ea		
		3.0 mg	ea		
		4.5 mg	ea		
		6.0 mg	ea		

Autonomic Drugs: Sympatholytic (Adrenergic Blocking) Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Sympatholytic (Adrenergic Blocking) Agents					
Ergotamine Tartrate and Caffeine	Refer to: Migraine				
Propranolol	Refer to: Antihypertensive				

Autonomic Drugs: Sympathomimetic (Adrenergic) Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Sympathomimetic (Adrenergic) Agents					
Epinephrine	Refer to: Anti-Asthmatics				

Blood Modifiers: Anticoagulant Antagonist

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anticoagulant Antagonist					
Phytonadione	Injection	10 mg/ml, 1 ml 10 mg/ml, 2.5 ml 10 mg/ml, 5 ml	ml ml ml		
	Tablets	5 mg	ea		

Blood Modifiers: Anticoagulants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anticoagulants					
Apixaban *	Tablets	2.5 mg 5 mg	ea ea	LR	* Restricted to NDC labeler code 00003 only.
	Starter Pack Tablets	5 mg	ea		
Dabigatran Etexilate Mesylate *	Capsules	75 mg 110 mg 150 mg	ea ea ea	LR	* Restricted to NDC labeler code 00597 only.
Enoxaparin Sodium	Prefilled syringe	30 mg 40 mg 60 mg 80 mg 100 mg 120 mg 150 mg	ml		
	Vial	300 mg/3 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anticoagulants					
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 HCL	Tablets	5 mg	ea		
		10 mg	ea		
Rivaroxaban *	Tablets	2.5 mg	ea	LR	* Restricted to NDC labeler code 50458 only.
		10 mg	ea		
		15 mg	ea		
	20 mg	ea			
	Starter Pack Tablets	15 mg to 20 mg Tablets from 51-tablet pack	ea		
	Suspension	1 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anticoagulants					
Warfarin Sodium	Tablets	1 mg	ea		
		2 mg	ea		
		2.5 mg	ea		
		3 mg	ea		
		4 mg	ea		
		5 mg	ea		
		6 mg	ea		
		7.5 mg	ea		
		10 mg	ea		

Blood Modifiers: Anti-Platelet

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anti-Platelet					
Clopidogrel Bisulfate	Tablets	75 mg	ea		
Ticagrelor *	Tablets	60 mg	ea	LR	* Ticagrelor is restricted to NDC labeler code 00186 only.
		90 mg	ea		

Blood Modifiers: Hematinics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hematinics					
Ferrous Sulfate					
Iron Dextran Injection	Injection	2 ml	ml		

Blood Modifiers: Hematopoietic

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hematopoietic					
Epoetin Alfa	Injection	2000 u/ml	ml		
		3000 u/ml	ml		
		4000 u/ml	ml		
		10,000 u/ml	ml		
		20,000 u/ml	ml		
		40,000 u/ml	ml		

Blood Modifiers: Hemostatics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hemostatics					
Aminocaproic Acid	Oral Solution	250 mg/ml	ml		
Tranexamic Acid	Tablets	650 mg	ea		

Blood Modifiers: Thrombocytopenic

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Thrombocytopenic					
Anagrelide Hydrochloride	Capsules	0.5 mg	ea		
		1.0 mg	ea		

Analgesics: Anti-Inflammatory (also refer to Glucocorticoids)

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Anti-Inflammatory (also refer to Glucocorticoids)					
Aspirin	Refer to: Anti-platelet Agents				
Celecoxib	Capsules	100 mg 200 mg	ea ea		
Diclofenac Sodium	Ophthalmic Solution	0.1 %	ml		
	Tablets	25 mg 50 mg 75 mg	ea ea ea		
	Gel	1%	ea		
Diflunisal	Tablets or Capsules	250 mg 500 mg	ea ea		
Fenoprofen	Tablets	600 mg	ea		
Flurbiprofen	Tablets	50 mg 100 mg	ea		
Flurbiprofen Sodium	Ophthalmic Solution	0.03 %	ml		
Ibuprofen	Tablets	400 mg 600 mg 800 mg	ea ea ea		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations.</i>
	Suspension	100 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Anti-Inflammatory (also refer to Glucocorticoids)					
Indomethacin	Capsules	25 mg 50 mg	ea ea		
	Suspension *	25 mg/ 5ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Ketoprofen	Capsules	50 mg	ea		
		75 mg	ea		
Meloxicam	Tablets	7.5 mg	ea		
		15 mg	ea		
Nabumetone	Tablets	500 mg	ea		
		750 mg	ea		
Naproxen	Tablets or Capsules	250 mg	ea		
		375 mg	ea		
		500 mg	ea		
	Liquid	125 mg/5ml	ea		
Piroxicam	Tablets or Capsules	10 mg	ea		
		20 mg	ea		
Salsalate	Tablets or Capsules	500 mg	ea		
		750 mg	ea		
Sulindac	Tablets or Capsules	150 mg	ea		
		200 mg	ea		

Analgesics: Narcotic Antagonists

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotic Antagonists					
Buprenorphine *	Sublingual Tablets	2 mg 8 mg	ea ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
	Transdermal Patch *	5 mcg/hour 7.5 mcg/hour 10 mcg/hour 15 mcg/hour 20 mcg/hour	ea ea ea ea ea	LR, QL	* Transdermal patch is restricted to NDC labeler code 59011.
Buprenorphine/ Naloxone *	Sublingual Tablets	2 mg/0.5 mg 8 mg/2 mg 0.7 mg/0.18 mg 1.4 mg/0.36 mg 2.9 mg/0.71 mg 5.7 mg/1.4 mg 8.6 mg/2.1 mg 11.4 mg/2.9 mg	ea ea ea ea ea ea ea ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
	Sublingual Film	2 mg/0.5mg 4 mg/1 mg 8 mg/2 mg 12 mg/3 mg	ea ea ea ea		
Naloxone HCL	Injection	0.4 mg/ml 1.0 mg/ml	ml ml		
	Intranasal Spray	4 mg/0.1 ml 8 mg/0.1 ml *	ea ea	LR	* Restricted to NDC labeler code 59467 for 8 mg/0.1 ml intranasal spray only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotic Antagonists					
(continued)	Syringe, 2-pack	5 mg/0.5 ml *	ml	LR	* Restricted to NDC labeler code 78670 for 5 mg/0.5 ml syringe only.
Naltrexone HCL	Tablets	50 mg	ea		

Analgesics: Narcotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotics					
Codeine and Acetaminophen	Tablets or Capsules *	15 mg – 300 to 325 mg 30 mg – 300 to 325 mg	ea ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
	Liquid	12 mg – 120 mg/5 ml	ml		
Fentanyl *	Transdermal Patch	25 mcg 50 mcg 75 mcg 100 mcg	ea ea ea ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
Hydrocodone and Acetaminophen *	Tablets	5 mg/325 mg 7.5 mg/325 mg 10 mg/325 mg	ea ea ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
	Oral Solution	7.5 mg/325 mg/ 15 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotics					
Hydromorphone *	Tablets	2 mg 4 mg 8 mg	ea ea ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
	Suppositories	3 mg	ea		
Levorphanol Tartrate *	Tablets	2 mg	ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
Meperidine HCL *	Elixir	50 mg/5 ml	ml		* Meperidine HCL requires a prior authorization request.
Methadone *	Tablets	5 mg 10 mg	ea ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
Morphine Sulfate *	Capsules, Extended-Release Pellets	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 80 mg 100 mg 200 mg	ea ea ea ea ea ea ea ea ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
	Tablets, Oral	10 mg 15 mg 30 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotics					
(continued)	Tablets, Long-Acting	15 mg 30 mg 60 mg 100 mg	ea ea ea ea		
	Solution	10 mg/5 ml 20 mg/5 ml	ml ml		
	Solution (Oral Concentrate)	100 mg/5 ml	ml		
Oxycodone and Acetaminophen *	Tablets	5 mg to 325 mg 7.5 mg to 325 mg 10 mg to 325 mg	ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
Oxycodone HCL *	Tablets or Capsules	5 mg 15 mg 30 mg	ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
	Solution	5 mg/5 ml	ml		
	Concentrate	100 mg/5 ml (20 mg/ml)	ml		
Oxymorphone *	Suppositories	5 mg	ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.

Analgesics: Non-Narcotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Non-Narcotics					
Aspirin	Refer to: Anti-Platelet Agents				
Lidocaine	Topical system *	1.8 %	ea	LR	* Lidocaine topical system is restricted to NDC labeler code 69557 only. Note: Billing unit "each" means patch.
	Viscous solution	2%	ml		
	Jelly	2%	ml		
	Cream	3%	gm		
	Ointment	5%	gm		
	Patch	5%	ea		
Phenazopyridine HCL	Tablets	100 mg	ea		
		200 mg	ea		
Tramadol HCL *	Tablets	50 mg	ea	AL, QL	* The use of tramadol for Medi-Cal members younger than 17 years of age requires prior authorization approval. Refer to the Controlled Substance Policy section for drug specific limitations.

Bisphosphonates

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Bisphosphonates					
Alendronate Sodium	Tablets	5 mg 10 mg 35 mg 70 mg	ea ea ea ea		
Alendronate Sodium/ Cholecalciferol *	Tablets	70 mg/2800 IU 70 mg/5600 IU	ea ea	LR	* Restricted to NDC labeler code 78206 only.
Ibandronate Sodium	Tablets	150 mg	ea		
Pamidronate Disodium	Powder for Injection		ea		
Risedronate Sodium	Tablets	5 mg 30 mg 35 mg	ea ea ea		
Zoledronic Acid	Injection	4 mg/5 ml	ml		
	Powder for Injection		ea		

Bone Resorption Inhibitors

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Bone Resorption Inhibitors					
Raloxifene HCL	Tablets	60 mg	ea		

Broncho-Pulmonary Secretion Modifiers

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Broncho-Pulmonary Secretion Modifiers					
Acetylcysteine	Solution	10 % 20 %	ml ml		
Dornase Alfa	Ampule	1 mg/ml	ml		
Sodium Chloride	Inhalation Vials	0.45 % 0.9 % 3 % 3.5 % 6 % 7 % 10 %	ml ml ml ml ml ml ml		

Calcimimetic Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Calcimimetic Agent					
Cinacalcet HCL	Tablets	30 mg 60 mg 90 mg	ea ea ea		

Central Nervous System: Antianxiety

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antianxiety					
Buspirone	Tablets	5 mg	ea		
		7.5 mg	ea		
		10 mg	ea		
		15 mg	ea		
		30 mg	ea		
Chlordiazepoxide HCL *	Capsules	5 mg	ea	QL	* Refer to the Controlled Substance Policy section for drug specific limitations.
		10 mg	ea		
		25 mg	ea		
Hydroxyzine HCL	Tablets	10 mg 25 mg 50 mg	ea		
	Oral Liquid Dosage Forms	10 mg/5 ml	ml		
Hydroxyzine Pamoate	Capsules	25 mg	ea		
		50 mg	ea		
		100 mg	ea		
Lorazepam	Tablets *	0.5 mg 1 mg 2 mg	ea ea ea		* Refer to the Controlled Substance Policy section for drug specific limitations.
	Oral concentration *	2 mg/ml	ml		* Refer to the Controlled Substance Policy section for drug specific limitations.

Central Nervous System: Anticonvulsants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Carbamazepine	Capsules, and Tablets extended release	100 mg	ea		
		200 mg	ea		
		300 mg	ea		
		400 mg	ea		
Chewable Tablets	100 mg	ea			
Tablets	200 mg	ea			
Liquid	100 mg/5 ml	ml			
Cannabidiol *	Solution, oral	100 mg/ml	ml		* Restricted to use in the treatment of seizures in patients with epilepsy.
Clobazam	Tablets *	10 mg	ea		* Refer to the Controlled Substance Policy section for drug specific limitations.
		20 mg	ea		
	Suspension	2.5 mg/ml	ml		
Clonazepam *	Tablets	0.5 mg	ea		* Refer to the Controlled Substance Policy section for drug specific limitations.
		1.0 mg	ea		
		2.0 mg	ea		
	Tablets, ODT	0.125 mg	ea		
		0.25 mg	ea		
		0.5 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Diazepam *	Injection *	5 mg/ml	ml	AL	<p>* Use in members younger than 2 years of age requires prior authorization approval for all dosage forms except the nasal spray.</p> <p>* Restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration for the injection only.</p>
	Nasal Spray *	5 mg 10 mg 15 mg 20 mg	ea ea ea ea	AL, LR, QL	<p>* 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.</p> <p>Note: The billing unit for the nasal spray is a blister pack. Each carton contains 2 blister packs.</p>
	Tablets *	2 mg 5 mg 10 mg	ea ea ea	AL	<p>* Use in members younger than 2 years of age requires prior authorization approval for all dosage forms except the nasal spray.</p> <p>* Refer to the Controlled Substance Policy section for drug specific limitations.</p>

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
(continued)	Rectal Gel *	2.5 mg twin pack 10 mg delivery system twin pack 20 mg delivery system twin pack	ea ea ea	AL, 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. Note: The billing unit for the rectal gel is each twin pack.
	Solution *	5 mg/5 ml	ml	AL	* Refer to the Controlled Substance Policy section for drug specific limitations for the solution. * Use in members younger than 2 years of age requires prior authorization approval for all dosage forms except the nasal spray.
Divalproex Sodium	Capsules	125 mg	ea		
	Tablets, enteric coated	125 mg 250 mg 500 mg	ea ea ea		
	Tablets, Extended Release	250 mg 500 mg	ea ea		
Ethosuximide	Capsules	250 mg	ea		
	Syrup	250 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Felbamate	Tablets	400 mg 600 mg	ea ea		
	Suspension *	600 mg/5 ml	ml	AL	* Restricted to members that are age 21 years of age and younger.
Gabapentin	Capsules	100 mg 300 mg 400 mg	ea ea ea		
	Tablets	600 mg 800 mg	ea ea		
	Solution, Oral	250 mg/5 ml	ml		
Lamotrigine	Tablets	25 mg 100 mg 150 mg 200 mg	ea		
	Starter Kits Tablets	25 mg, tablets from 35-Tablet Kit 25 mg – 100 mg, tablets from 49- tablet kit 25 mg – 100 mg, tablets from 98- tablet kit			
	Tablets, dispersible	5 mg 25 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
(continued)	Tablets, extended-release	25 mg	ea		
		50 mg	ea		
		100 mg	ea		
		200 mg	ea		
		250 mg	ea		
		300 mg	ea		
	Tablets, ODT	25 mg	ea		
		50 mg	ea		
100 mg		ea			
200 mg		ea			
Lacosamide	Tablets	50 mg	ea		
		100 mg	ea		
		150 mg	ea		
		200 mg	ea		
	Solution, oral	10 mg/ml	ml		
Levetiracetam	Solution, oral	100 mg/ml	ml		
	Tablets	250 mg	ea		
		500 mg	ea		
		750 mg	ea		
		1000 mg	ea		
Tablets, extended-release	500 mg 750 mg	ea ea			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Midazolam *	Nasal spray	5 mg	ea	AL, LR, QL	* Restricted to use in the treatment of acute epilepsy in patients 12 years of age and older. Also restricted to a maximum quantity of 20 blister packs (10 boxes) in any 12-month period; and NDC labeler code 50474 only. Note: The billing unit is a blister pack. Each box contains 2 blister packs.
Oxcarbazepine	Tablets	150 mg 300 mg 600 mg	ea		
	Suspension	300 mg/5 ml	ml		
Perampanel	Suspension *	0.5 mg/ml	ml	AL, LR	* The suspension and tablets are restricted to patients 4 years of age and older. Also restricted to NDC labeler code 69616 only. * Refer to the Controlled Substance Policy section for drug specific limitations for tablets only.
	Tablets *	2 mg 4 mg 6 mg 8 mg 10 mg 12 mg	ea ea ea ea ea ea		
Phenobarbital *	Injection	120 to 130 mg/ml, 1 ml	ml		* Refer to the Controlled Substance Policy section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
(continued)	Tablets	15 mg 16.2 mg 30 mg 32.4 mg 60 mg 64.8 mg 97.2 mg 100 mg	ea ea ea ea ea ea ea ea		
	Oral Liquid Dosage Forms	20 mg/5 ml	ml		
Phenytoin	Tablets, chewable	50 mg	ea		
	Capsules, extended release	30 mg	ea		
		100 mg	ea		
		200 mg	ea		
		300 mg	ea		
Capsules, prompt	100 mg	ea			
Suspension	125 mg/5 ml	ml			
Pregabalin	Capsules	25 mg	ea		
		50 mg	ea		
		75 mg	ea		
		100 mg	ea		
		150 mg	ea		
		200 mg	ea		
		225 mg	ea		
		300 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Primidone	Tablets	50 mg 250 mg	ea ea		
	Liquid	0.25 gm/5 ml	ml		
Rufinamide *	Suspension	40 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Tiagabine HCL	Tablets, plain	2 mg	ea		
		4 mg	ea		
		12 mg	ea		
		16 mg	ea		
Topiramate	Tablets	25 mg	ea		
		50 mg 100 mg 200 mg	ea ea ea		
	Capsules, sprinkle	15 mg 25 mg	ea ea		
	Solution *	25 mg/ ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Valproic Acid	Tablets or Capsules	250 mg	ea		
	Liquid	250 mg/5 ml	ml		
Zonisamide	Capsules	25 mg	ea		
		50 mg	ea		
		100 mg	ea		

Central Nervous System: Antidepressants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
Amitriptyline	Injection	10 mg/ml	ml		
	Tablets	10 mg	ea		
		25 mg	ea		
		50 mg	ea		
		75 mg	ea		
		100 mg	ea		
150 mg	ea				
Amitriptyline HCL, Perphenazine	Tablets	10 mg/2 mg	ea		
		10 mg/4 mg	ea		
		25 mg/2 mg	ea		
		25 mg/4 mg	ea		
Bupropion HCL	Tablets	75 mg	ea		
		100 mg	ea		
	Tablets, Extended Release (24-hour)	150 mg	ea		
		300 mg	ea		
	Tablets, Sustained Release (12-hour)	100 mg	ea		
		150 mg 200 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
(continued)	Tablets, sustained release for Smoking Cessation	150 mg	ea		Note: Refer to the <i>Reimbursement</i> section of the <i>Medi-Cal Rx Provider Manual</i> for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.
Citalopram HBR	Tablets	10 mg 20 mg 40 mg	ea ea ea		
	Solution	10 mg/5 ml	ml		
Clomipramine HCL	Capsules	25 mg	ea		
		50 mg	ea		
		75 mg	ea		
Desipramine HCL	Tablets	10 mg	ea		
		25 mg	ea		
		50 mg	ea		
		75 mg	ea		
		100 mg	ea		
		150 mg	ea		
Desvenlafaxine Succinate	Tablets, Extended Release	25 mg	ea		
		50 mg	ea		
		100 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
Doxepin HCL	Capsules	10 mg 25 mg 50 mg 75 mg 100 mg 150 mg	ea ea ea ea ea ea		
	Oral concentrate	10 mg/ml	ml		
Duloxetine HCL	Capsules, delayed-release.	20 mg 30 mg 60 mg	ea ea ea		
Escitalopram Oxalate	Solution, oral	5 mg/5 mL	ml		
	Tablets	5 mg 10 mg 20 mg	ea ea ea		
Fluoxetine HCL	Capsules	10 mg 20 mg 40 mg	ea ea ea		
	Tablets	10 mg 20 mg 60 mg	ea ea ea		
	Solution	20 mg/5 ml	ml		
Fluvoxamine Maleate	Capsules, Extended Release	100 mg 150 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
(continued)	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Imipramine	Injection	25 mg, 2 ml	ml		
	Tablets	10 mg 25 mg 50 mg	ea ea ea		
Mirtazapine	Tablets or orally disintegrating tablets	7.5 mg 15 mg 30 mg 45 mg	ea ea ea ea		
Nortriptyline HCL	Capsules	10 mg 25 mg 50 mg 75 mg	ea ea ea ea		
	Liquid	10 mg/5 ml	ml		
Paroxetine HCL	Suspension, oral	10 mg/5 ml	ml		
	Tablets	10 mg 20 mg 30 mg 40 mg	ea ea ea ea		
	Tablets, Controlled Release	12.5 mg 25 mg 37.5 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
Protriptyline HCL	Tablets	5 mg 10 mg	ea ea		
Sertraline HCL	Concentrate	20 mg/ml	ml		
	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Trazodone	Tablets	50 mg 100 mg 150 mg	ea ea ea		
Venlafaxine HCL	Tablets	25 mg 37.5 mg 50 mg 75 mg 100 mg	ea ea ea ea ea		
	Capsules, Extended Release	37.5 mg 75 mg 150 mg	ea ea ea		
	Tablets, Extended Release	37.5 mg 75 mg 150 mg 225 mg	ea ea ea ea		
Vortioxetine hydrobromide *	Tablets	5 mg 10 mg 20 mg	ea ea ea	LR	* Restricted to NDC labeler code 64764 only.

