# Drugs: Contract Drugs List Part 1 – Prescription Drugs (A through D)

Page updated: November 2020

This section lists the codes and units for contract drugs. For additional help, refer to the *Drugs: Contract Drugs List Introduction* section of this manual.

## Abacavir Sulfate ‡ *

* ‹‹Abacavir Sulfate is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 300 mg | each |
| Liquid | 20 mg/ml | milliliter |

## Abacavir Sulfate and Lamivudine ‡ *

* ‹‹Abacavir Sulfate and Lamivudine is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 600 mg/300 mg | each |

## Abacavir Sulfate/Dolutegravir/Lamivudine ‡ *

* ‹‹Abacavir Sulfate/Dolutegravir/Lamivudine is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 (ViiV Healthcare) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 600 mg/50 mg/300 mg | each |

## Abacavir Sulfate, Lamivudine and Zidovudine ‡ *

* ‹‹The following text is effective October 1, 2020: Abacavir Sulfate, Lamivudine and Zidovudine are›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler codes 00173 (GlaxoSmithKline) and 49702 (ViiV Healthcare) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 300 mg/150 mg/300 mg | each |

## Abemaciclib ‡ *

* ‹‹Abemaciclib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 (Eli Lilly and Company) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 50 mg | each |
| Tablets | 100 mg | each |
| Tablets | 150 mg | each |
| Tablets | 200 mg | each |

## Abiraterone Acetate ‡ *

* ‹‹Abiraterone Acetate is›› restricted to use in the treatment of cancer only.

‹‹The following text is removed›› effective January 1, 2019: Also restricted to NDC labeler code 57894 (Janssen Biotech, Inc.) only. ‹‹Removed text ends here.››

‹‹The text in the following table is›› effective January 1, 2019:

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 125 mg * | each |

* ‹‹The following text is effective January 1, 2019: The 125 mg tablets are›› restricted to NDC labeler code 47335 (Sun Pharmaceutical Industries, Inc.) only.

## Abiraterone Acetate (continued) ‡ *

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablet | 250 mg * | each |

* ‹‹The following text is effective January 1, 2019: The 250 mg tablets are›› restricted to NDC labeler code 57894 (Janssen Biotech, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Film-coated tablets | 500 mg * | each |

* ‹‹The following text is effective July 1, 2019: The 500 mg file-coated tablets are›› restricted to NDC labeler code 57894 (Janssen Biotech, Inc.) only.

## Acalabrutinib ‡ *

* ‹‹Acalabrutinib is›› restricted to use in the treatment of cancer only.  Also restricted to NDC labeler code 00310 (AstraZeneca Pharmaceuticals LP) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsule | 100 mg | each |

## Acamprosate Calcium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Delayed-release tablets | 333 mg | each |

## Acarbose

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | Not applicable | each |

## Acebutolol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules + | 200 mg | each |
| Capsules + | 400 mg | each |

## Acetazolamide

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 125 mg | each |
| Tablets + | 250 mg | each |
| Capsules, sustained release + | 500 mg | each |

## Acetic Acid

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Irrigating solution | 0.25%, 250 ml | milliliter |
| Irrigating solution | 0.25%, 500 ml | milliliter |
| Irrigating solution | 0.25%, 1000 ml | milliliter |
| Irrigating solution | 0.25%, 2000 ml | milliliter |

## Acetic Acid with Aluminum Acetate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Otic solution | 2% | milliliter |

## Acetic Acid with Hydrocortisone

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Otic solution | 2% – 1% | milliliter |

## Acetohexamide

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 500 mg | each |

**Note:** This product is no longer manufactured or available.

## Acetylcysteine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Solution | 10%, 4 ml | milliliter |
| Solution | 10%, 10 ml | milliliter |
| Solution | 10%, 30 ml | milliliter |
| Solution | 20%, 4 ml | milliliter |
| Solution | 20%, 10 ml | milliliter |
| Solution | 20%, 30 ml | milliliter |

## Acyclovir ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 200 mg | each |
| Tablets | 400 mg | each |
| Tablets | 800 mg | each |

The following text is removed ‹‹effective December 1, 2020:›› Acyclovir is restricted to use in herpes genitalis, immunocompromised patients and herpes zoster (shingles). End of removed text.

## Adefovir Dipivoxil *

* Adefovir Dipivoxil is restricted to use for the treatment of chronic Hepatitis B virus infection and dates of service from August 1, 2008, through August 31, 2011.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 10 mg | each |

## Ado-Trastuzumab Emtansine ‡ *

* ‹‹Ado-Trastuzumab Emtansine is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 (Genentech, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Vial | 100 mg | each |
| Vial | 160 mg | each |

## Afatinib ‡ *

* ‹‹Afatinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 20 mg | each |
| Tablets | 30 mg | each |
| Tablets | 40 mg | each |

## Albuterol *

* ‹‹Albuterol is›› restricted to dates of service from January 1, 1996, to January 31, 2007.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Inhaler with adapter | 17 gm | gram |
| Inhaler without adapter | 17 gm | gram |

## Albuterol Sulfate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules + | 2 mg | each |
| Tablets or capsules + | 4 mg | each |
| Long-acting tablets + | 4 mg | each |
| Long-acting tablets + | 8 mg | each |

## Albuterol Sulfate (continued)

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Inhaler (without chlorofluorocarbons as the propellant) * | 6.7 gm | gram |

‹‹The following text is removed effective January 1, 2021: The 6.7 gm inhaler (without chlorofluorocarbons as the propellant) is restricted to NDC labeler code 00085 (Schering-Plough/MERCK & CO, Inc.) only. End of removed text.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Inhaler (without chlorofluorocarbons as the propellant) * | 8.5 gm | gram |

‹‹The following text is removed effective January 1, 2021: The 8.5 gm inhaler (without chlorofluorocarbons as the propellant) is restricted to NDC labeler code 59310 (Teva Respiratory, LLC) only. End of removed text.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Inhaler (without chlorofluorocarbons as the propellant) * | 18 gm | gram |

‹‹The following text is removed effective January 1, 2021: The 18 gm inhaler (without chlorofluorocarbons as the propellant) is restricted to NDC labeler code 00173 (GlaxoSmithKline) only. End of removed text.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Solution for inhalation | 0.5%, 20 | milliliter |
| Solution for inhalation, premixed | 0.083% | milliliter |
| Solution for inhalation, premixed | 1.25 mg/3 ml | milliliter |
| Solution for inhalation, premixed | 0.63 mg/3 ml | milliliter |
| Liquid | 2 mg/5 ml | milliliter |
| Capsules for inhalation with inhalation device | Package containing 96 or 100 capsules and one inhalation device | each capsule |
| Capsules only, for inhalation | blank | each |

## Alcaftadine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic Solution | 0.25% | milliliter |

## Alclometasone Dipropionate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Cream | 0.05%, 15 gm | gram |
| Cream | 0.05%, 45 gm | gram |
| Cream | 0.05%, 60 gm | gram |
| Ointment | 0.05%, 15 gm | gram |
| Ointment | 0.05%, 45 gm | gram |
| Ointment | 0.05%, 60 gm | gram |

## Aldesleukin ‡ *

* ‹‹Aldesleukin is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 65483 (Prometheus Laboratories, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 22 million IU (1.3 mg)/vial | each |

## Alectinib ‡ *

* ‹‹Alectinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 (Genentech USA, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 150 mg | each |

## Alemtuzumab *

* ‹‹Alemtuzumab is›› restricted to use in the treatment of cancer and to claims submitted with dates of service from May 7, 2001, through February 28, 2010, only. Continuing care with a date of service on or after March 1, 2010 is available when the following conditions are met: 1) The beneficiary had a paid fee-for-service claim for this drug on or before February 28, 2010; 2) A claim has been submitted and paid within the past 100 days; 3) The claim being submitted is within 100 days of the date of service of the last paid claim.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 30 mg/1 ml vial | milliliter |

## Alendronate Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Effervescent tablet * | 70 mg | each |

* ‹‹The 70 mg effervescent tablets are›› restricted to NDC labeler code 00178 (Mission Pharmacal Company) for the effervescent tablet only and to claims submitted with dates of service from July 1, 2013, through June 30, 2016.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Oral solution * | 70 mg/75 ml | milliliter |

* ‹‹The oral solution is›› restricted to claims submitted with dates of service from November 1, 2005, through August 31, 2013, for the oral solution only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 5 mg | each |
| Tablets + | 10 mg | each |
| Tablets + | 35 mg | each |
| Tablets + | 40 mg | each |
| Tablets + | 70 mg | each |

## Alendronate Sodium/Cholecalciferol *

* ‹‹Alendronate Sodium/Cholecalciferol is›› restricted to NDC labeler code 00006 (Merck & Co., Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 70 mg/2800 IU | each |
| Tablets + | 70 mg/5600 IU | each |

## Alfuzosin HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets +, extended release | 10 mg | each |

## Aliskiren/Valsartan *

* ‹‹Aliskiren/Valsartan is›› restricted to claims submitted through July 20, 2012.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 150 milligrams/160 milligrams | each |
| Tablets | 300 milligrams/320 milligrams | each |

## Alitretinoin ‡ *

* ‹‹Alitretinoin is›› restricted to use in the topical treatment of cutaneous lesions in patients with AIDS-related Kaposi's sarcoma.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Gel | 0.1 %, 60 gm | gram |

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## Allopurinol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 100 mg | each |
| Tablets + | 300 mg | each |

## Alogliptin *

* ‹‹Alogliptin is›› restricted to NDC labeler code 64764 (Takeda Pharmaceuticals America, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 6.25 mg | each |
| Tablets | 12.5 mg | each |
| Tablets | 25 mg | each |

## Alogliptin/Metformin HCl *

* ‹‹Alogliptin/Metformin HCl is›› restricted to NDC labeler code 64764 (Takeda Pharmaceuticals America, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 12.5 mg/500 mg | each |
| Tablets | 12.5 mg/1000 mg | each |

## Alogliptin/Pioglitazone *

* ‹‹Alogliptin/Pioglitazone is›› restricted to NDC labeler code 64764 (Takeda Pharmaceuticals America, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 12.5 mg/15 mg | each |
| Tablets | 12.5 mg/30 mg | each |
| Tablets | 12.5 mg/45 mg | each |
| Tablets | 25 mg/15 mg | each |
| Tablets | 25 mg/30 mg | each |
| Tablets | 25 mg/45 mg | each |

## Alpelisib ‡ *

* ‹‹The following text is effective July 1, 2019: Alpelisib is›› restricted to use in the treatment of cancer only.  Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) only.