Central Nervous System: Anti-Hyperkinetics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Hyperkinetics					
Amphetamine, mixed salts (amphetamine sulfate, amphetamine aspartate monohydrate, dextroamphetamine sulfate and dextroamphetamine saccharate) *	Tablets	5 mg	ea		* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the Controlled Substance Policy section for drug specific limitations.
		7.5 mg	ea		
		10 mg	ea		
		12.5 mg	ea		
		15 mg	ea		
		20 mg	ea		
		30 mg	ea		
	Capsules, Extended Release	5 mg	ea		
		10 mg	ea		
		15 mg	ea		
		20 mg	ea		
		25 mg	ea		
		30 mg	ea		
		Atomoxetine HCL	Capsules	10 mg	
18 mg	ea				
25 mg	ea				
40 mg	ea				
60 mg	ea				
80 mg	ea				
100 mg	ea				
Clonidine HCL	12-Hour Tablet	0.1 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Hyperkinetics					
Dexmethylphenidate HCL *	Capsules, Extended Release	5 mg	ea		* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the Controlled Substance Policy section for 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 Sulfate *	Tablets	5 mg	ea		* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the Controlled Substance Policy section for drug specific limitations.
		10 mg	ea		
Guanfacine HCL Extended-Release	Tablets, Extended Release	1 mg	ea		
		2 mg	ea		
		3 mg	ea		
		4 mg	ea		
Lisdexamfetamine Dimesylate *	Capsules	10 mg	ea	LR	* Lisdexamfetamine Dimesylate is restricted to NDC labeler code 59417 and restricted to use in Attention Deficit Disorder. Refer to the Controlled Substance Policy section for drug specific limitations.
		20 mg	ea		
		30 mg	ea		
		40 mg	ea		
		50 mg	ea		
		60 mg	ea		
		70 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Hyperkinetics					
(continued)	Chewable Tablets	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	ea ea ea ea ea ea		
Methylphenidate HCL *	Tablets	5 mg 10 mg 20 mg	ea ea ea		* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the Controlled Substance Policy section for drug specific limitations.
	Tablets, extended release	18 mg 27 mg 36 mg 54 mg	ea ea ea ea		
	Capsules, extended release (CD)	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	ea ea ea ea ea ea		
	Capsules, extended release (LA)	10 mg 20 mg 30 mg 40 mg 60 mg	ea ea ea ea ea		
	Solution	5 mg/5 ml 10 mg/5 ml	ml ml		

Central Nervous System: Anti-Manics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Manics					
Lithium Carbonate	Tablets	300 mg	ea		
	Capsules	150 mg	ea		
		300 mg	ea		
Tablets, long-acting	300 mg	ea			
	450 mg	ea			
Lithium Citrate	Liquid	8 mEq/5 ml	ml		

Central Nervous System: Antipsychotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Aripiprazole	Tablets	2 mg	ea		
		5 mg	ea		
		10 mg	ea		
		15 mg	ea		
		20 mg	ea		
		30 mg	ea		
	Tablets, orally disintegrating	10 mg	ea		
		15 mg	ea		
Oral Solution	1 mg/ml	ml			
Asenapine Maleate *	Sublingual Tablets	2.5 mg 5 mg 10 mg	ea ea ea	LR	* Restricted to NDC labeler code 00456 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Chlorpromazine	Tablets	10 mg	ea		
		25 mg	ea		
50 mg		ea			
100 mg		ea			
200 mg		ea			
	Oral Concentrate	30 mg/ml	ml		
		100 mg/ml	ml		
Clozapine	Tablets	25 mg	ea		
		50 mg	ea		
100 mg		ea			
200 mg		ea			
	Tablets, orally disintegrating	12.5 mg	ea		
		25 mg	ea		
		100 mg	ea		
		150 mg	ea		
		200 mg	ea		
Fluphenazine HCL	Tablets	1 mg	ea		
		2.5 mg	ea		
		5 mg	ea		
10 mg		ea			
	Elixir	2.5 mg/5 ml	ml		
	Oral concentrate	5 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Haloperidol	Tablets	0.5mg 1mg 2mg 5mg 10mg 20mg	ea ea ea ea ea ea		
	Liquid	2mg/ml, 15ml 2mg/ml, 120ml	ml ml		
Iloperidone *	Tablets	1 mg 2 mg 4 mg 6 mg 8 mg 10 mg 12 mg	ea ea ea ea ea ea ea	LR	* Iloperidone is restricted to NDC labeler code 43068 only.
	Titration Pack		ea		
Loxapine HCL	Solution	25 mg/ml	ml		
Loxapine Succinate	Capsules	5 mg 10 mg 25 mg 50 mg	ea		
Lurasidone Hydrochloride	Tablets	20 mg 40 mg 60 mg 80 mg 120 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Molindone Hydrochloride	Tablets	5 mg 10 mg 25 mg 50 mg 100 mg	ea ea ea ea ml		
	Liquid	20 mg/ml, 120 ml	ml		
Olanzapine	Tablets	2.5 mg 5 mg 7.5 mg 10 mg 15 mg 20 mg	ea ea ea ea ea ea		
	Tablets, orally disintegrating	5 mg 10 mg 15 mg 20 mg	ea ea ea ea		
Paliperidone	Tablets, Extended Release	1.5 mg 3 mg 6 mg 9 mg	ea ea ea ea		
Perphenazine	Injection	5 mg/ml, 1 ml	ml		
	Tablets	2 mg 4 mg 8 mg 16 mg	ea ea ea ea		
	Liquid	16mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Quetiapine Fumarate	Tablets	25 mg	ea		
		50 mg	ea		
		100 mg	ea		
		150 mg	ea		
		200 mg	ea		
		300 mg	ea		
		400 mg	ea		
	Tablets, Extended Release	50 mg	ea		
		150 mg	ea		
		200 mg	ea		
300 mg		ea			
Risperidone	Tablets	0.25 mg	ea		
		0.5 mg	ea		
		1 mg	ea		
		2 mg	ea		
		3 mg	ea		
		4 mg	ea		
	Oral Disintegrating Tablets	0.25 mg	ea		
		0.5 mg	ea		
		1 mg	ea		
		2 mg	ea		
		3 mg	ea		
		4 mg	ea		
	Solution	1 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Thioridazine	Tablets	10 mg 15 mg 25 mg 50 mg 100 mg 150 mg 200 mg	ea ea ea ea ea ea ea		
	Liquid Concentrate	30 mg/ ml 100 mg/ ml	ml ml		
Thiothixene	Capsules	1 mg 2 mg 5 mg 10 mg 20 mg	ea ea ea ea ea		
	Liquid	5 mg/ ml, 30 ml 5 mg/ ml, 120 ml	ml ml		
Trifluoperazine	Tablets	1 mg 2 mg 5 mg 10 mg	ea ea ea ea		
Ziprasidone HCL	Capsules	20 mg 40 mg 60 mg 80 mg	ea ea ea ea		

Central Nervous System: Appetite Stimulant

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Appetite Stimulant					
Dronabinol *	Capsules	2.5 mg 5 mg 10 mg	ea ea ea		* Refer to the Controlled Substance Policy section for drug specific limitations.

Central Nervous System: Miscellaneous

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Miscellaneous					
Fezolinetant *	Tablets	45 mg	ea	LR	* Restricted to NDC labeler code 00469 only.
Memantine HCL	Titration Pack	5 mg – 10 mg	ea		
	Tablets	5 mg 10 mg	ea ea		
	Solution	2 mg/ml	ml		
	Capsules, Extended Release	7 mg 14 mg 21 mg 28 mg	ea ea ea ea		
Milnacipran HCL	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Miscellaneous					
(continued)	Titration Pack Tablets	12.5 mg, contains 5 Tablets 25 mg, contains 8 Tablets 50 mg, contains 42 Tablets	ea ea ea		
Nicotine	Nasal Spray	10 mg/ml	ml		Note: Refer to the Reimbursement section of the <i>Medi-Cal Rx Provider Manual</i> for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.

Central Nervous System: Sedatives and Hypnotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Sedatives and Hypnotics					
The Department of Health Care Services (DHCS) recommends that a patient's use of a hypnotic in insomnia therapy be occasional rather than continuous.					
Flurazepam *	Capsules	15 mg 30 mg	ea ea		* Refer to the Controlled Substance Policy section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Sedatives and Hypnotics					
The Department of Health Care Services (DHCS) recommends that a patient's use of a hypnotic in insomnia therapy be occasional rather than continuous.					
Pentobarbital *	Suppositories	30 mg 60 mg 120 mg 200 mg	ea ea ea ea		* Refer to the Controlled Substance Policy section for drug specific limitations.
Ramelteon	Tablets	8 mg	ea		
Temazepam *	Capsules	7.5 mg 15 mg 30 mg	ea ea ea		* Refer to the Controlled Substance Policy section for drug specific limitations.
Zolpidem Tartrate *	Tablets	5 mg 10 mg	ea ea		* Refer to the Controlled Substance Policy section for drug specific limitations.

Chelating Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Chelating Agent					
Patiromer *	Powder Packets for Oral Suspension	8.4 gm carton of 4 8.4 gm carton of 30 16.8 gm carton of 30 25.2 gm carton of 30	ea ea ea ea	LR	* Restricted to NDC labeler code 53436 only.
	Powder		gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Chelating Agent					
Sodium Polystyrene Sulfonate	Suspension	15 g/60 ml	ml		
Sodium Zirconium Cyclosilicate *	Powder Packets	5 gm 10 gm	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Succimer	Capsules	100 mg	ea		

Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Acebutolol	Capsules	200 mg 400 mg	ea ea		
Amlodipine Benzoate *	Suspension	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Amlodipine Besylate/ Benazepril HCL	Capsules	2.5 mg/10 mg 5 mg/10 mg 5 mg/20 mg 10 mg/20 mg 5 mg/40 mg 10 mg/40 mg	ea ea ea ea ea ea		
Amlodipine Besylate	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
	Solution, oral *	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Amlodipine/Valsartan	Tablets	5 mg/160 mg 10 mg/160 mg 5 mg/320 mg 10 mg/320 mg	ea ea ea ea		
Amlodipine/Valsartan/ Hydrochlorothiazide	Tablets	5 mg/160 mg/ 12.5 mg 10 mg/160 mg/ 12.5 mg 5 mg/160 mg/ 25 mg 10 mg/160 mg/ 25 mg 10 mg/320 mg/ 25 mg	ea ea ea ea ea		
Atenolol	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Azilsartan Medoxomil	Tablets	40 mg 80 mg	ea ea		
Azilsartan Medoxomil/ Chlorthalidone	Tablets	40 mg/12.5 mg 40 mg/25 mg	ea ea		
Benazepril HCL	Tablets	5 mg 10 mg 20 mg 40 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Benazepril HCL and Hydrochlorothiazide	Tablets	5 mg/6.25 mg 10 mg/12.5 mg 20 mg/12.5 mg 20 mg/25 mg	ea ea ea ea		
Bisoprolol Fumarate	Tablets	5 mg 10 mg	ea ea		
Bisoprolol Fumarate/ Hydrochlorothiazide	Tablets	2.5 mg/6.25 mg 5 mg/6.25 mg 10 mg/6.25 mg	ea ea ea		
Candesartan Cilexetil	Tablets	4 mg 8 mg 16 mg 32 mg	ea ea ea ea		
Captopril	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Clonidine Hydrochloride	Tablets	0.1 mg 0.2 mg 0.3 mg	ea ea ea		
	Transdermal Patch	0.1 mg/24 hr 0.2 mg/24 hr 0.3 mg/24 hr	ea ea ea		
Diltiazem HCL	Refer to: Vasodilating Agents				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Doxazosin Mesylate	Tablets	1 mg 2 mg 4 mg 8 mg	ea ea ea ea		
Enalapril Maleate	Tablets	2.5 mg 5 mg 10 mg 20 mg	ea ea ea ea		
	Solution, Oral *	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Enalapril and Hydrochlorothiazide	Tablets	5 mg-12.5 mg 10 mg-25 mg	ea ea		
Felodipine	Tablets, extended release	2.5 mg 5 mg 10 mg	ea ea ea		
Fosinopril Sodium	Tablets	10 mg 20 mg 40 mg	ea ea ea		
Fosinopril and Hydrochlorothiazide	Tablets	10 mg-12.5 mg 20 mg -12.5 mg	ea ea		
Guanfacine HCL	Tablets	1 mg 2 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Hydralazine	Injection	20 mg/ml	ml		
	Tablets	10 mg	ea		
		25 mg	ea		
		50 mg	ea		
		100 mg	ea		
Irbesartan	Tablets	75 mg	ea		
		150 mg	ea		
		300 mg	ea		
Irbesartan and Hydrochlorothiazide	Tablets	150 mg/12.5 mg	ea		
		300 mg/12.5 mg	ea		
Isradipine	Capsules	2.5 mg	ea		
		5 mg	ea		
Labetalol HCL	Tablets	100 mg	ea		
		200 mg	ea		
		300 mg	ea		
Lisinopril	Tablets	2.5 mg	ea		
		5 mg	ea		
		10 mg	ea		
		20 mg	ea		
		30 mg	ea		
		40 mg	ea		
	Solution *	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Lisinopril and Hydrochlorothiazide	Tablets	10 mg – 12.5 mg	ea		
		20 mg – 12.5 mg	ea		
		20 mg – 25 mg	ea		
Losartan	Tablets	25 mg	ea		
		50 mg	ea		
		100 mg	ea		
Losartan and Hydrochlorothiazide	Tablets	50 mg-12.5 mg	ea		
		100 mg-12.5 mg	ea		
		100 mg-25 mg	ea		
Methyldopa	Tablets	125 mg	ea		
		250 mg	ea		
		500 mg	ea		
Methyldopa with Hydrochlorothiazide	Tablets	250 mg – 15 mg	ea		
		250 mg – 25 mg	ea		
		500 mg – 30 mg	ea		
Metoprolol Succinate	Tablets, extended-release	25 mg	ea		
		50 mg	ea		
		100 mg	ea		
		200 mg	ea		
	Capsules, extended-release (sprinkles)	25 mg	ea		
		50 mg	ea		
		100 mg	ea		
		200 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Metoprolol Tartrate	Tablets	25 mg 37.5 mg 50 mg 75 mg 100 mg	ea ea ea ea ea		
	Injection	1 mg/ml, 5 ml	ml		
Metoprolol Tartrate/ Hydrochlorothiazide	Tablets	50 mg-25 mg 100 mg-25 mg 100 mg-50 mg	ea ea ea		
Minoxidil	Tablets	2.5 mg 10 mg	ea ea		
Moexipril HCL	Tablets	7.5 mg 15 mg	ea ea		
Nadolol	Tablets	20 mg 40 mg 80 mg	ea ea ea		
Nebivolol	Tablets	2.5 mg 5 mg 10 mg 20 mg	ea ea ea ea		
Nicardipine	Refer to: Vasodilating agents				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Nisoldipine, extended release	Tablets	8.5 mg 17 mg 25.5 mg 34 mg	ea ea ea ea		
Olmesartan Medoxomil	Tablets	5 mg 20 mg 40 mg	ea ea ea		
Olmesartan Medoxomil/ Hydrochlorothiazide	Tablets	20 mg/12.5 mg 40 mg/12.5 mg 40 mg/25 mg	ea ea ea		
Perindopril Erbumine	Tablets	2 mg 4 mg 8 mg	ea ea ea		
Pindolol	Tablets	5 mg 10 mg	ea ea		
Prazosin HCL	Capsules	1 mg 2 mg 5 mg	ea ea ea		
Propranolol	Injection	1 mg/ml, 1 ml	ml		
	Tablets	10 mg 20 mg 40 mg 60 mg 80 mg 90 mg	ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
(continued)	Liquid	4 mg/ml 8 mg/ml	ml ml		
	Liquid *	4.28 mg/ml	ml	LR	* Restricted to use in the treatment of proliferating infantile hemangioma. Restricted to NDC labeler code 64370.
	Capsules, extended release	60 mg 80 mg 120 mg 160 mg	ea ea ea ea		
Propranolol/ Hydrochlorothiazide	Tablets	40 mg/25 mg 80 mg/25 mg	ea ea		
Quinapril HCL	Tablets	5 mg 10 mg 20 mg 40 mg	ea ea ea ea		
Quinapril and Hydrochlorothiazide	Tablets	10 mg-12.5 mg 20 mg-12.5 mg 20 mg-25 mg	ea ea ea		
Ramipril	Capsules	1.25 mg 2.5 mg 5 mg 10 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Sildenafil Citrate *	Tablets	20 mg	ea		* Restricted to use for pulmonary arterial hypertension. * Restricted to members that are 21 years of age and younger for the reconstituted suspension only.
	Reconstituted Suspension *	10 mg/ml	ml	AL	
Telmisartan	Tablets	20 mg 40 mg 80 mg	ea ea ea		
Telmisartan and Hydrochlorothiazide	Tablets	40 mg/12.5 mg 80 mg/12.5 mg 80 mg/25 mg	ea ea ea		
Terazosin Hydrochloride	Refer to: Prostate Agents				
Timolol Maleate	Tablets	5 mg 10 mg 20 mg	ea ea ea		
Trandolapril	Tablets	1 mg 2 mg 4 mg	ea ea ea		
Triamterene and Hydrochlorothiazide	Refer to: Vasodilating agents				
Valsartan	Tablets	40 mg 80 mg 160 mg 320 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Antihypertensive (also refer to Diuretics)					
Valsartan/ Hydrochlorothiazide	Tablets	80 mg – 12.5 mg 160 mg – 12.5 mg 160 mg – 25 mg 320 mg – 12.5 mg 320 mg – 25 mg	ea ea ea ea ea		
Verapamil HCL	Refer to: Vasodilating agents				

Diuretics & Cardiovascular: Cardiac Drugs

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Cardiac Drugs					
Amiodarone	Tablets	100 mg 200 mg 400 mg	ea ea ea		
Betaxolol	Tablets	10 mg 20 mg	ea ea		
Captopril	Refer to: Antihypertensive				
Carvedilol	Tablets	3.125 mg 6.25 mg 12.5 mg 25 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Cardiac Drugs					
Carvedilol Phosphate	Capsules, extended-release	10 mg	ea		
		20 mg	ea		
		40 mg	ea		
		80 mg	ea		
Digoxin	Injections	0.25 mg /ml	ml		
	Tablets	0.125 mg	ea		
		0.25 mg 0.5 mg	ea ea		
Liquid	0.05 mg/ml	ml			
Enalapril Maleate	Refer to: Antihypertensive				
Flecainide Acetate	Tablets	50 mg	ea		
		100 mg	ea		
		150 mg	ea		
Metoprolol Succinate	Refer to: Antihypertensive				
Metoprolol Tartrate	Refer to: Antihypertensive				
Mexiletine Hydrochloride	Capsules	150 mg	ea		
		200 mg	ea		
		250 mg	ea		
Midodrine HCL	Tablets	2.5 mg	ea		
		5 mg	ea		
		10 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Cardiac Drugs					
Procainamide	Injection	100 mg/ml, 10 ml	ml		
	Capsules or Tablets	250 mg	ea		
		375 mg	ea		
500 mg		ea			
Capsules or Tablets, long-acting	250 mg	ea			
	500 mg	ea			
	750 mg	ea			
	1000 mg	ea			
Propafenone HCL	Tablets	150 mg	ea		
		225 mg	ea		
		300 mg	ea		
Propranolol	Refer to: Antihypertensive				
Quinidine Gluconate	Injection	80 mg/ml, 10 ml	ml		
	Tablets, long acting	324 mg	ea		
Quinidine Sulfate	Tablets	100 mg	ea		
		200 mg	ea		
		300-325 mg	ea		
	Tablets or capsules		ea		
Ranolazine	Tablets, extended release	500 mg	ea		
		1000 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Cardiac Drugs					
Sotalol HCL	Oral Solution *	5 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
	Tablets	80 mg 120 mg 160 mg 240 mg	ea ea ea ea		
Sotalol HCL AF	Tablets	80 mg 120 mg 160 mg	ea ea ea		
Timolol Maleate	Refer to: Antihypertensive				

Diuretics & Cardiovascular: Diuretics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Diuretics					
Acetazolamide	Refer to: Anti-Glaucoma Agents				
Amiloride HCL	Tablets	5 mg	ea		
Amiloride and Hydrochlorothiazide	Tablets	5 mg-50 mg	ea		
Amlodipine Besylate and Olmesartan Medoxomil	Tablets	5 mg-20 mg 5 mg-40 mg 10 mg-20 mg 10 mg-40 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Diuretics					
Bumetanide	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		
Chlorothiazide	Suspension, Oral	250 mg/5 ml	ml		
Chlorthalidone	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Eplerenone	Tablet	25 mg 50 mg	ea ea		
Ethacrynic Acid	Tablets	25mg	ea		
Finerenone *	Tablets	10 mg 20 mg	ea ea	LR	* Restricted to NDC labeler code 50419 only.
Furosemide	Injection	10 mg/ml	ml		
	Tablets	20 mg 40 mg 80 mg	ea ea ea		
	Liquid	10 mg/ml, 60 ml 10 mg/ml, 120 ml	ml ml		
	Solution	40 mg/5 ml	ml		
Hydrochlorothiazide	Capsules	12.5 mg	ml		
	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Diuretics					
Indapamide	Tablets or Capsules	1.25 mg	ea		
		2.5 mg	ea		
Metolazone	Tablets	2.5 mg	ea		
		5 mg	ea		
		10 mg	ea		
Spironolactone	Tablets	25 mg	ea		
		50 mg	ea		
	Suspension *	25 mg/5 ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Spironolactone with Hydrochlorothiazide	Tablets	25 mg/25 mg	ea		
		50 mg/50 mg	ea		
Torsemide	Tablets	5 mg	ea		
		10 mg	ea		
		20 mg	ea		
		100 mg	ea		
Triamterene	Capsules	50 mg	ea		
		100 mg	ea		
Triamterene with Hydrochlorothiazide	Capsules	37.5 mg/25 mg	ea		
		50 mg/25 mg	ea		
	Tablets	37.5 mg/25 mg	ea		
		75 mg/50 mg	ea		

Diuretics & Cardiovascular: Vasodilating Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Vasodilating Agents					
Diltiazem HCL	Tablets	30 mg	ea		
		60 mg	ea		
		90 mg	ea		
		120 mg	ea		
	Tablets or Capsules, long acting	60 mg	ea		
		90 mg	ea		
		120 mg	ea		
	Tablets or capsules, once-a-day	120 mg	ea		
		180 mg	ea		
		240 mg	ea		
		300 mg	ea		
		360 mg	ea		
		420 mg	ea		
Isosorbide Dinitrate	Tablets	5 mg	ea		
		10 mg	ea		
		20 mg	ea		
		30 mg	ea		
		40 mg	ea		
Isosorbide Dinitrate and Hydralazine Hydrochloride	Tablets	20 mg-37.5 mg	ea		
Isosorbide Mononitrate	Tablets, Extended Release	30 mg	ea		
		60 mg	ea		
		120 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Vasodilating Agents					
(continued)	Tablets	10 mg 20 mg	ea ea		
Nicardipine HCL	Capsules	20 mg 30 mg	ea ea		
Nifedipine	Capsules	10 mg 20 mg	ea ea		
	Tablets or Capsules, long-acting	30 mg 60 mg 90 mg	ea ea ea		
Nitroglycerin (Glyceryl Trinitrate)	Tablets (sublingual) (no long-acting forms)	0.15 mg 0.3 mg 0.4 mg 0.6 mg	ea ea ea ea		
	Ointment	2 %, 20 gm 2 %, 30 gm 2 %, 60 gm	gm gm gm		
	Spray, lingual	400 mcg/spray, 12 gm	gm		
Verapamil HCL	Tablets	40 mg 80 mg 120 mg	ea ea ea		
	Tablets or Capsules, long acting	120 mg 180 mg 240 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics & Cardiovascular: Vasodilating Agents					
(continued)	Injection	5 mg/2 ml ampule 10 mg/4 ml ampule 5 mg/2 ml vial 10 mg/4 ml vial	ml ml ml ml		

Expectorants and Cough Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Expectorants and Cough Preparations					
Benzonatate	Capsules	100 mg 200 mg	ea ea		
Brompheniramine Maleate with Pseudoephedrine HCL and Dextromethorphan *	Syrup	2-30-10 mg/5 ml	ml	AL	* Restricted to individuals 2 years of age and older.
Guaifenesin with Codeine *	Liquid	100 mg-10 mg/ 5 ml	ml	AL, QL	* Restricted to individuals 18 years of age and older. Refer to the Controlled Substance Policy section for drug specific limitations.
Potassium Iodide Saturated Solution (S.S.K.I.)	Liquid		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Expectorants and Cough Preparations					
Promethazine with Codeine *	Oral Liquid Dosage Forms		ml	AL, QL	* Promethazine with Codeine is restricted to individuals 18 years of age and older. Refer to the Controlled Substance Policy section for drug specific limitations.
Promethazine with Dextromethorphan *	Oral Liquid Dosage Forms		ml	AL	* Promethazine with Dextromethorphan is restricted to individuals 2 years of age and older.
Promethazine with Phenylephrine *	Oral Liquid Dosage Forms		ml	AL	* Promethazine with Phenylephrine is restricted to individuals 2 years of age and older.
Promethazine with Phenylephrine and Codeine *	Oral Liquid Dosage Forms		ml	AL, QL	* Promethazine with Phenylephrine and Codeine is restricted to individuals 18 years of age and older. Refer to the Controlled Substance Policy section for drug specific limitations.

Fat Emulsions

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fat Emulsions					
SMOFlipid	Emulsion	20%	ml		

Gallstone Dissolving Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gallstone Dissolving Agent					
Ursodiol	Capsules	300 mg	ea		
	Tablets	250 mg 500 mg	ea ea		

Gastro-Intestinal Drugs: Anti-Diarrhea Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Anti-Diarrhea Agents					
Bismuth Subsalicylate					
Diphenoxylate HCL with Atropine Sulfate *	Tablets	2.5 mg	ea		* Refer to the Controlled Substance Policy section for drug specific limitations.
	Liquid	2.5 mg/5 ml	ml		
Loperamide HCL	Capsules	2 mg	ea		

Gastro-Intestinal Drugs: Anti-Inflammatory Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Anti-Inflammatory Agents					
Balsalazide Disodium	Capsules	750 mg	ea		
Sulfasalazine	Tablets	0.5 gm	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Anti-Inflammatory Agents					
Mesalamine	Tablets	1.2 gm	ea		
	Capsules, extended release *	250 mg 500 mg	ea ea	LR	* Restricted to NDC labeler code 54092.

Gastro-Intestinal Drugs: Bile Acid Modifier

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Bile Acid Modifier					
Ursodiol	Refer to: Gallstone Dissolving Agent				

Gastro-Intestinal Drugs: Digestant Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Digestant Preparations					
Pancrelipase (Amylase/ Lipase/Protease)	Tablets		ea		
	Capsules		ea		
	Capsules with enteric coated granules		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Digestant Preparations					
(continued)	Capsules, delayed release *	3,000 USP units of lipase; 9,500 USP units of protease; 15,000 USP units of amylase	ea		* Restricted to NDC labeler code 00032 only.
		6,000 USP units of lipase; 19,000 USP units of protease; 30,000 USP units of amylase	ea		
		12,000 USP units of lipase; 38,000 USP units of protease; 60,000 USP units of amylase	ea		
		24,000 USP units of lipase; 76,000 USP units of protease; 120,000 USP units of amylase	ea		
		36,000 USP units of lipase; 114,000 USP units of protease; 180,000 USP units of amylase	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Digestant Preparations					
Zenpep (Amylase/Lipase/ Protease)	Capsules, delayed release *	3,000 USP units of lipase; 10,000 USP units of protease; 14,000 USP units of amylase	ea		* Restricted to NDC labeler code 73562 only.
		5,000 USP units of lipase; 17,000 USP units of protease; 24,000 USP units of amylase	ea		
		10,000 USP units of lipase; 32,000 USP units of protease; 42,000 USP units of amylase	ea		
		15,000 USP units of lipase; 47,000 USP units of protease; 63,000 USP units of amylase	ea		
		20,000 USP units of lipase; 63,000 USP units of protease; 84,000 USP units of amylase	ea		

Gastro-Intestinal Drugs: G.I. Stimulant

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: G.I. Stimulant					
Metoclopramide HCL	Tablets	5 mg	ea		
		10 mg	ea		
	Syrup	5 mg/5 ml	ml		
	Injection	5 mg/1 ml	ml		

Gastro-Intestinal Drugs: H /K ATPase Enzyme System Inhibitors

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I		
Gastro-Intestinal Drugs: H /K ATPase Enzyme System Inhibitors							
Esomeprazole Magnesium	Capsules, delayed release	20 mg	ea				
		40 mg	ea				
	Packets *	2.5 mg	ea			AL	* Restricted to members that are 21 years of age and younger.
		5 mg	ea				
		10 mg	ea				
Lansoprazole	Capsules, delayed release	15 mg	ea				
		30 mg	ea				
	Tablets, delayed release disintegrating *	15 mg	ea			AL	* Restricted to members that are 21 years of age and younger.
		30 mg	ea				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: H /K ATPase Enzyme System Inhibitors					
Omeprazole	Capsules, delayed release	10 mg 20 mg 40 mg	ea ea ea		
Pantoprazole Sodium	Tablets, delayed release	20 mg 40 mg	ea ea		
Rabeprazole Sodium	Tablets, delayed release	20 mg	ea		

Gastro-Intestinal Drugs: Helicobacter Pylori Treatment

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Helicobacter Pylori Treatment					
Bismuth Subcitrate Potassium/Metronidazole/ Tetracycline HCL	Capsules	140 mg/125 mg/ 125 mg	ea		
Omeprazole/Amoxicillin/ Rifabutin *	Capsules, delayed release	10 mg/250 mg/ 12.5 mg	ea	LR	* Restricted to NDC labeler code 57841 only.

Gastro-Intestinal Drugs: Histamine H2-Receptor Antagonists

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Histamine H2-Receptor Antagonists					
Cimetidine	Liquid	300 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Histamine H2-Receptor Antagonists					
(continued)	Tablets or Capsules	200 mg 300 mg 400 mg 800 mg	ea ea ea ea		
Famotidine	Tablets	20 mg 40 mg	ea ea		
	Oral Suspension	40 mg/5ml	ml		
Nizatidine	Capsules	150 mg	ea		
		300 mg	ea		

Gastro-Intestinal Drugs: Laxatives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Laxatives					
Bisacodyl EC	Tablets, delayed release	5 mg	ea		
Linaclotide *	Capsules	72 mcg	ea	LR	* Restricted to NDC labeler code 00456.
		145 mcg	ea		
		290 mcg	ea		
Naloxegol Oxalate *	Tablets	12.5 mg	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 82625 only.
		25 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Laxatives					
Polyethylene Glycol 3350	Powder	238 gm 510 gm	gm		
Polyethylene Glycol 3350 and Electrolytes	Solution	4000 ml	ml		

Gastro-Intestinal Drugs: Prostaglandin Analog

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Prostaglandin Analog					
Misoprostol	Tablets	100 mcg 200 mcg	ea ea		

Gastro-Intestinal Drugs: Ulcer Adherent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Ulcer Adherent					
Sucralfate	Tablets	1 gm	ea		
	Liquid	1 gm/10 ml	ml		

Gold Compounds

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gold Compounds					
Auranofin	Capsules	3 mg	ea		

Gonadotropin-Releasing Hormones Combinations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gonadotropin-Releasing Hormones Combinations					
Elagolix Sodium *	Tablets	150 mg 200 mg	ea ea	LR	* Restricted to the management of pain associated with endometriosis. Also restricted to NDC labeler code 00074 only.
Elagolix, Estradiol and Norethindrone Acetate *	Capsule packet	28 x 300 mg & 28 x 300 mg/ 1 mg/0.5 mg	ea	LR	* Restricted to the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopause. Also restricted to NDC 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 NDC labeler code 62935.
	1-Month Syringe Kit (Lupron Depot-Ped®) *	7.5 mg	ea	LR	* Restricted to patients with central precocious puberty for Lupron Depot-Ped®. Also restricted to NDC labeler code 00074.
		11.25 mg	ea		
		15 mg	ea		
3-Month Syringe Kit (Lupron Depot-Ped®) *	11.25 mg 30 mg	ea ea			
6-Month Syringe Kit (Lupron Depot-Ped®) *	45 mg	ea			
Relugolix/Estradiol/ Norethindrone Acetate *	Tablets	28 x 40 mg/ 1 mg/0.5 mg	ea	LR	* Restricted to NDC labeler code 72974 only.
Triptorelin Pamoate *	Kit	22.5 mg	ea	LR	* Restricted to NDC labeler code 24338 for the kit only.