‹‹The text in the following table is›› effective July 1, 2019:

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 50 mg | each |
| Tablets | 150 mg | each |
| Tablets | 200 mg | each |

## Altretamine ‡ *

* ‹‹Altretamine is›› restricted to use in the treatment of cancer only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 50 mg | each |

## Amantadine *

* ‹‹Amantadine›› use in beneficiaries less than 2 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules + | 100 mg | each |
| Liquid | 50 mg/5 ml | milliliter |

## Amikacin Sulfate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection, vial | 50 mg/ml | milliliter |
| Injection, vial | 250 mg/ml | milliliter |

## Aminophylline

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 250 mg, 10 ml | milliliter |
| Injection | 500 mg, 20 ml | milliliter |
| Suppository | 0.25 gm | each |
| Suppository | 0.5 gm | each |
| Tablets + | 100 mg | each |
| Tablets + | 200 mg | each |
| Liquid | 105 mg/5 ml | milliliter |

## Amiodarone

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 200 mg | each |

## Amitriptyline *

* Use ‹‹of Amitriptyline›› in beneficiaries less than 12 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 10 mg/ml | milliliter |
| Tablets | 10 mg | each |
| Tablets | 25 mg, 1000s | each |
| Tablets | 50 mg | each |
| Tablets | 75 mg | each |
| Tablets | 100 mg | each |
| Tablets | 150 mg | each |

## Amitriptyline HCl/Perphenazine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 10 mg/2 mg | each |
| Tablets | 10 mg/4 mg | each |
| Tablets | 25 mg/2 mg, 500s | each |
| Tablets | 25 mg/4 mg | each |

## Amlodipine Besylate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 2.5 mg | each |
| Tablets + | 5 mg | each |
| Tablets + | 10 mg | each |

## Amlodipine Besylate/Atorvastatin Calcium *

* ‹‹Amlodipine Besylate/Atorvastatin Calcium is›› restricted to claims with dates of service from December 1, 2007, through October 31, 2016. Continuing care with a date of service on or after November 1, 2016, is available when the following conditions are met: 1) The beneficiary had a paid fee-for-service claim for this drug on or before October 31, 2016; 2) A claim has been submitted and paid within the past 100 days; and 3) The claim being submitted is within 100 days of the date of service of the last paid claim.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets + | 2.5 mg – 10 mg | each |
| Tablets + | 2.5 mg – 20 mg | each |
| Tablets + | 2.5 mg – 40 mg | each |
| Tablets + | 5 mg – 10 mg | each |
| Tablets + | 5 mg – 20 mg | each |
| Tablets + | 5 mg – 40 mg | each |
| Tablets + | 5 mg – 80 mg | each |
| Tablets + | 10 mg – 10 mg | each |
| Tablets + | 10 mg – 20 mg | each |
| Tablets + | 10 mg – 40 mg | each |
| Tablets + | 10 mg – 80 mg | each |

## Amlodipine Besylate/Benazepril Hydrochloride

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Capsules + | 2.5 mg – 10 mg | each |
| Capsules + | 5 mg – 10 mg | each |
| Capsules + | 5 mg – 20 mg | each |
| Capsules + | 10 mg – 20 mg | each |
| Capsules + | 5 mg – 40 mg | each |
| Capsules + | 10 mg – 40 mg | each |

## Amlodipine/Telmisartan *

* ‹‹Amlodipine/Telmisartan is›› restricted to NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals, Inc.) and to claims with dates of service from June 1, 2010, through May 31, 2013, only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg/40 mg | each |
| Tablets | 5 mg/80 mg | each |
| Tablets | 10 mg/40 mg | each |
| Tablets | 10 mg/80 mg | each |

## Amlodipine/Valsartan *

* ‹‹Amlodipine/Valsartan is›› restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg/160 mg | each |
| Tablets | 10 mg/160 mg | each |
| Tablets | 5 mg/320 mg | each |
| Tablets | 10 mg/320 mg | each |

## Amlodipine/Valsartan/Hydrochlorothiazide *

* ‹‹Amlodipine/Valsartan/Hydrochlorothiazide is›› restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg/160 mg/12.5 mg | each |
| Tablets | 10 mg/160 mg/12.5 mg | each |
| Tablets | 5 mg/160 mg/25 mg | each |
| Tablets | 10 mg/160 mg/25 mg | each |
| Tablets | 10 mg/320 mg/25 mg | each |

## Amoxicillin/Clavulanate Potassium *

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, chewable * | 125 mg | each |
| Tablets, chewable * | 200 mg | each |
| Tablets, chewable * | 250 mg | each |
| Tablets, chewable * | 400 mg | each |

* ‹‹The chewable tablets are›› restricted to a maximum dispensing quantity of thirty (30) tablets and a maximum of two (2) dispensings in any 30-day period.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, oral * | 250 mg | each |
| Tablets, oral * | 500 mg | each |

* Restricted to a maximum dispensing quantity of thirty (30) tablets and a maximum of two (2) dispensings in any 30-day period for the 250 mg and 500 mg oral tablets only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, oral * | 875 mg | each |

* Restricted to a maximum dispensing quantity of twenty (20) tablets and a maximum of two (2) dispensings in any 30-day period for the 875 mg oral tablets only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, oral * | 1 gm | each |

* Restricted to a maximum dispensing quantity of forty (40) tablets and a maximum of two (2) dispensings in any 30-day period for the 1 gm oral tablets only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Solution or suspension * | 125 mg/5 ml | milliliter |
| Solution or suspension * | 200 mg/5 ml | milliliter |
| Solution or suspension * | 250 mg/5 ml | milliliter |
| Solution or suspension * | 400 mg/5 ml | milliliter |

‹‹The solution or suspension is›› restricted to a maximum of two (2) dispensings in any 30-day period.