Hemorheologic Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hemorheologic Agents					
Cilostazol	Tablets	50 mg 100 mg	ea ea		
Pentoxifylline	Tablets, extended release	400 mg	ea		

Hormones: Androgens

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Androgens					
Methyltestosterone *	Tablets	10 mg 25 mg	ea ea	QL	* Methyltestosterone is restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty, or metastatic mammary cancer. Refer to the Controlled Substance Policy section for drug specific limitations.
Testosterone	Refer to: Anti-Neoplastics				

Hormones: Contraceptives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Desogestrel and Ethinyl Estradiol *	Tablets	0.15 mg – 30 mcg Tablets from 21 Tablet Packet Tablets from 28 Tablet Packet	ea ea	QL	<p>* Restricted to a maximum quantity of up to a 12-month supply 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>Note: Payment limited to a minimum dispensing quantity of three cycles. Refer to <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4), regarding exceptions.</p>
	Tablets from the 21/2/5 Combination Packet (28 Tablets/Package)	21 x 0.15 mg Desogestrel/ 0.02 mg ethinyl estradiol 2 x inert 5 x 0.01 mg ethinyl estradiol	ea		
	Tablets from 7/7/7 Combination Packet (28 Tablets/Package)	7 x 0.100 mg/ 0.025 mg 7 x 0.125 mg/ 0.025 mg 7 x 0.150 mg/ 0.025 mg 7 x inert	ea		

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

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Ethinyl Estradiol/ Drospirenone *	Tablets	0.03 mg – 3 mg 0.02 mg – 3 mg	ea	QL	* Restricted to a maximum quantity of up to a 12-month supply 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.
Ethinodiol Diacetate and Ethinyl Estradiol *	Tablets	1 mg – 35 mcg, Tablets from 21-Tablet Packet	ea	QL	* Ethinodiol Diacetate and Ethinyl Estradiol are restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on a continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. Note: Payment limited to a minimum dispensing quantity of three cycles. Refer to <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
		1 mg – 35 mcg, Tablets from 28-Tablet Packet	ea		
		1 mg – 50 mcg, Tablets from 21-Tablet Packet	ea		
		1 mg – 50 mcg, Tablets from 28-Tablet Packet	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Etonogestrel and Ethinyl Estradiol *	Vaginal Ring	0.120 mg – 0.015 mg	ea	QL	* Etonogestrel and Ethinyl Estradiol are restricted to a maximum dispensing quantity of up to 18 rings per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive vaginal rings may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Lactic Acid, Citric Acid and Potassium Bitartrate *	Vaginal Gel		gm	LR, QL	* Restricted to one (1) box (12 single-use applicators) per dispensing and limited to three (3) dispensings per any 75-day period. Also restricted to NDC labeler code 69751 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Levonorgestrel and Ethinyl Estradiol *	Tablets	0.1 mg – 20 mcg, Tablets from 21 Tablet Packet	ea	QL	<p>* Levonorgestrel and Ethinyl Estradiol are restricted to a maximum quantity of up to a 12-month supply 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>Note: Payment limited to a minimum dispensing quantity of three cycles. Refer to <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.</p>
		0.1 mg – 20 mcg, Tablets from 28 Tablet Packet			
		0.15 mg – 30mcg, Tablets from 21 Tablet Packet			
		0.15 mg – 30mcg, Tablets from 28 Tablet Packet			
		0.15 mg – 30mcg, Tablets from 91 Tablet Packet			
	Tablets from 6/5/10 Combination Packet (21 Tablets/Packet)	6x0.05mg/30 mcg 5 x 0.075 mg/ 40 mcg 10 x 0.125 mg/30 mcg	ea		
Tablets from 6/5/10 Combination Packet (28 Tablets/Packet)	6x0.05mg/30 mcg 5 x 0.075 mg/ 40 mcg 10 x 0.125 mg/30 mcg7 x inert	ea			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
(continued)	Transdermal Patch *	120 mcg/30 mcg	ea	LR, QL	* Restricted to a maximum dispensing quantity of up to 54 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.
Levonorgestrel and Ethinyl Estradiol/Ethinyl Estradiol *	Tablets	0.1 – 0.02 – 0.01 mg 0.15 – 0.03 – 0.01 mg	ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norelgestromin and Ethinyl Estradiol *	Transdermal Patch	150 mcg /35 mcg	ea	QL, LR	* Norelgestromin and Ethinyl Estradiol are restricted to a maximum dispensing quantity of up to 54 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. Also restricted to NDC labeler code 00378 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norethindrone *	Tablets	0.35 mg Tablets from 28 Tablet Packet 0.35 mg Tablets from 42 Tablet Packet	ea ea	QL	<p>* Norethindrone is restricted to a maximum quantity of up to a 12-month supply 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>Note: Payment limited to a minimum dispensing quantity of three cycles. Refer to <i>California Code of Regulations (CCR)</i>, Title 22, Section 51513(b)(4) regarding exceptions.</p>
Norethindrone and Ethinyl Estradiol *	Tablets	0.4 mg – 35 mcg Tablets from 21 Tablet Packet 0.4 mg – 35 mcg Tablets from 28 Tablet Packet 0.5 mg – 35 mcg Tablets from 21 Tablet Packet	ea ea ea	QL	<p>* Norethindrone and Ethinyl Estradiol is restricted to a maximum quantity of up to a 12-month supply 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</p>

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
(continued)		0.5 mg – 35 mcg Tablets from 28 Tablet Packet	ea		of up to 12 months of the same product requested within a year. Note: Payment limited to a minimum dispensing quantity of three cycles. Refer to <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
		1 mg – 35mcg Tablets from 21 Tablet Packet	ea		
		1 mg – 35 mcg Tablets from 28 Tablet Packet	ea		
	Tablets from 7/7/7 Combination Packet Tablets from 21 Tablet Packet Tablets from 28 Tablet Packet	7x0.5 mg/35 mcg 7x0.75 mg/35mcg 7x1.0 mg/35 mcg	ea		
	Tablets from 7/9/5 Combination Packet Tablets from 21 Tablet Packet Tablets from 28 Tablet Packet	7x0.5 mg/35 mcg 9x1.0 mg/35 mcg 5x0.5 mg/35 mcg	ea		
	Tablets from 10/11 Combination Packet Tablets from 21 Tablet Packet Tablets from 28 Tablet Packet	10x0.5 mg/35mcg 11 x 1 mg/35 mcg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norethindrone/ Ethinyl Estradiol/Iron *	Tablets	1 mg – 0.02 mg 1.5 mg – 30 mcg	ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply 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 (Lo) *	Tablets	7x0.18 mg/ 25 mcg 7x0.215 mg/ 25 mcg 7x0.25 mg/ 25 mcg	ea ea ea	QL	* Norgestimate and Ethinyl Estradiol is restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norgestimate and Ethinyl Estradiol *	Tablets from 7/7/7 (tri-phasic) Combination Packet (21 Tablets/Package)	7x0.180 mg/35 mcg 7x0.215 mg/35 mcg 7x0.250 mg/35 mcg	ea	QL	<p>* Norgestimate and Ethinyl Estradiol is restricted to a maximum quantity of up to a 12-month supply 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>Note: Payment limited to a minimum dispensing quantity of three cycles. Refer to <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.</p>
	Tablets from 7/7/7 (tri-phasic) Combination Packet (28 Tablets/Package)	7x0.180 mg/35 mcg 7x0.215 mg/35 mcg 7x0.250 mg/35 mcg 7 inert	ea		
	Tablets from Monophasic Packet (28 tablets/package)	21x0.25 mg/35 mcg 7 inert	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norgestrel and Ethinyl Estradiol *	Tablets	0.3 mg – 30 mcg Tablets from 21 tablet packet	ea	QL	* Norgestrel and Ethinyl Estradiol is restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. Note: Payment limited to a minimum dispensing quantity of three cycles. Refer to <i>California Code of Regulations (CCR)</i> , Title 22, Section 51513(b)(4) regarding exceptions.
		0.3 mg – 30 mcg Tablets from 28 tablet packet	ea		
		0.5 mg – 50 mcg Tablets from 21 tablet packet	ea		
		0.5 mg – 50 mcg Tablets from 28 tablet packet	ea		
Segesterone Acetate and Ethinyl Estradiol *	Vaginal Ring	103 mg – 17.4 mg	ea	LR, QL	* Restricted to NDC labeler codes 50261 and 68308. Also restricted to a maximum quantity of 1 ring per dispensing. The maximum quantity is intended for members 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.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
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 dispensing in any 12-month period. Also restricted to NDC labeler code 73302 only.

Hormones: Estrogens & Combinations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Estrogens & Combinations					
Estradiol	Tablets	0.5 mg	ea		
		1 mg	ea		
		2 mg	ea		
	Transdermal system once-weekly patch	0.025 mg/24 hr	ea		
		0.0375 mg/24 hr	ea		
		0.05 mg/24 hr	ea		
		0.06 mg/24 hr	ea		
		0.075 mg/24 hr	ea		
		0.1 mg/24 hr	ea		
	Transdermal system twice-weekly patch	0.025 mg/24 hr	ea		
		0.0375 mg/24 hr	ea		
		0.05 mg/24 hr	ea		
0.075 mg/24 hr		ea			
0.1 mg/24 hr		ea			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Estrogens & Combinations					
(continued)	Vaginal cream	0.01%	gm		
	Vaginal ring	2 mg	ea		
Estrogens, Conjugated	Tablets or Capsules	0.3 mg	ea		
		0.625 mg	ea		
0.9 mg		ea			
1.25 mg		ea			
2.5 mg		ea			
	Vaginal Cream	Tube- refill Tube with applicator	gm gm		
Estrogens, conjugated and Medroxyprogesterone Acetate	Tablets	0.625 mg–2.5 mg Tablets from 28-tablet package	ea		
		0.625 mg – 5 mg Tablets from 28-tablet package	ea		
Estrogens, Esterified	Tablets or Capsules	0.3 mg 0.625 mg 1.25 mg 2.5 mg	ea ea ea ea		

Hormones: Glucocorticoids

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
Budesonide EC	Capsule	3 mg	ea		
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 6.0 mg		ea ea			
Injection	4 mg/ml	ml			
Ophthalmic Ointment	0.05 % 0.1 %	gm			
	Ophthalmic Solution		ml		
Dexamethasone Intensol	Drops	1 mg/ml	ml		
Fludrocortisone Acetate	Tablets	0.1 mg	ea		
Hydrocortisone	Injection	25 mg/ml, 5 ml	ml		
		25 mg/ml, 10 ml	ml		
		50 mg/ml, 5 ml	ml		
		50 mg/ml, 10 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
(continued)	Tablets	5 mg 10 mg 20 mg	ea ea ea		
	Suppository	25 mg	ea		
	Rectal foam, aerosol with rectal applicator	10%	gm		
	Retention enema	100 mg/60 ml, 60 ml	ml		
	Topical cream	1 % 2.5 %	gm gm		
	Lotion	1 % 2.5 %	ml ml		
	Ointment	1 % 2.5 %	gm gm		
Hydrocortisone Sodium Succinate (PF)	ACT-O-VIAL	100 mg/2 ml	ml		
Methylprednisolone	Dosepak	4 mg	ea		
	Tablets	4 mg	ea		
Prednisolone	Injection	20 mg/ml, 2 ml	ml		
		20 mg/ml, 5 ml	ml		
		20 mg/ml, 10 ml	ml		
		25 mg/ml, 10 ml	ml		
		25 mg/ml, 30 ml	ml		
	Tablets	5 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
(continued)	Liquid	5 mg/5 ml 15 mg/5 ml	ml ml		
Prednisolone Sodium Phosphate	Orally Disintegrating Tablets	10 mg 15 mg 30 mg	ea ea ea		
	Solution	15 mg/5 ml	ml		
Prednisone	Tablets	1 mg 2.5 mg 5 mg 10 mg 20 mg 50 mg	ea ea ea ea ea ea		
Triamcinolone	Intralesional	25 mg/ ml	ml		
	Parenteral	10 mg/ ml, 5 ml	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			
Aerosol inhaler with adapter	20 gm	gm			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
(continued)	Nasal spray	55 mcg/actuation, 16.9 ml	ml		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i> .
	Paste	0.1 %	gm		

Hormones: Hypoglycemics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Acarbose	Tablets	25 mg 50 mg 100 mg	ea		
Alogliptin	Tablets	6.25 mg 12.5 mg 25 mg	ea ea ea		
Alogliptin/ Metformin HCL	Tablets	12.5 mg/500 mg 12.5 mg/1000 mg	ea ea		
Alogliptin/ Pioglitazone	Tablets	12.5 mg/15 mg 12.5 mg/30 mg 12.5 mg/45 mg 25 mg/15 mg 25 mg/30 mg 25 mg/45 mg	ea ea ea ea ea ea		
Canagliflozin *	Tablets	100 mg 300 mg	ea ea	LR	* Restricted to NDC labeler code 50458.

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

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Empagliflozin/ Metformin HCL *	Tablets	5 mg/500 mg 5 mg/1000 mg 12.5 mg/500 mg 12.5 mg/1000 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00597 only.
	Tablets, Extended -Release	5 mg/1000 mg 10 mg/1000 mg 12.5 mg/1000 mg 25 mg/1000 mg	ea ea ea ea		
Exenatide *	Pre-filled Injectable Pen	250 mcg/ml, 1.2 ml 250 mcg/ml, 2.4 ml	ml ml	LR	* Restricted to use in the treatment of Type 2 diabetes and NDC labeler code 00310 only.
	Extended-Release Auto-injector Pen	2 mg/pen, 0.85 ml	ml		
Glimepiride	Tablets	1 mg 2 mg 4 mg	ea ea ea		
Glipizide	Tablets	5 mg 10 mg	ea ea		
	Tablets, Long Acting	2.5 mg 5 mg 10 mg	ea ea ea		
Glipizide and Metformin HCL	Tablets	2.5 mg/250 mg 2.5 mg/500 mg 5 mg/500 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Glyburide	Tablets	1.25 mg 2.5 mg 5 mg	ea ea ea		
	Tablets, Micronized	1.5 mg 3 mg 6 mg	ea ea ea		
Glyburide and Metformin HCL	Tablets	1.25 mg/250 mg 2.5 mg/500 mg 5 mg/500 mg	ea ea ea		
Insulin Glargine (rDNA Origin) *	Vial	100 units/ml, 10 ml	ml	LR	* Insulin Glargine (rDNA Origin) is restricted to NDC labeler codes 00088, 00002, and 49502 only. Note: Prefilled Pen does not include Tempo® Pen.
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Glargine-YFGN *	Vial	100 units/ml, 10 ml	ml	LR	* Restricted to NDC labeler codes 49502 and 83257 only.
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler codes 00169 and 73070 only.
	Vial	100 units/ml, 10 ml	ml		
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Insulin Aspart (niacinamide) *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler code 00169 only.
	Vial	100 units/ml, 10 ml	ml		
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart Protamine Suspension/Insulin Aspart, (rDNA Origin) *	Vial, Insulin aspart protamine 70% and Insulin aspart 30%	100 units/ml, 10 ml	ml	LR	* Restricted to NDC labeler codes 00169 and 73070 only.
	Prefilled Pen, Insulin aspart protamine 70% and insulin aspart 30%	100 units/ml, 3 ml x 5	ml		
Insulin Degludec *	Vial	100 units/ml	ml	LR	* Restricted to NDC labeler code 00169 only.
	Prefilled Pen	100 units/ml, 3 ml x 5 200 units/ml, 3 ml x 3	ml ml		
Insulin Detemir (rDNA Origin) *	Vial	100 units/ml	ml	LR	* Restricted to NDC labeler code 00169 only.
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Lispro (rDNA Origin) *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Insulin Lispro (rDNA Origin) is restricted to NDC labeler codes 00002, 00024, and 66733 only.
	Vial	100 units/ml, 3 ml 10 ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
(continued)	Prefilled Pen	100 units/ml, 3 ml x 5	ml		Note: Prefilled Pen does not include Tempo® Pen.
Insulin Lispro Protamine/Insulin Lispro (rDNA Origin) *	Vial, Insulin lispro protamine 75% and insulin lispro 25%	100 units/ml, 10 ml	ml	LR	* Insulin Lispro Protamine Suspension/Insulin Lispro Injection (rDNA Origin) is restricted to NDC labeler code 00002 only.
	Prefilled pen, Insulin lispro protamine 75% and insulin lispro 25%	100 units/ml, 3 ml X 5	ml		
	Prefilled pen, Insulin lispro protamine 50% and insulin lispro 50%	100 units/ml, 3 ml X 5	ml		
Insulin Regular, Human (rDNA Origin)	Vial	500 units/ml, 20 ml	ml		
	Prefilled pen	500 units/ml, 3 ml X 2	ml		
Linagliptin *	Tablets	5 mg	ea	LR	* Linagliptin is restricted to NDC labeler code 00597 only.
Linagliptin/ Metformin HCL *	Tablets	2.5 mg/500 mg 2.5 mg/850 mg 2.5 mg/1000 mg	ea ea ea	LR	* Linagliptin/Metformin HCL is restricted to NDC labeler code 00597 only.
	Tablets, Extended Release	2.5 mg/1000 mg 5 mg/1000 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Liraglutide *	Prefilled Pen	18 mg/3 ml	ml	LR	* Restricted to use in improving glycemic control in patients with Type 2 Diabetes Mellitus. Also, restricted to NDC labeler code 00169 only.
Metformin HCL	Tablets	500 mg 850 mg 1000 mg	ea ea ea		
	Tablets, Extended Release (SCOT delivery system)	500 mg 1000 mg	ea ea		
	Tablets, extended release (GR drug delivery system)	500 mg	ea		
	Tablets, Extended Release	500 mg 750 mg	ea ea		
	Solution, Oral	100 mg/ ml	ml		
Miglitol	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Nateglinide	Tablets	60 mg	ea		
	Tablets	120 mg	ea		
Pioglitazone HCL	Tablets	15 mg	ea		
		30 mg	ea		
		45 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Pioglitazone HCL/ Glimepiride	Tablets	30 mg/2 mg 30 mg/4 mg	ea ea		
Pioglitazone HCL/ Metformin HCL	Tablets	15 mg/500 mg 15 mg/850 mg	ea ea		
Pramlintide Acetate *	60 Pen Injector	1.5 ml	ml	LR	* Pramlintide Acetate is restricted to use in the treatment of Type 2 diabetes and NDC labeler code 00310 only.
	120 Pen Injector	2.7 ml	ml		
Saxagliptin HCL	Tablets	2.5 mg 5 mg	ea ea		
Saxagliptin HCL/ Metformin HCL Extended-Release	Tablets	2.5 mg /1,000 mg 5 mg /500 mg 5 mg /1,000 mg	ea ea ea		
Semaglutide *	Prefilled Pen	0.25-0.5 mg/dose (2 mg/1.5 ml)	ml	LR	* Restricted to use in improving glycemic control in patients with Type 2 Diabetes Mellitus. Also, restricted to NDC labeler code 00169 only.
		0.25-0.5 mg/dose (2 mg/3 ml)	ml		
1 mg/dose (2 mg/1.5 ml)		ml			
1 mg/dose (4 mg/3 ml)		ml			
2 mg/dose (8 mg/3 ml)		ml			
Tablets		3 mg 7 mg 14 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Sitagliptin Phosphate *	Tablets	25 mg 50 mg 100 mg	ea ea ea	LR	* Sitagliptin Phosphate is restricted to NDC labeler code 00006 only.
Sitagliptin Phosphate/Metformin HCL *	Tablets	50 mg/500 mg 50 mg/1000 mg	ea ea	LR	* Sitagliptin Phosphate/Metformin HCL is restricted to NDC labeler code 00006 only.
	Tablets, Extended Release	50 mg/500 mg 50 mg/1000 mg 100 mg/1000 mg	ea ea ea		

Hormones: Hypoglycemic Shock

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemic Shock					
Dasiglucagon HCL *	Single Dose Auto-Injector	0.6 mg/0.6 ml	ml	QL	* Restricted to a maximum of two (2) injections per dispensing and two dispensings in any 90-day period.
	Single Dose Prefilled Syringe	0.6 mg/0.6 ml	ml		
Glucagon (R-DNA Origin)	Injection, Emergency Kit	1 mg/vial	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemic Shock					
Glucagon (synthetic)	Nasal Spray *	3 mg	ea	QL	* Restricted to a maximum of two (2) devices per dispensing and two dispensings in any 90-day period for the nasal spray only. Effective January 1, 2025: Also restricted to NDC labeler code 00548 only.

Hormones: Parathyroid

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Parathyroid					
Calcitonin-Salmon	Injection	200 IU/ml	ml		
	Nasal Spray	2200 IU/ml	ml		

Hormones: Pituitary

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Pituitary					
Desmopressin	Injection	4 mcg/ml	ml		
	Nasal solution or spray	0.01 % 2.5ml	ml		
		5 ml	ml		
Tablets	0.1 mg		ea		
	0.2 mg		ea		

Hormones: Progestins & Combinations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Progestins & Combinations					
Medroxyprogesterone Acetate	Injection	150 mg/ml	ml		
	Injection, prefilled syringe	150 mg/ml	ml		
	Prefilled syringe	104 mg/0.65 ml	ml		
	Tablets		ea		
Norethindrone Acetate and Ethinyl Estradiol *	Tablets	1 mg – 10 mcg/ 2 Fe tablets Tablets from 28 tablet packet	ea	LR, QL	* Norethindrone Acetate and Ethinyl Estradiol are restricted to a maximum quantity of up to a 12-month supply 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. * The 1 mg to 10 mcg/2 Fe tablets are restricted to NDC labeler code 00430 only. Note: Payment limited to a minimum dispensing quantity of three cycles. Refer to <i>California Code of Regulations</i>
		1 mg – 20 mcg Tablets from 21 tablet packet	ea	QL	
	1 mg – 20 mcg/ 7 Fe tablets Tablets from 28 tablet packet	ea			
	1.5 mg – 30 mcg Tablets from 21 tablet packet	ea			
	1.5 mg – 30 mcg/ 7 Fe tablets Tablets from 28 tablet packet	ea			
	1.5 mg – 30 mcg/ 7 Fe tablets Tablets from 28 tablet packet	ea			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Progestins & Combinations					
(continued)	Tablets from 5/7/9 combination packet (28 Tablets/packet)	5 x 1 mg/20 mcg 7 x 1 mg/30 mcg 9 x mg/35 mcg 7 inert	ea	QL	(CCR), Title 22, Section 51513(b)(4) regarding exceptions.
Progesterone	Injection	50 mg/ml, 10 ml	ml		
	Capsules, Micronized	100 mg 200 mg	ea ea		

Hormones: Progesterone Receptor Antagonists

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Progesterone Receptor Antagonists					
Mifepristone	Tablets	200 mg	ea		

Hormones: Thyroid and Antithyroid

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Thyroid and Antithyroid					
Levothyroxine Sodium	Tablets or Capsules	25 mcg	ea		
		50 mcg	ea		
		75 mcg	ea		
		88 mcg	ea		
		100 mcg	ea		
		112 mcg	ea		
		125 mcg	ea		
		137 mcg	ea		
		150 mcg	ea		
		175 mcg	ea		
	200 mcg	ea			
	300 mcg	ea			
Capsules	13 mcg	ea			
	37.5 mcg	ea			
	44 mcg	ea			
	62.5 mcg	ea			
Solution *	100 mcg/5 ml	ml	AL	* Restricted to members that are 21 years of age and younger.	
Liothyronine Sodium	Tablets	5 mcg	ea		
		25 mcg	ea		
50 mcg		ea			
	Vial	10 mcg/ml	ml		
Methimazole	Tablets	5 mg	ea		
		10 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Thyroid and Antithyroid					
Propylthiouracil	Tablets	50 mg	ea		
Thyroid	Tablets, plain	15 mg	ea		
		30 mg	ea		
		65 mg	ea		
		98 mg	ea		
		120 mg	ea		
		200 mg	ea		
		250 mg	ea		
		325 mg	ea		
Thyroid, Pork	Tablets	15 mg	ea		
		16.25 mg	ea		
		30 mg	ea		
		32.5 mg	ea		
		48.75 mg	ea		
		60 mg	ea		
		65 mg	ea		
		90 mg	ea		
		97.5 mg	ea		
		120 mg	ea		
		130 mg	ea		

Hypoprolactinemic Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hypoprolactinemic Agent					
Bromocriptine Mesylate	Tablets or Capsules	2.5 mg 5 mg	ea ea		

Immunomodulators

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Adalimumab (original or citrate free) *	Prefilled pens or syringes	10 mg/0.1 ml	ea	LR, QL	* Restricted to 1) FDA approved indications; and 2) a maximum quantity per dispensing of one carton (billing equivalent of two, three, four, or six pens or syringes) per 28-day period. Also restricted to NDC labeler code 00074 only.
		20 mg/0.2 ml	ea		
		40 mg/0.4 ml	ea		
		40 mg/0.8 ml	ea		
		80 mg/0.8 ml	ea		
Starter Packages					
Chron.-UC-HS PS-UV-ADOL HS	40 mg/0.8 ml	ea ea			
Chron.-UC-HS Pedi. Chron. Pedi. UC	80 mg/0.8 ml	ea ea ea			
PS-UV-ADOL HS (80 mg/40 mg) Pedi. Chron. (80 mg/40 mg)	80 mg/0.8 ml and 40 mg/0.4 ml	ea ea			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Adalimumab-bwwd (original or citrate free) *	Single-dose prefilled autoinjectors or syringes	40 mg/0.4 ml 40 mg/0.8 ml	ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum quantity per dispensing of two cartons (four autoinjectors or syringes) per 28-day period, not including initial loading doses in accordance with FDA-approved labeling. Also restricted to NDC labeler code 78206. Note: The billing unit is ml.
Adalimumab-fkjp (citrate free) *	Single-dose prefilled pens	40 mg/0.8 ml	ea	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum quantity per dispensing of two cartons (four pens or syringes) per 28-day period, not including initial loading doses in accordance with FDA-approved labeling. Also restricted to NDC labeler code 83257 for the non-brand name NDCs only. Note: Listed product does not include brand name Hulio. The billing unit is each.
	Single-dose prefilled syringe	20 mg/0.4 ml 40 mg/0.8 ml	ea ea		
Apremilast *	Tablets	20 mg 30 mg	ea ea	LR	* Restricted to FDA approved indications. Also restricted to NDC labeler code 55513 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Baricitinib *	Tablets	1 mg 2 mg 4 mg	ea ea ea	LR	* Restricted to use in patients 18 years of age and older with alopecia areata. Also restricted to NDC labeler code 00002 only.
Diroximel Fumarate *	Capsules, delayed-release	231 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 64406.
Etanercept *	Single-dose prefilled syringe	25 mg/0.5 ml 50 mg/ml	ml ml	LR, QL	* Restricted to 1) FDA approved indications; and 2) Maximum quantity per dispensing of 1 carton (4 single-dose prefilled syringes) or 1 carton (4 SureClick® single-dose prefilled autoinjectors) or 1 carton (4 Enbrel Mini® single-dose prefilled cartridges) or 1 kit (4 multiple-dose vials) or 1 carton (4 single-dose vials) per 28-day period. Also restricted to NDC labeler code 58406 only. Note: Bill using outer package NDCs for proper reimbursement.
	Single-dose prefilled SureClick autoinjector	50 mg/ml	ml		
	Single-dose vial	25 mg/0.5 ml	ml		
	Lyophilized powder, multiple-dose vial for reconstitution	25 mg	ea		
	Enbrel Mini single-dose prefilled cartridge	50 mg	ml		
Glatiramer Acetate *	Syringe	20 mg/ml 40 mg/ml	ml ml	LR	* Restricted to NDC labeler code 68546 only.
Leflunomide	Tablets	10 mg 20 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Monomethyl Fumarate *	Capsules, delayed-release	95 mg	ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only. Also restricted to NDC labeler code 69387.
Ozanimod Hydrochloride *	Capsules	0.92 mg, 30 count bottle	ea	AL, LR	* 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.
	7-day starter pack	0.23 mg x 4, 0.46 mg x 3	ea		
	Starter Kit	0.23 mg x 4, 0.46 mg x 3, 0.92 mg x 30 0.23 mg x 4, 0.46 mg x 3, 0.92 mg x 21	ea ea		
Risankizumab-rzaa *	Single-dose prefilled autoinjector or syringe	150 mg/ml	ml	AL, QL	* Restricted to 1) The treatment of moderate-to-severe plaque psoriasis or active psoriatic arthritis in patients 18 years of age and older; and 2) A maximum dispensing quantity of 1 carton per 84-day period, not including initial loading doses in accordance with FDA-approved labeling.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Secukinumab *	Single dose prefilled syringes or pens	75 mg/0.5 ml x 1 (75 mg) 150 mg/ml x 1 (150 mg) 150 mg/ml x 2 (300 mg) 300 mg/2 ml x 1 (300 mg)	ml ml ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum dispensing quantity of 1 carton per 28-day period, not including initial loading doses in accordance with FDA-approved labeling. Also restricted to NDC labeler code 00078. Note: Includes Sensoready and UnoReady Pens.

Immunosuppressive Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunosuppressive Agent					
Azathioprine	Tablets	50 mg	ea		
Cyclosporine, Modified	Capsules	25 mg 100 mg	ea ea		
Mycophenolate Mofetil	Capsules	250 mg	ea		
	Suspension, reconstituted *	200 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
	Tablets	500 mg	ea		
Mycophenolate Sodium	Tablets, delayed release	180 mg 360 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunosuppressive Agent					
Sirolimus	Tablets	0.5 mg 1 mg	ea ea		
	Solution, oral *	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Tacrolimus	Capsules	0.5 mg 1 mg 5 mg	ea ea ea		
	Ointment	0.03 % 0.1 %	gm gm		

Interstitial Cystitis Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Interstitial Cystitis Agent					
Pentosan Polysulfate Sodium	Capsules	100 mg	ea		

Laxatives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Laxatives					
Lactulose	Solution	10 g/15 ml	ml		

Local Anesthetic Injection

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Local Anesthetic Injection					
Lidocaine Hydrochloride *	Injection	1 %, 10 ml 1 %, 20 ml	ml ml	QL	* Lidocaine Hydrochloride is restricted to a maximum quantity of 20 ml per dispensing.

Metabolic Supplements: Calcium Supplements & Vitamin D Analogs

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Calcium Supplements & Vitamin D Analogs					
Calcitriol	Tablets or Capsules	0.25 mcg 0.50 mcg	ea ea		
	Solution, Oral	1 mcg/ml	ml		
Calcium Acetate	Tablets or Capsules	667 mg	ea		
Doxercalciferol	Capsules	0.5 mcg 2.5 mcg	ea ea		
Ergocalciferol	Capsules	1.25 mg	ea		

Metabolic Supplements: Fluoride

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Fluoride					
Sodium Fluoride	Tablets	1.0 (2.2) mg	ea		<p>Note: Listed dosage forms of sodium fluoride are not subject to the 100 maximum calendar day supply limitation.</p> <p>Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i>.</p>
	Chewable tablets	0.25 (0.55) mg	ea		
		0.50 (1.1) mg	ea		
		1.0 (2.2) mg	ea		
	Drops		ml		
	Solution	0.2%	ml		
Gel	1.1 %	gm			
Paste	1.1 %	ml			

Metabolic Supplements: Potassium Supplement

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Potassium Supplement					
Potassium Bicarbonate/ Citric Acid	Tablets, effervescent	10 mEq 20 mEq 25 mEq	ea		
Potassium Chloride	Tablets, long acting	8 mEq	ea		
		10 mEq 20 mEq			
	Tablets, extended release	15 mEq 20 mEq	ea ea		
	Injection		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Potassium Supplement					
(continued)	Liquid	10 % 20 %	ml ml	QL	Note: Payment for oral liquid limited to a minimum dispensing quantity of 480 ml. Refer to <i>California Code of Regulations (CCR)</i> , Title 22, Section 51513(b)(5) regarding exceptions.
	Capsules, long acting	8 mEq 10 mEq	ea ea		
	Packet	20 mEq	ea		
Potassium Citrate	Tablets, extended release	5 mEq 10 mEq 15 mEq	ea ea ea		
Potassium Citrate Monohydrate/Sodium Citrate Dihydrate/Citric Acid Monohydrate	Solution, oral	550 mg/500 mg/ 334 mg	ml		
Potassium Phosphate, Monobasic	Tablets	500 mg	ea		
Sodium Phosphate, Dibasic, Monobasic/ Potassium Phosphate Monobasic	Tablets	250 mg	ea		
Sodium Phosphate, Monobasic/Potassium Phosphate Monobasic	Tablets	700-305 mg	ea		

Metabolic Supplements: Vitamins

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Vitamins					
Cyanocobalamin (Injectable Only)	Injection	100 mcg/ml 1000 mcg/ml	ml ml		
Folic Acid	Tablets	1 mg	ea		
Leucovorin Calcium	Injection	3 mg/ml, 1 ml	ml		
	Powder for injection	50 mg/vial 100 mg/vial	ea ea		
	Tablets	5 mg 10 mg 25 mg	ea ea ea		
Levocarnitine	Tablets	330 mg	ea		
	Liquid, oral	100 mg/ml	ml		
Levocarnitine SF	Liquid, oral	100 mg/ ml	ml		
Pyridoxine	Injection	100 mg/ml, 10 ml 100 mg/ml, 30 ml	ml ml		
Thiamine Hydrochloride	Injection	100 mg/ml	ml		
Vitamins A, D, C, with Sodium Fluoride	Drops	50 ml	ml		Reimbursable for children up to the 5th birthday only. Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i> .

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Vitamins					
Vitamin B Comp No.3/Folic/C/Biotin	Tablets	1 mg-60 mg- 300 mcg	ea		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations.</i>
Vitamin D3 (cholecalciferol)	Tablets or Capsules	1,250 mcg (50,000 u)	ea		

Miscellaneous

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous					
Water for Injection, Sterile Water for Injection, Bacteriostatic	Injection	5 ml 10 ml 20 ml 30 ml 50 ml	ml ml ml ml ml		

Movement Disorder Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Movement Disorder Agents					
Deutetrabenazine *	Tablets	6 mg 9 mg 12 mg	ea ea ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of tardive dyskinesia or chorea associated with Huntington's disease. Also restricted to NDC labeler code 68546 only.
Tetrabenazine *	Tablets	12.5 mg 25 mg	ea ea		* Restricted to use in the treatment of chorea associated with Huntington's disease.
Valbenazine Tosylate *	Capsules (including initiation pack)	40 mg 60 mg 80 mg	ea ea ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of tardive dyskinesia or chorea associated with Huntington's disease. Also restricted to NDC labeler code 70370 only.
	Sprinkle Capsules	40 mg 60 mg 80 mg	ea ea ea		

Nasal Corticosteroids

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nasal Corticosteroids					
Beclomethasone Dipropionate	Nasal Spray	42 mcg	gm		
Budesonide	Nasal Spray	32 mcg	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nasal Corticosteroids					
Fluticasone Propionate	Nasal Spray	50 mcg/actuation, 9.9 ml	ml	AL, LR	* Restricted to the treatment of nasal polyps in patients 18 years of age or older. Also restricted to NDC labeler code 71143 for the 93 mcg/actuation nasal spray only.
		50 mcg/actuation, 15.8 ml	ml		
		50 mcg/actuation, 16.0 gm	gm		
		93 mcg/actuation, 16.0 ml *	ml		

Ophthalmic Preparations: Anti-Glaucoma Agents

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

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Anti-Glaucoma Agents					
Brimonidine Tartrate/ Timolol Maleate *	Ophthalmic Solution	0.2 %/0.5 %	ml	LR	* Restricted to NDC labeler code 00023 only.
Brinzolamide *	Ophthalmic Suspension	1.0 %	ml	LR	* Restricted to NDC labeler code 00078 only.
Brinzolamide/Brimonidine Tartrate *	Ophthalmic Suspension	1 % – 0.2 %	ml	LR	* Restricted to NDC labeler code 00065 only.
Carteolol HCL	Ophthalmic Solution	1 %	ml		
Dorzolamide HCL	Ophthalmic Solution	2 %	ml		
Dorzolamide HCL and Timolol Maleate	Ophthalmic Solution	2 %/0.5 %	ml		
	Ophthalmic Solution, PF	2 %/0.5 %	ea		
Latanoprost	Ophthalmic Solution	0.005 %	ml		
Levobunolol HCL	Ophthalmic Drops	0.5 %	ml		
Methazolamide	Tablets	25 mg 50 mg	ea ea		
Netarsudil *	Ophthalmic Solution	0.02 %	ml	LR	* Netarsudil is restricted to NDC labeler code 70727.
Netarsudil/Latanoprost *	Ophthalmic Solution	0.02 %/0.005 %	ml	LR	* Netarsudil/Latanoprost is restricted to NDC labeler code 70727.
Timolol Maleate	Ophthalmic Drops	0.25 %, 5 ml, 10 ml, 15 ml 0.5 %, 5 ml, 10 ml, 15 ml	ml ml		Note: Does not include daily dose drops.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Anti-Glaucoma Agents					
Travoprost	Ophthalmic Solution	0.004 %, 2.5 ml 0.004 %, 5.0 ml	ml ml		

Ophthalmic Preparations: Ophthalmic Anesthetic

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anesthetic					
Proparacaine HCL	Ophthalmic Solution	0.5 %, 2 ml 0.5 %, 15 ml	ml ml		

Ophthalmic Preparations: Ophthalmic Antibiotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Antibiotics					
Azithromycin	Refer to: Antibiotics				
Bacitracin	Ophthalmic Ointment		gm		
Chloramphenicol	Refer to: Antibiotics				
Ciprofloxacin HCL	Ophthalmic Solution	0.3 %	ml		
Erythromycin Ophthalmic Ointment	Ophthalmic Ointment		gm		
Gentamicin	Refer to: Antibiotics				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Antibiotics					
Moxifloxacin HCL Ophthalmic Solution (non-viscous, equivalent to Vigamox®)	Ophthalmic Solution	0.5 %	ml		
Natamycin	Ophthalmic Solution	5 %,15 ml	ml		
Neomycin, Bacitracin and Polymyxin	Ophthalmic Ointment		gm		
Neomycin, Polymyxin and Gramicidin	Ophthalmic Solution		ml		
Ofloxacin	Ophthalmic Solution	0.3 %	ml		
Polymyxin, Bacitracin	Ophthalmic Ointment		gm		
Tobramycin	Ophthalmic Solution	0.3 %, 5 ml	ml		
Trimethoprim Sulfate and Polymyxin B Sulfate	Ophthalmic Solution		ml		

Ophthalmic Preparations: Ophthalmic Antihistamines

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Antihistamines					
Alcaftadine	Ophthalmic Solution	0.25 %	ml		
Azelastine HCL	Refer to: Antihistamines				
Epinastine HCL	Ophthalmic Drops	0.05 %	ml		
Ketotifen Fumarate	Ophthalmic Drops	0.025 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Antihistamines					
Olopatadine HCL *	Ophthalmic Solution	0.1 %, 5 ml 0.2 %, 2.5 ml	ml ml	AL	* Restricted to individuals 2 years of age and older. Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i> .