## Amoxicillin Trihydrate

‹‹The 200 mg/5 ml solution or suspension, 400 mg/5 ml solution or suspension, and 125 mg chewable tablets are added to the following table›› effective April 1, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Solution or suspension | 125 mg/5 ml | milliliter |
| Solution or suspension | 200 mg/5 ml | milliliter |
| Solution or suspension | 250 mg/5 ml | milliliter |
| Solution or suspension | 400 mg/5 ml | milliliter |
| Pediatric drops | 50 mg/ml | milliliter |
| Capsules | 250 mg | each |
| Capsules | 500 mg | each |
| Chewable tablets | 125 mg | each |
| Chewable tablets | 250 mg | each |

‹‹The text in the following table is removed›› effective April 1, 2020:

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Solution or suspension | 125 mg/5 ml, 80 ml | milliliter |
| Solution or suspension | 125 mg/5 ml, 100 ml | milliliter |
| Solution or suspension | 125 mg/5 ml, 150 ml | milliliter |
| Solution or suspension | 250 mg/5 ml, 80 ml | milliliter |
| Solution or suspension | 250 mg/5 ml, 100 ml | milliliter |
| Solution or suspension | 250 mg/5 ml, 150 ml | milliliter |
| Solution or suspension | 250 mg/5 ml, 200 ml | milliliter |
| Pediatric drops | 50 mg/ml, 15 ml | milliliter |
| Pediatric drops | 50 mg/ml, 30 ml | milliliter |

‹‹Removed text ends here.››

## Amphetamine, Mixed Salts (Amphetamine Sulfate, Amphetamine Aspartate Monohydrate, Dextroamphetamine Sulfate and Dextroamphetamine Saccharate) *

* ‹‹Amphetamine, Mixed Salts are›› restricted to use in Attention Deficit Disorder in individuals from 6 through 17 years of age only.

| ‹‹Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg | each |
| Tablets | 7.5 mg | each |
| Tablets | 10 mg | each |
| Tablets | 12.5 mg | each |
| Tablets | 15 mg | each |
| Tablets | 20 mg | each |
| Tablets | 30 mg | each |
| Capsules, extended release | 5 mg | each |
| Capsules, extended release | 10 mg | each |
| Capsules, extended release | 15 mg | each |
| Capsules, extended release | 20 mg | each |
| Capsules, extended release | 25 mg | each |
| Capsules, extended release | 30 mg | each |

‹‹The following text is removed›› effective April 1, 2020: Restricted to NDC labeler code 54092 (Shire US, Inc.) for extended release capsules only. ‹‹Removed text ends here.››

## Amphotericin B

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Cream | ‹‹blank›› | gram |
| Ointment | ‹‹blank›› | gram |
| Lotion | ‹‹blank›› | milliliter |
| Injection ‡ | ‹‹blank›› | each |

**Note:** Cream, Ointment, and Lotion products are no longer manufactured or available.

## Ampicillin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 125 mg/vial | each |
| Powder for injection | 250 mg/vial | each |
| Powder for injection | 500 mg/vial | each |
| Powder for injection | 1 gm/vial | each |
| Powder for injection | 2 gm/vial | each |
| Powder for injection | 2.5 gm/vial | each |
| Powder for injection | 10 gm/vial | each |
| Powder for injection | 500 mg, piggyback | each |
| Powder for injection | 1 gm, piggyback | each |
| Powder for injection | 2 gm, piggyback | each |
| Tablets or capsules | 250 mg, 500s ¥ | each |
| Tablets or capsules | 500 mg | each |
| Solution or suspension | 125 mg/5 ml, 100 ml | milliliter |
| Solution or suspension | 125 mg/5 ml, 150 ml | milliliter |
| Solution or suspension | 125 mg/5 ml, 200 ml | milliliter |
| Solution or suspension | 250 mg/5 ml, 100 ml | milliliter |
| Solution or suspension | 250 mg /5 ml, 150 ml | milliliter |
| Solution or suspension | 250 mg /5 ml, 200 ml | milliliter |
| Drops | 100 mg/ml, 20 ml | milliliter |

## Amprenavir ‡ *

* ‹‹Amprenavir is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 50 mg | each |
| Capsules | 150 mg | each |
| Oral solution | 15 mg/ml | milliliter |

**Note**: These products are no longer manufactured or available.

## Anastrozole ‡

* ‹‹Anastrozole is›› restricted to use in the treatment of cancer only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | ‹‹Blank›› | each |

## Anagrelide HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 0.5 mg | each |
| Capsules | 1.0 mg | each |

## Antipyrine and Benzocaine *

* ‹‹Antipyrine and Benzocaine are›› restricted to claims submitted with dates of service through November 30, 2015, only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Otic drops | ‹‹Blank›› | milliliter |

## Apalutamide ‡ *

* Apalutamide is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 59676 (Janssen Products, L.P.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 60 mg | each |

## Apixaban *

* Effective April 1, 2020: Apixaban is restricted to NDC labeler code 00003 (E.R. Squibb & Sons, LLC.) only.

The text in the table below is effective April 1, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 2.5 mg | each |
| Tablets | 5 mg | each |
| Starter Pack Tablets | 5 mg | each |

## Apraclonidine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.5 %, 5 ml | milliliter |
| Ophthalmic solution | 0.5 %, 10 ml | milliliter |

‹‹The following text is removed effective January 1, 2021: Apraclonidine is restricted to NDC labeler code 00065 (Alcon Laboratories, Inc.) only. End of removed text››

## Aprepitant *

* ‹‹Aprepitant is›› restricted to NDC labeler code 00006 (Merck & Co. Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules * + | 80 mg | each |
| Capsules * + | 125 mg | each |
| Capsules * + | 1 x 125 mg | each |
| Capsules * + | 2 x 80 mg | each |

* ‹‹The 80 mg and 125 mg capsules are›› restricted to use in cancer patients and to a maximum of either 1) one tri-fold pack per dispensing, or 2) one 125 milligrams capsule and/or two 80 milligrams capsules per dispensing. Effective July 1, 2019.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules* + | 40 mg | each |

* ‹‹The 40 mg capsules are›› restricted to use for the prevention of postoperative nausea and vomiting and limited to a maximum of one capsule per dispensing, not to exceed one dispensing in any 30-day period.