Ophthalmic Preparations: Ophthalmic Anti-Inflammatories

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anti-Inflammatories					
Dexamethasone	Refer to: Glucocorticoids				
Dexamethasone with Neomycin and Polymyxin	Ophthalmic Ointment	% - 0.35 %/ 10,000 U/gm 3.5 gm	gm		
	Ophthalmic Solution or Suspension	0.1 % - 0.35 %/ 10,000 U/gm 5 ml	ml		
Diclofenac Sodium	Refer to: Anti-Inflammatory				
Fluorometholone	Ophthalmic Suspension	0.1 % 0.25 %	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anti-Inflammatories					
Ketorolac Tromethamine	Ophthalmic Solution	0.4 % 0.5 %	ml ml		
	Ophthalmic solution, single use vials	0.45 %, 30s *	ea	LR	* The 0.45%, 30s ophthalmic solution vials are restricted to NDC labeler code 00023.
Loteprednol Etabonate	Ophthalmic suspension *	0.2 % 0.25 % *	ml ml	LR	* Loteprednol Etabonate ophthalmic suspension is restricted NDC labeler code 24208 only. * The 0.25% ophthalmic suspension is restricted to the short-term treatment of 14 days for dry eye disease and to NDC labeler code 71571 only.
		0.5 %	ml		
(continued)	Ophthalmic ointment	0.5 %	gm		
	Ophthalmic gel drops	0.38 % 0.5 %	gm gm		
Loteprednol Etabonate/ Tobramycin *	Ophthalmic suspension	0.5 % - 0.3 %	ml	LR	* Restricted to NDC labeler code 24208 only.
Prednisolone	Ophthalmic solution	0.12 % - 0.125 %, 5 ml 0.12 % - 0.125 %, 10 ml 1.0 %, 5 ml 1.0 %, 10 ml 1.0 %, 15 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anti-Inflammatories					
Sulfacetamide with Prednisolone	Ophthalmic ointment	10 % - 0.25 %	gm		
	Ophthalmic solution	10 % - 0.23 % (10% - 0.25%) 10 % - 0.2 %	ml ml		
Tobramycin with Dexamethasone	Ophthalmic Ointment *	0.3 % - 0.1 %	gm	LR	* Restricted to NDC labeler code 00078 for the ophthalmic ointment only.
	Ophthalmic Solution or Suspension	0.3 % - 0.1 %	ml		

Ophthalmic Preparations: Ophthalmic Anti-Virals

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anti-Virals					
Ganciclovir	Ophthalmic gel *	0.15 %	gm	LR	* Restricted to NDC labeler code 24208.
Trifluridine	Ophthalmic Solution	1 %, 7.5 ml	ml		

Ophthalmic Preparations: Ophthalmic Mast Cell Stabilizers

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Mast Cell Stabilizers					
Cromolyn Sodium	Ophthalmic solution	4 %	ml		
Lodoxamide	Ophthalmic Solution	0.1 %	ml		

Ophthalmic Preparations: Ophthalmic Miotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Miotics					
Echothiophate	Ophthalmic		ml		
Pilocarpine	Ophthalmic Gel	4 %	gm		
	Ophthalmic Solution	1/4 %	ml		
		1 %	ml		
		2 %	ml		
		3 %	ml		
		4 %	ml		
		5 %	ml		
		6 %	ml		
		8 %	ml		
10 %	ml				

Ophthalmic Preparations: Ophthalmic Miscellaneous

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Miscellaneous					
Cyclosporine *	Eye Emulsion, single use vials	0.05 %, 30s 0.05 %, 60s	ea ea	LR	* Restricted to NDC labeler code 00023.

Ophthalmic Preparations: Ophthalmic Mydriatics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Mydriatics					
Atropine	Injection		ml		
	Ophthalmic Ointment	1/2 %	gm		
		1 %	gm		
Ophthalmic Solution	1/2 %	ml			
	1 %	ml			
	2 %	ml			
	3 %	ml			
	4 %	ml			
Cyclopentolate	Ophthalmic Solution	0.5 %	ml		
		1 %	ml		
		2 %	ml		
Cyclopentolate/ Phenylephrine	Ophthalmic Drops	0.2 %-1 %	ml		
Phenylephrine	Ophthalmic Solution	0.12 %	ml		
		2.5 %			
		10 %			
Tropicamide	Ophthalmic Solution	0.5 %	ml		
		1 %	ml		

Ophthalmic Preparations: Ophthalmic Sulfonamide

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Sulfonamide					
Sulfacetamide Sodium	Ophthalmic Ointment	10 %	gm		
	Ophthalmic Solution	10 %	ml		
		15 % 30 %	ml ml		

Ophthalmic Preparations: Ophthalmic Vasoconstrictors & Combinations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Vasoconstrictors & Combinations					
Naphazoline HCL	Ophthalmic Solution	0.1 %	ml		
Naphazoline HCL and Antazoline Phosphate	Ophthalmic Solution	0.05 % – 0.5 %	ml		

Otic Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Otic Preparations					
Acetic Acid	Otic Solution	2%	ml		
Acetic Acid with Hydrocortisone	Otic Solution	2 %-1 %	ml		
Ciprofloxacin HCL/ Dexamethasone	Otic Suspension	0.3 %-0.1 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Otic Preparations					
Ciprofloxacin Hydrochloride/ Hydrocortisone *	Otic Suspension	2 mg/ml – 10 mg/ml	ml	LR	* Restricted to NDC labeler code 00078 only.
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		
Neomyc/Colistin/ Hydrocortisone/ Thonzonium	Otic Suspension	3.3 mg/1 ml, 3 mg/1 ml, 1 %, 0.5 mg/1 ml	ml		
Ofloxacin	Otic Solution	0.3 %	ml		

Oxytocics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Oxytocics					
Methylergonovine Maleate	Tablets	0.2 mg	each		

Prostate Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Prostate Agents					
Alfuzosin HCL	Tablets, extended release	10 mg	ea		
Dutasteride	Capsules	0.5 mg	ea		
Finasteride	Tablets	5 mg	ea		
Prazosin HCL	Refer to: Diuretics & Cardiovascular: Antihypertensive (also Diuretics)				
Tamsulosin HCL	Capsules	0.4 mg	ea		
Terazosin Hydrochloride	Tablets or capsules	1 mg 2 mg 5 mg 10 mg	ea ea ea ea		

Phosphate Binders

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Phosphate Binders					
Calcium Acetate	Refer to: Calcium Supplements & Vitamin D Analogs				
Sevelamer Carbonate	Tablets	800 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Phosphate Binders					
Sevelamer Hydrochloride	Tablets	400 mg 800 mg	ea ea		

Recombinant Human Growth Hormone

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Recombinant Human Growth Hormone					
Somatropin (Genotropin) *	Cartridges	5 mg/ml 12 mg/ml	ea ea	AL, LR	* Restricted to: 1) Use in the pediatric treatment of growth failure due to growth hormone deficiency (GHD); 2) Prader-Willi Syndrome; 3) Turner syndrome; 4) Small for Gestational Age (SGA); or 5) Idiopathic Short Stature (ISS). Use in Medi-Cal members greater than 18 years of age requires prior authorization. Also restricted to NDC labeler code 00013 only.
Somatropin (Genotropin Miniquick) *	Syringes	0.2 mg/0.25 ml 0.4 mg/0.25 ml 0.6 mg/0.25 ml 0.8 mg/0.25 ml 1 mg/0.25 ml 1.2 mg/0.25 ml 1.4 mg/0.25 ml 1.6 mg/0.25 ml 1.8 mg/0.25 ml 2 mg/0.25 ml	ea ea ea ea ea ea ea ea ea ea	AL, LR	* Restricted to: 1) Use in the pediatric treatment of growth failure due to growth hormone deficiency (GHD); 2) Prader-Willi Syndrome; 3) Turner syndrome; 4) Small for Gestational Age (SGA); or 5) Idiopathic Short Stature (ISS). Use in Medi-Cal members greater than 18 years of age requires prior authorization. Also restricted to NDC labeler code 00013 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Recombinant Human Growth Hormone					
Somatropin (Norditropin FlexPro) *	Pen Injector	5 mg/1.5 ml 10 mg/1.5 ml 15 mg/1.5 ml 30 mg/3 ml	ml ml ml ml	AL, LR	* Restricted to: 1) Use in the pediatric treatment of growth failure due to inadequate secretion of endogenous growth hormone (GH); 2) short stature associated with Noonan syndrome; 3) short stature associated with Turner syndrome; 4) short stature born small for gestational age (SGA) with no catch-up growth by age 2 to 4 years; 5) Idiopathic Short Stature (ISS); or 6) growth failure due to Prader-Willi Syndrome. Use in Medi-Cal members greater than 18 years of age requires prior authorization. Also restricted to NDC labeler code 00169.

Skeletal Muscle Relaxants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Skeletal Muscle Relaxants					
Baclofen	Tablets	5 mg 10 mg 20 mg	ea ea ea		
	Solution	5 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Skeletal Muscle Relaxants					
(continued)	Oral Granule Packets *	5 mg 10 mg 20 mg	ea ea ea	LR	* Restricted to NDC labeler code 64896 only.
Cyclobenzaprine	Tablets	5 mg 10 mg	ea ea		
Dantrolene Sodium	Capsules	25 mg 50 mg 100 mg	ea ea ea		
Methocarbamol	Tablets	500 mg 750 mg	ea ea		
Tizanidine HCL	Tablets	2 mg 4 mg	ea ea		
	Capsules	2 mg 4 mg 6 mg	ea ea ea		

Smoking Deterrents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Smoking Deterrents					
Bupropion HCL	Refer to: Antidepressants				
Varenicline Tartrate	Tablets	0.5 mg 1.0 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Smoking Deterrents					
(continued)	Tablets from Continuing Month Box (56 tablets/box)	1.0 mg	ea		
	Tablets, Starting Month Box (53 tablets/box)	11 x 0.5 mg 42 x 1.0 mg	ea ea		

Sodium/Saline Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sodium/Saline Preparations					
Sodium Chloride Injection	Vial	0.9 %, 10 ml 0.9 %, 20 ml 0.9 %, 50 ml	ml ml ml		Note: 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. Sodium chloride/normal saline flush syringes are classified as medical supplies. Refer to the <i>Medical Supplies</i> section of the <i>Medi-Cal Rx Provider Manual</i> for more information.

Topical, Local, and Oral Preparations: Dermatological Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Adapalene	Cream	0.1 %	gm		
	Gel	0.1 % 0.3 %	gm gm		
Adapalene/Benzoyl Peroxide	Gel with pump	0.1 %/2.5 % 0.3 %/2.5 %	gm gm		
Alclometasone Dipropionate	Cream	0.05 %	gm		
	Ointment	0.05 %	gm		
Alitretinoin *	Gel	0.1 %	gm		* Prior authorization required.
Ammonium Lactate	Cream	12 %	gm		
	Lotion	12 %	gm		
Bacitracin	Packet	500 unit/gm	ea		
Bacitracin Zinc	Packet	500 unit/gm	ea		
	Ointment	500 unit/gm	gm		
Benzoyl Peroxide	Gel	5 %	gm		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i> .
		10 %	gm		
Betamethasone Dipropionate	Cream	0.05 %	gm		
	Lotion	0.05 %	ml		
	Ointment	0.05 %	gm		
Betamethasone/Propylene Glycol	Cream	0.05 %	gm		
	Ointment	0.05 %	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Betamethasone Valerate	Cream	0.1 %	gm		
	Ointment	0.1 %	gm		
Butenafine HCL	Cream	1 %	gm		
Calcipotriene	Cream	0.005 %	gm		
	Ointment	0.005 %	gm		
	Solution	0.005 %	ml		
Ciclopirox	Cream	0.77 %	gm		
	Solution	8 %	ml		
Clindamycin Phosphate	Injection	150 mg/ml	ml		
	Topical solution	1 %	ml		
	Pledgets	1 %	ea		
	Gel	1 %, 30 gm	gm		
		1 %, 60 gm	gm		
Lotion	1 %, 60 ml	ml			
Clindamycin Phosphate/ Benzoyl Peroxide	Topical gel	1 %/5 %, 25-gm container	gm		
		1 %/5 %, 50-gm container	gm		
		1.2 %/5 %	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Clobetasol Propionate	Cream	0.05 %, 15 gm	gm		
		0.05 %, 30 gm	gm		
		0.05 %, 45 gm	gm		
		0.05 %, 60 gm	gm		
	Ointment	0.05 %, 15 gm	gm		
	0.05 %, 30 gm	gm			
	0.05 %, 45 gm	gm			
	0.05 %, 60 gm	gm			
	Topical solution	0.05 %, 25 ml	ml		
		0.05 %, 50 ml	ml		
	Shampoo	0.05%	ml		
Clotrimazole	Refer to: Anti-Fungals				
Clotrimazole/ Betamethasone Dipropionate	Cream	1 %/0.05 %	gm		
Crotamiton	Cream	10 %	gm		
	Lotion	10 %	gm		
Desonide	Cream	0.05 %	gm		
	Lotion	0.05 %	ml		
	Ointment	0.05 %	gm		
Econazole Nitrate	Refer to: Anti-Fungals				
Erythromycin Topical Solution	Topical solution	2 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Erythromycin/Benzoyl Peroxide	Gel	3 %/5 %	gm		
Fluocinolone	Cream	0.01 %	gm		
		0.025 %	gm		
	Ointment	0.025 %	gm		
	Solution	0.01 %	ml		
	Topical oil	0.01 %	ml		
Fluocinonide	Cream	0.05 %	gm		
		0.05 %	gm		
	Solution	0.05 %	ml		
	Gel	0.05 %	gm		
Fluticasone Propionate	Cream	0.05 %, 15 gm	gm		
		0.05 %, 30 gm	gm		
		0.05 %, 60 gm	gm		
Isotretinoin	Capsules	10 mg	ea		
		20 mg	ea		
		25 mg	ea		
		30 mg	ea		
		35 mg	ea		
		40 mg	ea		
Lidocaine/Prilocaine	Cream	2.5 %/2.5 %	gm		
Mupirocin	Ointment	2 %	gm		
Neomycin/ Polymyxin B/ Pramoxine	Cream	3.5-10k-10	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Permethrin	Cream	5 %	gm		
Polymyxin b sulfate and bacitracin zinc	Ointment	10,000U-500U/gm	gm		
Podofilox	Topical solution	0.5 %	ml		
	Topical gel	0.5 %	gm		
Prednicarbate	Cream	0.1 %	gm		
Roflumilast *	Cream	0.15 % 0.3 %	gm gm	QL	* Restricted to a maximum quantity of one tube or can (60-grams) per dispensing and one dispensing in 30 days.
	Foam	0.3 %	gm		
Salicylic Acid	Gel	6 %	gm		
Selenium Sulfide	Lotion	2.5%	ml		
Silver Sulfadiazine Cream	Cream	1 %	gm		
Spinosad *	Topical Suspension	0.9 %	ml	LR	* Spinosad is restricted to NDC labeler code 52246 only.
Tazarotene	Topical cream or gel	0.05 % 0.1 %	gm gm		
Tretinoin	Cream	0.025% 0.05% 0.1%	gm gm gm		
	Gel	0.01% 0.025%	gm gm		

Topical & Local Preparations: Rectal Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical & Local Preparations: Rectal Preparations					
Mesalamine	Enema	4 gm/60 ml	ml		
	Rectal Suppositories	500 mg 1000 mg	ea ea		

Topical & Local Preparations: Vaccines

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical & Local Preparations: Vaccines					
Abrysvo (Respiratory Syncytial Virus Vaccine)	Vial	120 mcg/0.5 ml	ea		
Anthrax Vaccine *	Vial	0.5 ml	ml	AL	* Restricted to Medi-Cal members that are 18 years of age and older.
Arexvy (Respiratory Syncytial Virus Vaccine, Adjuvanted) *	Kit	120 mcg/0.5 ml	ea	AL	* Restricted to Medi-Cal members that are 50 years of age and older.
Chikungunya Vaccine *	Vial	1000 TCID	ea	AL	* Restricted to Medi-Cal members that are 18 years of age and older.
Cholera Vaccine, Live *	Reconstituted Suspension	0.4B-2B Units	ml	AL	* Restricted to Medi-Cal members that are 2 to 64 years of age.
COVID-19 Vaccine	Injection		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical & Local Preparations: Vaccines					
Diphtheria/Pertussis/ Tetanus Vaccine	Injection (Single Dose Vial)	0.5 ml	ml		
	Prefilled Syringe	0.5 ml	ml		
Haemophilus Influenzae Type B Vaccine	Vial	7.5 mcg/0.5 ml 10 mcg/0.5 ml	ml ea		
Hepatitis A Virus Vaccine	Injection	50 units/ml 1440 units/ml	ml ml		
Hepatitis A & B Virus Vaccine	Injection	1-dose syringe 1-dose vial	ml ml		
Hepatitis B Virus Vaccine	Injection	10 mcg/ml	ml		
		20 mcg/0.5 ml	ml		
		20 mcg/ml	ml		
		40 mcg/ml	ml		
Human Papillomavirus Vaccine	Injection	1-dose syringe 1-dose vial	ml ml		
Inactivated Poliovirus Vaccine	Vial	40-8-32 unit/ml	ml		
Influenza Virus Vaccine	Injection (single dose vial)	0.5 ml	ml		
	Injection (multi-dose vial)	5.0 ml	ml		
	Prefilled syringe	0.5 ml 240 mcg/0.7 ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical & Local Preparations: Vaccines					
(continued)	Influenza vaccine live, intranasal	0.2 ml	ea		Note: 1 each is 0.2 ml.
Japanese Encephalitis Vaccine	Syringe	6 mcg/0.5 ml	ml		
Measles, Mumps, and Rubella Virus Vaccine	Injection	1-dose vial	ea		
Meningococcal Vaccine	Vial	10 mcg/0.5 ml 10-5 mcg/0.5 ml	ml ml		
	Kit	10-5 mcg/0.5 ml 5-120 mcg/0.5 ml	ea ea		
Meningococcal Group B Vaccine	Injection	50-50 mcg/0.5 ml 120 mcg/0.5 ml	ml ml		
Meningococcal Oligosaccharide Diphtheria Conjugate Vaccine	Injection	10-5 mcg/0.5 ml	ea		
Meningococcal Polysaccharide Diphtheria Conjugate Vaccine	Injection	4 mcg/0.5 ml	ml		
Meningococcal Polysaccharide Vaccine	Injection	50 mcg	ea		
MRESVIA (Respiratory Syncytial Virus Vaccine) *	Injection	1-dose syringe	ml	AL	* Restricted to Medi-Cal members that are 60 years of age and older.
Nirsevimab-alip	Syringe	50 mg/0.5 ml 100 mg/ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical & Local Preparations: Vaccines					
Pneumococcal Vaccine, 13-Valent, Conjugated	Injection	1-dose syringe	ml		
Pneumococcal Vaccine, 15-Valent, Conjugated	Injection	1-dose syringe	ml		
Pneumococcal Vaccine, 20-Valent, Conjugated	Injection	1-dose syringe	ml		
Pneumococcal Vaccine, 21-Valent, Conjugated	Injection	1-dose syringe	ml		
Pneumococcal Vaccine, 23-Valent, Non-Conjugated	Injection	1-dose syringe 1-dose vial	ml ml		
Rabies Vaccine	Injection	1-dose vial	ea		
Rotavirus Vaccine	Oral Suspension	1.5 ml	ml		
	Single-dose Solution	2 ml	ml		
Smallpox/Mpox Vaccine	Injection	1-dose vial	ml		
Tetanus and Diphtheria Toxoids Adsorbed Vaccine	Injection	1-dose syringe 1-dose vial	ml ml		
Tick-Borne Encephalitis Vaccine *	Syringe	1.2 mcg/0.25 ml 2.4 mcg/0.5 ml	ml ml	AL	* Restricted to Medi-Cal members that are 1 year of age and older.
Typhoid Vaccine	Capsule DR	2B units	ea		
	Syringe	25 mcg/0.5 ml	ml		
	Vial	25 mcg/0.5 ml	ml		
Varicella Virus Vaccine	Injection	1-dose vial	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical & Local Preparations: Vaccines					
Varicella Zoster Vaccine	Injection kit	1-dose vial	ea kit		
Yellow Fever Vaccine	Vial	10 ^{4.74} PFU 1000 IU/0.5 ml	ea ea		

Topical & Local Preparations: Vaginal Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical & Local Preparations: Vaginal Preparations					
Butoconazole Nitrate	Vaginal cream (prefilled applicator)	2 %	gm		
Clindamycin Phosphate	Cream with applicator	2 %	gm		
	Cream	2 %	gm		
	Vaginal Suppositories	100 mg	ea		
Clotrimazole	Refer to: Anti-Fungals				
Metronidazole	Vaginal gel	0.75 %, 70 gm	gm		
		1.3 %, 5 gm *	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		Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i> .
Terconazole	Vaginal cream	0.4 %, 45 gm 0.8 %, 20 gm	gm gm		
	Vaginal suppositories	80 mg, 3s	ea		

Urea Cycle Disorder Treatment Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urea Cycle Disorder Treatment Agents					
Carglumic Acid *	Tablet for oral suspension	200 mg	ea	LR	* Restricted to NDC labeler code 52276 only.
Sodium Phenylbutyrate *	Granules	483 mg/gm	gm	LR	* Restricted to NDC labeler code 71770 only.