## Aripiprazole *

* ‹‹Aripiprazole is›› restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires treatment authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 2 mg | each |
| Tablets | 5 mg | each |
| Tablets | 10 mg | each |
| Tablets | 15 mg | each |
| Tablets | 20 mg | each |
| Tablets | 30 mg | each |
| Tablets, orally disintegrating | 10 mg | each |
| Tablets, orally disintegrating | 15 mg | each |
| Oral solution | 1 mg/ml | milliliter |

## Arsenic Trioxide ‡ *

* The following text is effective July 1, 2019: Arsenic Trioxide is restricted to use in the treatment of cancer only and to claims submitted with a date of service on or after July 1, 2016, and to NDC labeler code 63459 (Cephalon, Inc.) only.

The 12 mg/6 ml injection in the table below is effective July 1, 2019.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 1 mg/ml | milliliter |
| Injection | 12 mg/6 ml | milliliter |

## Asenapine *

* **‹‹Effective April 1, 2021: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires a prior authorization; 2) Restricted to labeler code 00456 (Forest Laboratories, Inc.).››**

**‹‹Effective April 1, 2021, the following text is removed: 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications. End of removed text.››**

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Sublingual Tablets | 2.5 mg | each |
| Sublingual Tablets | 5 mg | each |
| Sublingual Tablets | 10 mg | each |

## Asparaginase ‡ *

* Asparaginase is restricted to claims submitted with dates of service through June 12, 2014, only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 10,000 IU/vial | each |

## Aspirin *

* ‹‹Aspirin is›› restricted to use for arthritis.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules, long acting + | 800 mg | each |
| Tablets or capsules, enteric-coated + | 975 mg | each |

## Aspirin/Extended-Release Dipyridamole *

* ‹‹Aspirin/Extended-Release Dipyridamole is›› restricted to use in individuals who have had transient ischemia of the brain and have failed on aspirin therapy, or completed ischemic stroke due to thrombosis.

‹‹The following text is removed›› effective October 1, 2020: Restricted to NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals, Inc.) ‹‹Removed text ends here.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 25 mg/200 mg | each |

## Atazanavir/Cobicistat ‡ *

* ‹‹Atazanavir/Cobicistat is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only.  Also restricted to NDC labeler code 00003 (E. R. Squibb & Sons, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 300 mg/150 mg | each |

## Atazanavir Sulfate ‡ *

* ‹‹Atazanavir Sulfate is›› is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00003 (E. R. Squibb & Sons, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Capsules | 100 mg | each |
| Capsules | 150 mg | each |
| Capsules | 200 mg | each |
| Capsules | 300 mg | each |
| Oral powder | 50 mg/packet | each |

## Atenolol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets + | 25 mg | each |
| Tablets + | 50 mg | each |
| Tablets + | 100 mg | each |

## Atezolizumab ‡ *

* ‹‹Atezolizumab is›› restricted to use in the treatment of cancer only. Also restricted to NDC Labeler code 50242 (Genentech USA, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Injection | 1200 mg/20 ml | milliliter |
| Injection | 840 mg/14 ml | milliliter |

## Atomoxetine HCl *

* ‹‹The following text is effective August 1, 2020: Use of Atomoxetine HCl›› in beneficiaries less than 6 years of age or greater than 16 years of age requires a treatment authorization approval.

‹‹The text in the following table is›› effective August 1, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 10 mg | each |
| Capsules | 18 mg | each |
| Capsules | 25 mg | each |
| Capsules | 40 mg | each |
| Capsules | 60 mg | each |
| Capsules | 80 mg | each |
| Capsules | 100 mg | each |

## Atorvastatin Calcium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 10 mg | each |
| Tablets + | 20 mg | each |
| Tablets + | 40 mg | each |
| Tablets + | 80 mg | each |

## Atovaquone ‡ *

* ‹‹Atovaquone is›› restricted to use for the treatment or prevention of Pneumocystis carinii pneumonia in patients who are intolerant to trimethoprim-sulfamethoxazole.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 250 mg | each |
| Oral suspension | 750 mg/5 ml | milliliter |

## Atropine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | ‹‹blank›› | milliliter |
| Ophthalmic ointment | 1/2%, 4 gm | gram |
| Ophthalmic ointment | 1%, 4 gm | gram |
| Ophthalmic solution | 1/2%, 5 ml | milliliter |
| Ophthalmic solution | 1%, 5 ml | milliliter |
| Ophthalmic solution | 1%, 15 ml | milliliter |
| Ophthalmic solution | 2% | milliliter |
| Ophthalmic solution | 3% | milliliter |
| Ophthalmic solution | 4% | milliliter |

## Auranofin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules + | 3 mg | each |

## Aurothioglucose

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | ‹‹blank›› | milliliter |

**Note:** This product is no longer manufactured or available.

## Avapritinib ‡ *

* ‹‹Avapritinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72064 (Blueprint Medicines Corporation) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets | 100 mg | each |
| Tablets | 200 mg | each |
| Tablets | 300 mg | each |

## Avelumab ‡ *

* ‹‹Avelumab is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 44087 (EMD Serono, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Injection | 200 mg/10 ml | milliliter |

## Axitinib ‡ *

* ‹‹Axitinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 (Pfizer, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets | 1 mg | each |
| Tablets | 5 mg | each |

## Azathioprine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 50 mg | each |

## Azelastine HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Nasal spray | 137 mcg (0.1%) | milliliter |
| Nasal spray (sorbitol and sucralose vehicle) | 137 mcg (0.1%) | milliliter |
| Nasal spray (sorbitol and sucralose vehicle) | 205.5 mcg (0.15%) * | milliliter |

* Restricted to NDC labeler code 00037 (Meda Pharmaceuticals, Inc.) and to claims with dates of service through July 31, 2019, for the 205.5 mcg nasal spray only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.05%, 3 ml | milliliter |
| Ophthalmic solution | 0.05%, 6 ml | milliliter |

## Azithromycin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 250 mg | each |
| Tablets | 500 mg | each |
| Tablets ‡ | 600 mg | each |
| Powder packet + | 1 gm | each |
| Suspension | 100 mg/5 ml, 15 ml | milliliter |
| Suspension | 200 mg/5 ml, 15 ml | milliliter |
| Suspension | 200 mg/5 ml, 22.5 ml | milliliter |
| Ophthalmic solution * | 1%, 2.5 ml | milliliter |

* Restricted to NDC labeler code 17478 (Akorn, Inc.) for the ophthalmic solution only.