Urinary Tract Antispasmodics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urinary Tract Antispasmodics					
Darifenacin Hydrobromide	Tablets, extended release	7.5 mg 15 mg	ea ea		
Fesoterodine Fumarate	Tablets, extended release (24-hour)	4 mg 8 mg	ea ea		
Flavoxate	Tablet	100 mg	ea		
Mirabegron	Tablets, extended release	25 mg 50 mg	ea ea		
	Suspension, oral	8 mg/ml	ml		
Oxybutynin *	Transdermal System Patch	3.9 mg	ea	LR	* Oxybutynin is restricted to NDC labeler code 00023 only. Note: Refer to <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i> .

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urinary Tract Antispasmodics					
Oxybutynin Chloride	Tablets	5 mg	ea		
	Tablets, extended release	5 mg	ea		
		10 mg	ea		
		15 mg	ea		
Syrup	5 mg/5 ml	ml			
	Gel Packets	10 %	gm		
Solifenacin Succinate	Tablets	5 mg	ea		
		10 mg	ea		
Tolterodine Tartrate	Tablets	1 mg	ea		
		2 mg	ea		
	Capsules, extended release	2 mg	ea		
		4 mg	ea		
Trospium Chloride	Tablets	20 mg	ea		
	Capsules, extended release	60 mg	ea		

Urine Acid Modifiers

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urine Acid Modifiers					
Citric Acid/Sodium Citrate	Solution, oral	334 mg-500 mg	ml		

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 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 and/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. Refer to 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. Refer to 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. Refer to 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 CDL 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 PA request.

Continuing Care Exceptions

A patient who is receiving one of the deleted drugs may continue to receive it without a PA if the criteria for continuing care is met. Affected drugs are marked with a symbol (§). For information on continuing care, refer to the *Reimbursement* section in the *Medi-Cal Rx Provider 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, refer to the *Provider Telecommunications Network (PTN)* in the DHCS Provider Manual (Part 1).

DOS Drugs/ No Longer MFGR	Strength	End Date
Acalabrutinib	Capsules: 100 mg	7/1/2023
Acetohexamide	Tablets: 500 mg	This product is no longer manufactured or available.
Acetic Acid with Aluminum Acetate	Otic Solution	These products are no longer manufactured or available.
Adefovir Dipivoxil	Tablets: 10 mg	8/31/2011
Albuterol	Inhaler with Adapter: 17 gm Inhaler without Adapter: 17 gm	1/31/2007
Aldesleukin	Powder for Injection: 22 million IU (1.3 mg)/vial	9/1/2021

DOS Drugs/ No Longer MFGR	Strength	End Date
Alemtuzumab	Injection: 30 mg/1 ml vial	2/28/2010
Alendronate Sodium	Effervescent Tablet: 70 mg Oral Solution: 70 mg/75 ml Tablets: 40 mg	6/30/2016 8/31/2013 No longer manufactured or available.
Aliskiren/Valsartan	Tablets: 150 mg/160 mg, 300 mg/320 mg	7/20/2012
Amlodipine Besylate/Atorvastatin 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, 5 mg/40 mg/, 5 mg/80 mg, 10 mg/10 mg, 10 mg/20 mg, 10 mg/40 mg, 10 mg/80 mg	10/31/2016
Amlodipine/Telmisartan	Tablets: 5 mg/40 mg, 5 mg/80 mg, 10 mg/40 mg, 10 mg/ 80 mg	5/31/2013
Amphotericin B	Cream, Ointment, Lotion	Cream, Ointment, and Lotion products are no longer manufactured or available.
Amprenavir	Capsules: 50 mg, 150 mg Oral solution: 15 mg/ml	These products are no longer manufactured or available.
Antipyrine and Benzocaine	Otic drops	11/30/2015
Arsenic trioxide	10 mg/10 ml	No longer manufactured or available.
Aspirin	Tablets: 800 mg, 975 mg	These products are no longer manufactured or available.
Asparaginase	Powder for Injection: 10,000 IU/vial	6/12/2014
Aurothioglucose	Injection	This product is no longer manufactured or available.
Baclofen	Oral Suspension: 5 mg/ml	2/1/2024
Baloxavir marboxil	Tablets: 20 mg	6/1/2022

DOS Drugs/ No Longer MFGR	Strength	End Date
Beclomethasone Dipropionate	Nasal Inhaler: 7 gm	6/1/2002 Nasal inhaler is no longer manufactured or available.
Beclomethasone Dipropionate	Aerosol Oral Inhaler: 42 mcg/actuation, 16.8 gm	Aerosol oral inhaler (42 mcg/actuation, 16.8 gm) is no longer manufactured or available.
Belantamab mafodotin-blmf	Injection: 100 mg	4/01/2023
Belladonna Alkaloids with Phenobarbital	Tablets, Capsules, Liquid	5/31/2014
Bendamustine HCL	Injection: 45 mg/0.5 ml, 180 mg/2 ml	No longer manufactured or available.
Bepotastine Besilate	Ophthalmic Solution: 1.5%	8/31/2013
Besifloxacin Hydrochloride	Ophthalmic Solution: 0.6% 5 ml	9/30/2012
Bexarotene	Capsules: 75 mg Gel: 1%	Prior to 1/1/2019
Bimatoprost §	Ophthalmic Solution: 0.03%	4/1/2022
Boceprevir	Capsules: 200 mg	12/31/2015
Bromfenac	Ophthalmic Solution: 0.09% 1.7 ml, 2.5 ml, 5.0 ml	2/29/2020
Bromodiphenhydramine HCL with Codeine	Liquid	This product is no longer manufactured or available.
Brompheniramine Maleate with Phenylpropanolamine HCL and Codeine	Liquid	This product is no longer manufactured or available.
Buprenorphine/Naloxone	Buccal Film: 2.1 mg/0.3 mg, 4.2 mg/0.7 mg, 6.3 mg/1.0 mg	4/30/2019
Calcium Acetate	Liquid: 667 mg/5 ml	These products are no longer manufactured or available.
Carbachol	Ophthalmic: 0.75%, 1.5%, 2.25%, 3%	These products are no longer manufactured or available.

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.
Ceritinib	Capsules: 150 mg	No longer manufactured or available.
Cerivastatin Sodium	Tablets	These products are no longer manufactured or available.
Cevimeline HCL	Capsules: 30 mg	9/30/2008
Chloral Hydrate	Capsules: 250 mg, 500 mg Liquid Suppositories: 325 mg, 650 mg	These products are no longer manufactured or available.
Chlorotrianisene	Capsules: 12 mg, 25 mg	These products are no longer manufactured or available.
Chlorpheniramine Maleate, Phenylephrine HCL, Potassium Iodide and Codeine	Liquid	These products are no longer manufactured or available.
Chlorpheniramine Maleate with Pseudoephedrine HCL and Codeine	Liquid	These products are no longer manufactured or available.
Chlorpromazine §	Injection: 25 mg/ml (sizes 1 ml, 2 ml, 10 ml *) Liquid *: 10 mg/5 ml Suppositories *: 25 mg, 100 mg	2/28/2010 * These products are no longer manufactured or available.
Chlorpropamide	Tablets: 100 mg, 250 mg	These products are no longer manufactured or available.
Choline Magnesium Trisalicylate	Tablets: 500 mg, 750 mg, 1,000 mg Liquid: 500 mg/ 5 ml	These products are no longer manufactured or available.

DOS Drugs/ No Longer MFGR	Strength	End Date
Ciclopirox	Gel: 0.77% (15 gm, 30 gm, 90 gm) Topical Suspension: 0.77% (30 ml, 60 ml)	3/31/2006
Cimetidine	Injections	These products are no longer manufactured or available.
Ciprofloxacin and Ciprofloxacin HCL	Tablets, Extended Release: 500 mg, 1000 mg	3/31/2012
Clindamycin Phosphate	Vaginal Cream: 2% (5.8 gm)	2/29/2012
Clofazimine	Capsules: 50 mg, 100 mg	These products are no longer manufactured or available.
Clotrimazole	Lotion, Vaginal Tablets	These products are no longer manufactured or available.
Codeine and Aspirin	Tablets or Capsules: 15 mg-325 mg, 30 mg-325 mg	These products are no longer manufactured or available.
Codeine Phosphate	Injection: 30 mg/ml, 60 mg/ml	These products are no longer manufactured or available.
Colchicine	Tablets: 0.5 mg Injection: 0.5 mg/ml Capsules: 0.6 mg	The 0.5 mg tablet and injection are no longer manufactured or available. Capsules: 1/1/2022
Collagenase	Ointment	7/01/2023
Copanlisib	Lyophilized Solid: 60 mg	4/01/2024
Cyclophosphamide	Injection: 100 mg/10 ml, 200 mg/20 ml, 500 mg/30 ml Lyophilized: 100 mg/vial, 200 mg/vial, 500 mg/vial, 1000 mg/vial, 2000 mg/vial	These products are no longer manufactured or available.
Dactinomycin	Injection: 0.5 mg/vial	6/12/2014

DOS Drugs/ No Longer MFGR	Strength	End Date
Dalteparin Sodium	Single-Dose Prefilled Syringe: 2,500 IU/0.2 ml, 5,000 IU/0.2 ml, 7,500 IU/0.3 ml, 12,500 IU/0.5 ml, 15,000 IU/0.6 ml, 18,000 IU/0.72 ml Single-Dose Graduated Syringe: 10,000 IU/1 ml Multiple-Dose Vial: 95,000 IU/3.8 ml, 95,000 IU/9.5 ml	12/31/2015
Darbepoetin Alfa (Albumin Based Formulation)	Injection: 25 mcg, 40 mcg, 60 mcg, 100 mcg, 150 mcg, 200 mcg, 300 mcg Injection, Prefilled Syringe: 25 mcg, 40 mcg, 60 mcg, 100 mcg, 150 mcg, 200 mcg, 300 mcg, 500 mcg	8/31/2008
Darunavir	Tablets: 300 mg, 400 mg	No longer manufactured or available.
Delaviridine Mesylate	Tablets: 100 mg, 200 mg	No longer manufactured or available.
Denileukin Diftitox	Injection: 150 mcg/ml	Prior to 4/1/2017
Dexamethasone with Neomycin	Ophthalmic Solution or Suspension: 0.1%-0.35%	These products are no longer manufactured or available.
Dexlansoprazole	Capsules, Delayed Release: 30 mg, 60 mg	12/1/2024

DOS Drugs/ No Longer MFGR	Strength	End Date
Didanosine	Capsules, Delayed Release, E.C.: 125 mg, 200 mg, 250 mg, 400 mg Tablets, Chewable: 25 mg, 50 mg, 100 mg, 150 mg, 200 mg Powder for Oral Solution: 100 mg/packet, 167 mg/packet, 250 mg/packet, 375 mg/packet Pediatric Powder for Oral Solution: 20 mg/ml	11/1/2021 These products are no longer manufactured or available. These products are no longer manufactured or available. These products are no longer manufactured or available.
Dienestrol Cream (or generic equivalent)	Tube – Refill, Tube with Applicator	These products are no longer manufactured or available.
Dihydrotestosterone	Solution, Drops, Capsules, Tablets	These products are no longer manufactured or available.
Dipivefrin HCL	Ophthalmic Solution: 0.1%	This product is no longer manufactured or available
Doxycycline Monohydrate	Capsules: 75 mg	5/1/2024
Efavirenz	Capsules: 100 mg	No longer manufactured or available.
Elvitegravir	Tablets: 85 mg, 150 mg	No longer manufactured or available.
Encorafenib	Capsules: 50 mg	11/1/2021
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

DOS Drugs/ No Longer MFGR	Strength	End Date
Ergoloid Mesylates	Tablets, Sublingual: 1.0 mg	This product is no longer manufactured or available.
Ergonovine Maleate	Injection: 0.2 mg/ml Tablets: 0.2 mg	These products are no longer manufactured or available.
Ergotamine with Caffeine and Pentobarbital Sodium and Belladonna Alkaloids	Tablets Suppositories	These products are no longer manufactured or available.
Erythromycin Ethylsuccinate	Oral Suspension Drops: 100 mg/2.5 ml Tablets, Chewable: 200 mg Granules: 200 mg/5 ml, 100 ml; 200 mg/5 ml, 200 ml	These products are no longer manufactured or available.
Erythromycin and Sulfisoxazole	Liquid: 200 mg-600 mg/5 ml, 100 ml; 200 mg-600 mg/5 ml, 150 ml; 200 mg-600 mg/5 ml, 200 ml	These products are no longer manufactured or available.
Eslicarbazepine Acetate	Tablets: 200 mg, 400 mg, 600 mg, 800 mg	2/2/2021
Estradiol	Twice-weekly patch: 0.05 mg, 0.075 mg, 0.1 mg Vaginal tablets: 2 mcg	12/31/2009 9/30/2009
Estradiol and Norethindrone Acetate	Tablets: 1 mg/0.5 mg	9/30/2009
Estradiol and Norgestimate	Tablets from combination packet (30 tablets/packet)	N/A
Estradiol Cypionate and Testosterone Cypionate	Injection: 1 ml/vial, 10 ml/vial	These products are no longer manufactured or available.
Estrogens, A, Synthetic Conjugated	Tablets: 0.625 mg, 0.9 mg, 1.25 mg	N/A
Estrogens, Conjugated with Methyltestosterone	Tablets: 0.625 mg-5 mg, 1.25 mg-10 mg, 50 mg	5/31/2014
Estrogens, Esterified with Methyltestosterone	Tablets: 0.625 mg-1.25 mg, 1.25 mg-2.5 mg	5/31/2014

DOS Drugs/ No Longer MFGR	Strength	End Date
Ethinyl Estradiol	Tablets: 0.02 mg, 0.05 mg, 0.5 mg	These products are no longer manufactured or available.
Evolocumab	Single-dose Pushtronex system: 420 mg/3.5 ml	7/1/2024
Exenatide	Extended Release Injectable Suspension Vial: 2 mg/vial Pre-filled Extended Release Injectable Suspension Pen: 2 mg/ 0.65 ml	These products are no longer manufactured or available.
Fenofibrate Micronized	Capsules: 30 mg, 90 mg	4/30/2017
Fenoprofen	Capsules: 300 mg	This product is no longer manufactured or available.
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	N/A
Flunisolide	Nasal Spray: 0.025%, 25 ml	8/1/2007
Fluorouracil	Cream: 0.5%	4/30/2009
Fluoxetine HCL	Capsules, Delayed Release Enteric-Coated Pellets: 90 mg	10/31/2007
Fluoxymesterone	Tablets: 2 mg, 5 mg, 10 mg	These products are no longer manufactured or available
Fluticasone Furoate	Nasal Spray: 27.5 mcg/actuation, 9.9 ml; 27.5 mcg/actuation, 15.8 ml; 27.5 mcg/actuation, 10 gm	7/1/2023
Fluvastatin Sodium	Capsules: 20 mg, 40 mg Tablets, Extended Release: 80 mg	7/31/2019
Fondaparinux Sodium	Prefilled Syringe: 2.5 mg, 5 mg, 7.5 mg, 10 mg	1/31/2014
Formoterol Fumarate	Capsules for Oral Inhalation: 12 mcg	6/30/2008

DOS Drugs/ No Longer MFGR	Strength	End Date
Fulvestrant	Injection: 125 mg/2.5 ml	This product is no longer manufactured or available.
Furazolidone	Tablets: 100 mg Liquid: 50 mg/15 ml	These products are no longer manufactured or available.
Ganciclovir	Capsules: 250 mg, 500 mg	These products are no longer manufactured or available.
Gatifloxacin	Ophthalmic Solution: 0.3%	4/30/2010
Gentamicin	Ophthalmic ointment: 0.3%	These products are no longer manufactured or available.
Gemtuzumab Ozogamicin	Injection: 4.5 mg/vial Powder for Injection: 5 mg/ml	This product is no longer manufactured or available.
Glucagon	Prefilled Auto-Injector Prefilled Syringe Single-Dose Vial/Syringe Kit	1/1/2024
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.
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.
Hydromorphone	Injection: 1 mg/ml, 1 ml; 2 mg/ml, 1 ml; 2 mg/ml, 20 ml; 3 mg/ml; 4 mg/ml; 10 mg/ml, 1 ml; 10 mg/ml, 5 ml	8/1/2023

DOS Drugs/ No Longer MFGR	Strength	End Date
Hydroxyprogesterone Caproate/PF	Auto Injector: 275 g/1.1 ml Vials: 250 mg/ml	9/01/2023 1/01/2023
Hydroxyurea	Tablets: 1000 mg	Hydroxyurea 1000 mg tablets (Mylocel) for the treatment of cancer is no longer manufactured or available.
Ibrutinib	Tablets: 560 mg	These products are no longer manufactured or available.
Imatinib Mesylate	Capsules: 100 mg	Capsules product is no longer manufactured or available.
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	6/01/2022
Influenza A (H1N1) Virus Vaccine	Injection (Single Dose Vial): 15 mcg/0.5 ml, 0.5 ml Injection (Multi-Dose Vial): 15 mcg/0.5 ml, 5.0 ml Prefilled Syringe (Pediatric): 0.25 ml, 0.25 ml Prefilled Syringe: 15 mcg/ 0.5 ml, 0.5 ml	12/31/2010
Insulin Lispro Protamine 50% and Insulin Lispro 50%	Vial: 100 units/10 ml	4/13/24
Interferon Alfacon-1	Injection: 30 mcg/ml, 0.3 ml; 30 mcg/ml, 0.5 ml Injection, Prefilled Syringe: 30 mcg/ml, 0.3 ml; 30 mcg/ml, 0.5 ml	9/30/2003