## Bacitracin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic ointment | ‹‹blank›› | gram |

## Baclofen

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules + | 10 mg | each |
| Tablets or capsules + | 20 mg | each |

## Balsalazide Disodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 750 mg | each |

## ‹‹Baloxavir Marboxil *››

‹‹* The following text is effective November 1, 2020:  Baloxavir Marboxil is restricted to NDC labeler code 50242 (Genentech USA, Inc.) and to use in beneficiaries less than 12 years of age requires treatment authorization approval.

The text in the following table is effective November 1, 2020:››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| ‹‹Tablets | 20 mg | each›› |
| ‹‹Tablets | 40 mg | each›› |

## Beclomethasone Dipropionate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Oral inhaler * | 40 mcg/actuation, 10.16 gm or 8.7 gm | gram |
| Oral inhaler * | 80 mcg/actuation, 10.16 gm or 8.7 gm | gram |

* Restricted to NDC labeler code 59310 (Teva Respiratory, LLC) for the oral inhaler only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Nasal inhaler * | 7 gm | gram |

* Restricted to NDC labeler code 00085 (Schering Laboratories) and to claims submitted through June 1, 2002, for the nasal inhaler only.

**Note:** Nasal inhaler is no longer manufactured or available.

**Note:** Aerosol oral inhaler (42 mcg/actuation, 16.8 grams) is no longer manufactured or available.

## ‹‹Belantamab Mafodotin-blmf ‡ *››

* ‹‹The following text is effective October 1, 2020: Belantamab Mafodotin-blmf is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00173 (GlaxoSmithKline) only.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| ‹‹Injection | 100 mg | each›› |

## Belladonna Alkaloids with Phenobarbital *

* Belladonna Alkaloids with Phenobarbital are restricted to claims submitted with dates of service through May 31, 2014, only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules + | Blank | each |
| Liquid | Blank | milliliter |

## Benazepril HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 5 mg | each |
| Tablets + | 10 mg | each |
| Tablets + | 20 mg | each |
| Tablets + | 40 mg | each |

## Benazepril HCl and Hydrochlorothiazide

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 5 mg – 6.25 mg | each |
| Tablets + | 10 mg – 12.5 mg | each |
| Tablets + | 20 mg – 12.5 mg | each |
| Tablets + | 20 mg – 25 mg | each |

## Bendamustine HCl ‡ *

* ‹‹Bendamustine HCl is›› restricted to use in the treatment of cancer only and to NDC labeler code 63459 (Cephalon, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for Injection | 25 mg | each |
| Powder for Injection | 100 mg | each |
| Injection | 45 mg/0.5 ml | milliliter |
| Injection | 180 mg/2 ml | milliliter |
| Injection | 100 mg/4 ml | milliliter |

## Benzonatate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 100 mg | each |
| Capsules | 200 mg | each |

## Benzoyl Peroxide

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Gel | 5% | gram |
| Gel | 10% | gram |

**Note**: See also *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs.*

## Benztropine Mesylate *

* Use ‹‹of Benztropine Mesylate›› in beneficiaries less than 18 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 1 mg/ml, 2 ml | milliliter |
| Tablets | 0.5 mg | each |
| Tablets | 1 mg | each |
| Tablets | 2 mg | each |

## Bepotastine Besilate *

* ‹‹Bepotastine Besilate is›› restricted to claims submitted with dates of service from April 1, 2010, through August 31, 2013, only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 1.5% | milliliter |

## Besifloxacin Hydrochloride *

* ‹‹Besifloxacin Hydrochloride is›› restricted to claims with dates of service from November 1, 2009, through September 30, 2012.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.6%, 5 ml | milliliter |

## Betaxolol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 10 mg | each |
| Tablets + | 20 mg | each |

## Betaxolol HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic drops | 0.25%, 2.5 ml | milliliter |
| Ophthalmic drops | 0.25%, 5 ml | milliliter |
| Ophthalmic drops | 0.25%, 10 ml | milliliter |
| Ophthalmic drops | 0.25%, 15 ml | milliliter |

**Note**: NDC labeler code 00065 [Alcon Laboratories, Inc.] for 0.25% only)

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic drops | 0.5%, 2.5 ml | milliliter |
| Ophthalmic drops | 0.5%, 5 ml | milliliter |
| Ophthalmic drops | 0.5%, 10 ml | milliliter |
| Ophthalmic drops | 0.5%, 15 ml | milliliter |

## Bethanechol Chloride

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg | each |
| Tablets | 10 mg | each |
| Tablets | 25 mg | each |
| Tablets | 50 mg | each |

## Bevacizumab ‡ *

* ‹‹Bevacizumab is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 (Genentech, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 25 mg/ml | milliliter |

## Bexarotene ‡ *

* ‹‹Bexarotene is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00187 (Valeant Pharmaceuticals North America) only and to claims with dates of service prior to January 1, 2019.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 75 mg | each |
| Gel | 1% | gram |

## Bicalutamide ‡ *

* ‹‹Bicalutamide is›› restricted to use in the treatment of cancer only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 50 mg | each |

## Bictegravir/Emtricitabine/Tenofovir Alafenamide ‡ *

* ‹‹Bictegravir/Emtricitabine/Tenofovir Alafenamide is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 (Gilead Sciences, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 50 mg/200 mg/25 mg | each |

## Bimatoprost *

‹‹Bimatoprost is›› restricted to NDC labeler code 00023 (Allergan, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.01%, 2.5 ml | milliliter |
| Ophthalmic solution | 0.01%, 5 ml | milliliter |
| Ophthalmic solution | 0.01%, 7.5 ml | milliliter |
| Ophthalmic solution | 0.03 %, 2.5 ml | milliliter |
| Ophthalmic solution | 0.03 %, 5 ml | milliliter |
| Ophthalmic solution | 0.03 %, 7.5 ml | milliliter |

## Binimetinib ‡ *

* ‹‹Binimetinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 70255 (Array BioPharma Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 15 mg | each |

## Bisoprolol Fumarate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 5 mg | each |
| Tablets + | 10 mg | each |

## Bleomycin Sulfate ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injections | 15 Units/Ampule | each |

## Blinatumomab ‡ *

* ‹‹Added effective October 1, 2020. Blinatumomab›› is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 (Amgen USA, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection kit | 35 mcg | each |

## Boceprevir

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules * | 200 mg | each |

* Capsules require a *Treatment Authorization Request* (TAR). Restricted to use in combination with peginterferon alfa and ribavirin for treatment of genotype 1 chronic hepatitis C virus infection in adult patients (≥18 years of age) with compensated liver disease. In addition, patients must not have previously failed therapy with a treatment regimen that includes boceprevir or other HCVNS3/4A protease inhibitors. Also restricted to a maximum quantity of 336 capsules per dispensing and therapy lasting up to 44 weeks from the dispensing date of the first prescription and to claims submitted with dates of service from January 1, 2013, through December 31, 2015.

**Note**: Product is no longer manufactured or available.

## Bortezomib ‡ *

* Bortezomib is restricted to use in the treatment of cancer only. Also restricted to labeler code 63020 (Millennium Pharmaceuticals, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 3.5 mg/vial | each |

## Bosutinib ‡ *

* Bosutinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 (Pfizer, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 100 mg | each |
| Tablets | 400 mg | each |
| Tablets | 500 mg | each |

## Brigatinib ‡ *

* Brigatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 63020 (Millennium Pharmaceuticals, Inc.) and 76189 (Ariad Pharmaceuticals, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 30 mg | each |
| Tablets | 90 mg | each |
| Tablets | 180 mg | each |
| Tablets (starter pack) | 90 mg/180 mg (7 x 90 mg/bottle and 23 x 180 mg/bottle) | each |

**Note:** “each” means total number of tablets

## Brimonidine Tartrate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution * | 0.15% | milliliter |
| Ophthalmic solution * | 0.1% | milliliter |

* Restricted to NDC labeler code 00023 (Allergan, Inc) for the 0.15% and 0.1% ophthalmic solutions only.

## Brimonidine Tartrate (continued)

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution * | 0.2% | milliliter |

* The 0.2% ophthalmic solution is restricted to claims submitted with dates of service from October 1, 1997, through July 31, 2005.

## Brimonidine Tartrate and Timolol Maleate *

* Brimonidine Tartrate and Timolol Maleate are restricted to NDC labeler code 00023 (Allergan, Inc) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.2%/0.5% | milliliter |

## Brinzolamide *

* Brinzolamide is restricted to NDC labeler code 00065 (Alcon Laboratories, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic suspension | 1.0% | milliliter |

## Brinzolamide and Brimonidine Tartrate *

* The following text is effective March 1, 2020: Brinzolamide and Brimonidine Tartrate are restricted to claims with dates of service from October 1, 2013, through February 29, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic suspension | 1%/0.2% | milliliter |

## Bromfenac *

*The following text is effective March 1, 2020: Bromfenac is restricted to claims with dates of service from January 1, 2011, through February 29, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.09 %, 1.7 ml | milliliter |
| Ophthalmic solution | 0.09 %, 2.5 ml | milliliter |
| Ophthalmic solution | 0.09 %, 5.0 ml | milliliter |

## Bromocriptine Mesylate *

* Use of Bromocriptine Mesylate in beneficiaries less than 16 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules+ | 2.5 mg | each |
| Tablets or capsules+ | 5 mg | each |

## Bromodiphenhydramine HCl with Codeine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Liquid | blank | milliliter |

**Note**: This product is no longer manufactured or available.

## Brompheniramine Maleate with Phenylpropanolamine HCl and Codeine

| Dosage Form | Size/and or Strength | Billing Unit |
|---|---|---|
| Liquid | blank | milliliter |

**Note:** This product is no longer manufactured or available.

## Budesonide

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Oral powder for inhalation * | 90 mcg/inhalation<br>60 inhalations/container | each |
| Oral powder for inhalation * | 180 mcg/inhalation<br>120 inhalations/container | each |

* The oral powder for inhalation is restricted to a maximum quantity per dispensing of one container in any 30-day period for the 90 mcg/inhalation strength. Also restricted to brand name Pulmicort with NDC labeler code 00186 (AstraZeneca Pharmaceuticals LP) for the oral powder for inhalation only.

**Note:** The billing unit for this product is each container.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Suspension for inhalation * | 0.25 mg/2 ml ampule | milliliter |
| Suspension for inhalation * | 0.5 mg/2 ml ampule | milliliter |
| Suspension for inhalation * | 1.0 mg/2 ml ampule | milliliter |

* Restricted to use by individuals less than 4 years of age for the suspension for inhalation only.