DOS Drugs/ No Longer MFGR	Strength	End Date
Interferon Alfa-2b	Injection Injection kit Injection pen Powder for injection	These products are no longer manufactured or available.
Ipratropium Bromide	Aerosol Inhaler with Adapter: 14.7 gm Aerosol Inhaler without Adapter: 14 gm	7/31/2008
Ipratropium Bromide and Albuterol Sulfate	Inhaler: 14.7 gm	This product is no longer manufactured or available.
Isoetharine Hydrochloride	Solution: 1%, 10 ml Solution: 1%, 30 ml	N/A
Isometheptene Mucate, Dichloralphenazone and APAP	Capsules: 65 mg, 100 mg, 325 mg	No longer available.
Isosorbide Dinitrate	Tablets, Chewable: 5 mg, 10 mg Tablets, Sublingual: 2.5 mg, 5 mg, 10 mg	These products are no longer manufactured or available.
Isradipine	Tablets, Controlled Release: 5 mg, 10 mg	10/31/2013
Itraconazole	Injection Kit	4/1/2022
Ivermectin	Topical Lotion: 5%	7/1/2022
Kanamycin Sulfate	Injection: 0.5 gm/2 ml, 1 gm/3 ml, 75 mg/2 ml	These products are no longer manufactured or available.
Ketoprofen	Capsules: 25 mg	10/20/2023
Lanthanum Carbonate	Chewable Tablets: 250 mg, 500 mg, 750 mg, 1,000 mg	12/31/2014
Lasmiditan Succinate	Tablets: 50 mg, 100 mg	2/1/2024
Lenalidomide	Capsules: 5 mg, 10 mg, 15 mg, 25 mg	2/28/2010

DOS Drugs/ No Longer MFGR	Strength	End Date
Leuprolide Acetate	Injection: 5 mg/ml, 2.8 ml Powder for Injection: 7.5 mg/vial, 22.5 mg/vial, 30 mg/vial	5/31/2016
Levamisole HCL	Tablets: 50 mg	This product is no longer manufactured or available.
Levodopa	Tablets or Capsules: 250 mg, 500 mg	These products are no longer manufactured or available.
Levofloxacin	Ophthalmic Solution: 0.5%, 2.5 ml; 0.5%, 5.0 ml	9/30/2010
Levofloxacin	Ophthalmic Solution: 1.5%, 5.0 ml	9/30/2011
Levonorgestrel	Tablets: 0.75 mg	9/30/2015
Levonorgestrel, Ethinyl Estradiol and Pregnancy Test	Emergency Contraceptive Kit Containing Kits (each): 4 tablets, 0.25 mg-0.05 mg; 1 Urine Pregnancy Test	N/A
Lomustine	Capsules: 10 mg, 40 mg, 100 mg Dose-Pack	11/15/2018
Lopinavir and Ritonavir	Capsules: 133.3 mg-33.3 mg	These products are no longer manufactured or available.
Levorphanol	Injection: 2 mg, 1 ml; 2 mg, 10 ml	These products are no longer manufactured or available.
Lovastatin	Tablets, Extended Release: 10 mg, 20 mg, 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

DOS Drugs/ No Longer MFGR	Strength	End Date
Medroxyprogesterone Acetate	Injection: 400 mg/ml Prefilled Syringe: 400 mg/0.65 ml	These products are no longer manufactured or available.
Megestrol Acetate	Suspension: 125 mg/ml	12/31/2014
Melphalan flufenamide	Injection: 20 mg	6/1/2022
Meperidine HCL	Injection (Multi-Dose Vial): 50 mg/ml, 30 ml; 100 mg/ml, 20 ml	8/1/2023
	Injection (Single Dose Vial or Ampule): 25 mg, 50 mg, 75 mg, 100 mg	8/1/2023
	Tablets: 50 mg, 100 mg	5/31/2010
Mesoridazine	Injection: 25 mg/ml, 1 ml Tablets or Capsules: 10 mg, 25 mg, 50 mg, 100 mg Liquid: 25 mg/ml, 1 ml	These products are no longer manufactured or available.
Metaproterenol	Aerosol Inhaler with Adapter: 14 gm Aerosol Inhaler without Adapter (Refill): 14 gm	1/31/2007
Methadone	Injection: 10 mg/ml, 1 ml; 10 mg/ml, 20 ml	N/A
Methylphenidate HCL §	Capsules, extended release: 25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg	4/1/2022
Metipranolol HCL	Ophthalmic Drops: 0.3%, 5 ml; 0.3%, 10 mg	These products are no longer manufactured or available.
Metoprolol Succinate/ Hydrochlorothiazide	Tablets	These products are no longer manufactured or available.
Metronidazole	Topical Gel: 0.75%, 28.4 gm	12/31/2005
Mobocertinib	Capsules: 40 mg	4/1/2024
Moexipril HCL with Hydrochlorothiazide	Tablets: 7.5 mg-12.5 mg, 15 mg-12.5 mg, 15 mg-25 mg	5/31/2008

DOS Drugs/ No Longer MFGR	Strength	End Date
Mometasone Furoate	Oral Powder for Inhalation: 30 inhalations/0.24 gm, 60 inhalations/0.24 gm, 120 inhalations/0.24 gm	12/31/2008
Mometasone Furoate Monohydrate	Nasal Spray: 50 mcg/actuation	9/30/2017
Morphine Sulfate	Capsules, Extended Release: 30 mg, 60 mg, 90 mg, 120 mg Injection	9/30/2005 8/1/2023
Morphine Sulfate/Naltrexone	Capsules, Extended Release: 20 mg/0.8 mg, 30 mg/1.2 mg, 50 mg/2 mg, 60 mg/2.4 mg, 80 mg/3.2 mg, 100 mg/4 mg	9/30/2020
Moxetumomab Pasudotox- Tdfk	Injection: 1 mg	8/1/2023
Moxifloxacin HCL	Ophthalmic Solution: 0.5%	Moxeza® 6/30/2020
Mycophenolate Mofetil	Capsules: 500 mg	No longer manufactured or available.
Naftifine HCL	Topical Cream: 1%, 15 gm; 1%, 30 gm; 1%, 60 gm; 1%, 90 gm Topical Gel: 1%, 20 gm; 1%, 40 gm; 1%, 60 gm, 1%, 90 gm	11/30/2011
Nalidixic Acid	Tablets: 250 mg, 500 mg, 1 gm	These products are no longer manufactured or available.
Neostigmine Bromide	Tablets: 15 mg	This product is no longer manufactured or available.
Nepafenac	Ophthalmic Suspension: 0.1% Ophthalmic Suspension: 0.3%, 1.7 ml bottle Ophthalmic Suspension: 0.3%, 3 ml bottle	3/1/2020 2/29/2020 5/1/2022

DOS Drugs/ No Longer MFGR	Strength	End Date
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.
Nicardipine HCL	Long-acting tablets and capsules: 30 mg, 45 mg, 60 mg	These products are no longer manufactured or available.
Niclosamide	Tablets: 500 mg	This product is no longer manufactured or available.
Niraparib	Capsules: 100 mg	11/1/2023
Nisoldipine	Tablets: 10 mg, 20 mg, 30 mg, 40 mg	3/31/2010
Nizatidine	Solution	These products are no longer manufactured or available.
Norelgestromin and Ethinyl Estradiol	Transdermal Patch: 6 mg-0.75 mg	This product is no longer manufactured or available.
Norethindrone Acetate and Ethinyl Estradiol	Tablets: 1 mg-5 mcg	Suspended until further notice.
Norethindrone and Ethinyl Estradiol	Tablets: 1 mg-50 mcg (Tablets from 21 Tablet Packet); 1 mg-50 mcg (Tablets from 28 Tablet Packet)	1 mg – 50 mcg product is no longer manufactured or available.
Norethindrone and Ethinyl Estradiol	Tablets from 7/14 Combination Packet (28 Tablets Packet): 7x0.5 mg/35 mcg, 14x1 mg/35 mcg, 7 inert	7/14 combination packet is no longer manufactured or available.
Norethindrone and Mestranol	Tablets: 1 mg-50 mcg (21 and 28 Tablets Packet)	No longer manufactured or available.

DOS Drugs/ No Longer MFGR	Strength	End Date
Norfloxacin	Tablets or Capsules: 400 mg	These products are no longer manufactured or available.
Olaparib	Capsule: 50 mg	4/01/2023
Olaratumab	Injection: 500 mg/50 ml, 190 mg/19 ml	11/1/2021
Olopatadine HCL	Ophthalmic Solution: 0.5%, 0.7%	6/30/2022
Omacetaxine Mepesuccinate	Powder for Injection: 3.5 mg	These products are no longer manufactured or available.
Ombitasvir/Paritaprevir/ Ritonavir and Dasabuvir	Tablets: 12.5 mg/75 mg/50 mg/250 mg Tablets, ER: 8.33 mg/50 mg/33.33 mg/ 200 mg	These products are no longer manufactured or available.
Omeprazole/Sodium Bicarbonate	Capsules: 20 mg, 40 mg Powder Packet: 20 mg, 40 mg	9/30/2009
Oprelvekin	Powder for Injection: 5 mg/vial	This product is no longer manufactured or available.
Oxandrolone	Tablets: 2.5 mg	5/31/2003
Oxiconazole Nitrate	Cream: 1%, 15 gm; 1%, 30 gm; 1%, 60 gm Lotion: 1%, 30 ml	11/30/2012
Oxycodone and Acetaminophen	Tablets or Capsules: 5 mg – 500 mg	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 and Aspirin	Tablets: 4.8355 mg to 325 mg	These products are no longer manufactured or available.
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.

DOS Drugs/ No Longer MFGR	Strength	End Date
Oxymorphone	Ampule: 1 mg/ml, 1 ml; 1.5 mg/ml, 1 ml; 1.5 mg/ml, 10 ml	These products are no longer manufactured or available.
Pacritinib	Capsules: 100 mg	7/01/2022
Palonosetron HCL	Injection: 0.25 mg/5 ml	7/31/2021
Pancrelipase (Amylase/ Lipase/Protease)	Powder	This product is no longer manufactured or available.
Panitumumab	Injection: 200 mg/10 ml	No longer manufactured or available.
Panobinostat	Capsules: 10 mg, 15 mg, 20 mg	7/01/2023
Papain and Urea	Ointment: strength	2/28/2009
Papain-Urea-Chlorophyllin Copper Complex Sodium	Ointment: 30 gm Spray: 33 ml	2/28/2009 4/30/2006
Paregoric	Liquid	These products are no longer manufactured or available.
Paregoric and Protectives	Liquid	These products are no longer manufactured or available.
Paroxetine Mesylate	Tablets: 10 mg, 20 mg, 30 mg, 40 mg	5/31/2009
Peginterferon Alfa-2A	Injection Kit with Alcohol Pads: 180 mcg/0.5 ml Pen injector, package of four: 180 mcg/0.5 ml, 135 mcg/0.5 ml	6/30/2012 No longer manufactured or available. Pen injector: 1/1/2022

DOS Drugs/ No Longer MFGR	Strength	End Date
Peginterferon Alfa-2B	Powder for Injection Kit: 50 mcg/0.5 ml, 80 mcg/0.5 ml, 120 mcg/0.5 ml, 150 mcg/ 0.5 ml Powder for injection, single dose delivery system: 50 mcg/0.5 ml, 80 mcg/0.5 ml, 120 mcg/0.5 ml, 150 mcg/ 0.5 ml Lyophilized powder for injection: 296 mcg (200 mcg deliverable) 444 mcg (300 mcg deliverable) 888 mcg (600 mcg deliverable)	1/1/2022
Pembrolizumab	Powder for Injection: 50 mg/vial	No longer manufactured or available.
Pemirolast Potassium	Ophthalmic Solution: 0.1%, 10 ml	9/30/2010
Pemoline	Tablets or Capsules: 18.75 mg, 37.5 mg, 75 mg Tablets (Chewable): 37.5 mg	Prior to 12/1/2005
Penbutolol Sulfate	Tablets: 20 mg	These products are no longer manufactured or available.
Pergolide Mesylate	Tablets: 0.05 mg, 0.25 mg, 1.0 mg	These products are no longer manufactured or available.
Pexidartinib	Capsules: 200 mg	These products are no longer manufactured or available.
Phenytoin	Suspension: 30 mg/5 ml	No longer manufactured or available.
Phenytoin with Phenobarbital	Tablets or Capsules: 100 mg/15 mg and 100 mg/30 mg	These products are no longer manufactured or available.

DOS Drugs/ No Longer MFGR	Strength	End Date
Pilocarpine with Epinephrine	Ophthalmic Solution: 1%, 2%, 3%, 4%, 6% (sizes 10 ml, 15 ml)	These products are no longer manufactured or available.
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.
Promethazine HCL	Liquid Fortis: 25 mg/5 ml	No longer manufactured or available.
Quinine Sulfate	Tablets or Capsules: strength	Prior to 5/1/2007
Ranitidine HCL	Tablets: 150 mg, 300 mg Syrup: 15 mg/ml	No longer manufactured or available.
Repaglinide	Tablets: 0.5 mg, 1 mg, 2 mg	7/31/2005
Ribavirin and Interferon Alfa-2B*	Capsules and Injection, Multi-Dose Pen	6/30/2005 Product is no longer manufactured or available.
Ribavirin	Dose Pack Tablets (56 tablets per pack): 600 mg, 800 mg, 1000 mg, 1200 mg	6/30/2015

DOS Drugs/ No Longer MFGR	Strength	End Date
Rimexolone	Ophthalmic Suspension: 1% ml	9/29/2018
Risedronate Sodium	Tablet: 150 mg	4/30/2012
Ritonavir	Capsules: 100 mg Solution: 80 mg/ml	These products are no longer manufactured or available.
Rivastigmine Tartrate	Solution, Oral: 2 mg/ml	6/30/2014
Rosiglitazone Maleate	Tablets: 2 mg, 4 mg, 8 mg	11/18/2011
Rosiglitazone Maleate/Glimepiride	Tablets: 4 mg/1 mg, 4 mg/2 mg, 4 mg/4 mg, 8 mg/2 mg, 8 mg/4 mg	These products are no longer manufactured or available.
Rosiglitazone Maleate/Metformin HCL	Tablets: 1 mg/500 mg, 2 mg/500 mg, 4 mg/500 mg, 2 mg/1000 mg, 4 mg/1000 mg	11/18/2011
Salmeterol Xinafoate	Inhalation Aerosol: 13 gm Aerosol Refill: 13 gm	7/31/2005
Saquinavir Mesylate	Capsules: 200 mg	1/1/2021
Saquinavir Mesylate	Tablets: 500 mg	These products are no longer manufactured or available.
Scopolamine HBr	Ophthalmic Solution: 0.25%	This product is no longer manufactured or available.
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.
Sodium Chloride Injection	0.9 % vials: 30 ml	Obsolete
Somatropin (Nutropin AQ NuSpin)	Pen Injector: 5 mg/2 ml, 10 mg/2 ml, 20 mg/2 ml	10/1/2024
Somatropin (rDNA Origin)	Powder for Injection: strength	5/31/2003
Sulfathiazole/Sulfacetamide/Sulfabenzamide (Triple Sulfa)	Vaginal Cream With or Without Applicator: strength Vaginal Tablets: strength	These products are no longer manufactured or available.
Sulfinpyrazone	Tablets or Capsules: 100 mg, 200 mg	These products are no longer manufactured or available.

DOS Drugs/ No Longer MFGR	Strength	End Date
Sulfisoxazole	Tablets: 0.5 gm Liquid: 0.5 gm/5 ml	These products are no longer manufactured or available.
Sumatriptan Succinate/Naproxen Sodium	Tablets: 85 mg/500 mg	10/31/2011
Tamoxifen Citrate	Oral Solution: 10 mg/5 ml	Prior to 1/1/2018
Tebentafusp-tebn	Vial: 100 mcg/0.5 ml	7/01/2022
Tegaserod	Tablets: 2 mg, 6 mg	4/1/2007
Telaprevir	Tablets: 375 mg	12/31/2015 Product is no longer manufactured or available.
Testolactone	Tablets: 50 mg	This product is no longer manufactured or available.
Tetracycline	Tablets: 250 mg, 500 mg	4/1/2024
Thalidomide	Capsules: 50 mg, 100 mg, 200 mg	2/28/2010
Thiabendazole	Tablets or Capsules: 500 mg Liquid: 500 mg/5 ml	These products are no longer manufactured or available.
Thiothixene §	Powder for Injection: 5 mg each	2/28/2010
Timolol Hemihydrate	Ophthalmic Solution: 0.25 %, 0.5 %	9/30/2010
Timolol Maleate §	Ophthalmic Drops (Formulated with Potassium Sorbate): 0.5 % Ophthalmic single use: 0.25 % and 0.5 % Ophthalmic Gel: 0.25 %, 0.5 %	6/30/2011 8/01/2022 9/1/2022
Tinzaparin Sodium	Injection: 20,000 IU/ml (2 ml vial)	12/31/2008
Tipranavir	Oral Solution: 100 mg/mL	8/01/2022
Tolazamide	Tablets: 100 mg, 250 mg, 500 mg	These products are no longer manufactured or available.

DOS Drugs/ No Longer MFGR	Strength	End Date
Tolbutamide	Tablets: 250 mg, 500 mg	These products are no longer manufactured or available.
Tolcapone	Tablets: 100 mg, 200 mg	7/31/2005
Tolmetin	Tablets	These products are no longer manufactured or available.
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
Travoprost	Ophthalmic Solution (benzalkonium formulation): 0.004 %, 2.5 ml 0.004 %, 5.0 ml	3/01/2023
Trastuzumab	Vial: 440 mg	8/01/2022
Triamcinolone	Nasal Spray: 50 mcg/actuation, 15 ml	This product is no longer manufactured or available.
Triazolam	Tablets: 0.125 mg, 0.25 mg	2/1/2021
Trifluoperazine	Injection: 2 mg/ml Liquid: 10 mg/ml	These products are no longer manufactured or available.
Trimetrexate Glucuronate	Powder for Injection: 25 mg	This product is no longer manufactured or available.
Tripolidine 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
Umbrisib	Tablets: 200 mg	6/01/2022
Uracil Mustard	Capsules: 1 mg	This product is no longer manufactured or available.
Valdecoxib	Tablets: 10 mg	4/8/2005 Product being recalled.

DOS Drugs/ No Longer MFGR	Strength	End Date
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
Vitamins A, D, C, with Sodium Fluoride	Tablets, Chewable: 100's	This product is no longer manufactured or available.
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
Zoster Vaccine	Injection: 1 dose/vial	This product is no longer manufactured or available.