## Budesonide/Fomoterol Fumerate Dihydrate *

* Budesonide/Fomoterol Fumerate Dihydrate is restricted to NDC labeler code 00186 (AstraZeneca Pharmaceuticals LP) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Inhalation aerosol | 80 mcg/4.5 mcg, 10.2 gm | gram |
| Inhalation aerosol | 160 mcg/4.5 mcg, 10.2 gm | gram |

**Note:** 120 inhalations/container

## ‹‹Bumetanide

**Bumetanide added effective March 1, 2021.**

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| **Tablets** | **0.5 mg** | **each** |
| **Tablets** | **1 mg** | **each** |
| **Tablets** | **2 mg** | **each››** |

## Buprenorphine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Sublingual tablets * | 2 mg | each |
| Sublingual tablets * | 8 mg | each |

* The sublingual tablets are limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver.

The following text is removed effective April 1, 2020: Restricted to 120 dosage units and a 30-day supply per dispensing. End of removed text.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Transdermal Patch * | 5 mcg/hour | each |
| Transdermal Patch * | 7.5 mcg/hour | each |
| Transdermal Patch * | 10 mcg/hour | each |
| Transdermal Patch * | 15 mcg/hour | each |
| Transdermal Patch * | 20 mcg/hour | each |

* The transdermal patch is restricted to a maximum quantity of 4 patches per dispensing and one dispensing every 25 days and restricted to labeler code 59011 (Purdue Pharma L.P.).

## Buprenorphine/Naloxone

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Sublingual tablets * | 2 mg/0.5 mg | each |
| Sublingual tablets * | 8 mg/2 mg | each |
| Sublingual tablets * | 0.7 mg/0.18 mg | each |
| Sublingual tablets * | 1.4 mg/0.36 mg | each |
| Sublingual tablets * | 2.9 mg/0.71 mg | each |
| Sublingual tablets * | 5.7 mg/1.4 mg | each |
| Sublingual tablets * | 8.6 mg/2.1 mg | each |
| Sublingual tablets * | 11.4 mg/2.9 mg | each |

* The sublingual tablets are limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver.

The following text is removed effective April 1, 2020: restricted to 120 dosage units and a 30-day supply per dispensing. Removed text ends here.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Sublingual Film * | 2 mg/0.5 mg | each |
| Sublingual Film * | 4 mg/1 mg | each |
| Sublingual Film * | 8 mg/2 mg | each |
| Sublingual Film * | 12 mg/3 mg | each |

* The sublingual film is limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver. Restricted to NDC labeler code 12496 (Indivor Inc.).

The following text is removed effective April 1, 2020: restricted to 120 dosage units and a 30-day supply per dispensing. Removed text ends here.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Buccal Film * | 2.1 mg/0.3 mg | each |
| Buccal Film * | 4.2 mg/0.7 mg | each |
| Buccal Film * | 6.3 mg/1.0 mg | each |

* The Buccal Film is limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver. Restricted to 120 dosage units and a 30-day supply per dispensing. Restricted to claims submitted with dates of service from July 1, 2015, through April 30, 2019, for the buccal film only.

## Bupropion HCl *

* Bupropion HCl use in beneficiaries less than 18 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 75 mg | each |
| Tablets | 100 mg | each |
| Tablets, extended release (24-hour) | 150 mg | each |
| Tablets, extended release (24-hour) | 300 mg | each |

‹‹The following text is removed›› effective July 1, 2020: restricted to NDC labeler code 00187 (Valeant Pharmaceuticals North America) for the extended release (24-hour) tablets only. ‹‹Removed text ends here.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, sustained release (12-hour) | 100 mg | each |
| Tablets, sustained release (12-hour) | 150 mg | each |
| Tablets, sustained release (12-hour) | 200 mg | each |
| Tablets, sustained release for smoking cessation + * | 150 mg | each |

* The tablets for sustained release for smoking cessation are to be part of a comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to a maximum quantity of 60 tablets per dispensing and therapy lasting up to 12 weeks from the dispensing date of the first prescription and two courses of therapy per 12-month period. Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing.

**Note**: Refer to the *Reimbursement* section of this manual for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.

## Buspirone *

* Use ‹‹of Buspirone›› in beneficiaries less than 18 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg | each |
| Tablets | 10 mg | each |
| Tablets | 15 mg | each |
| Tablets | 30 mg | each |

## Busulfan ‡ *

* ‹‹Busulfan is›› restricted to use in the treatment of cancer only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets * | 2 mg | each |

* ‹‹The tablets are›› also restricted to NDC labeler code 76388 (Aspen Global Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 6 mg/ml | milliliter |

## Butenafine HCl *

* ‹‹Butenafine HCl is›› restricted to NDC labeler code 00378 (Mylan Pharmaceuticals, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Cream | 1%, 15 gm | gram |
| Cream | 1%, 30 gm | gram |

## Butoconazole Nitrate ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Vaginal cream (prefilled applicator) | 2%, 5 gm | gram |

## Cabazitaxel ‡ *

* Cabazitaxel is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 (sanofi-aventis, US LLC.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Kit for injection | 60 mg/1.5 ml | each |

## ‹‹Cabotegravir/Rilpivirine ‡ *

* **Added effective February 3, 2021: Cabotegravir/Rilpivirine is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 only.**

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| **Injection Kits** | **400mg/600mg** | **each** |
| **Injection Kits** | **600mg/900mg** | **each››** |

## Cabozantinib S-Malate ‡ *

* Cabozantinib S-Malate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 42388 (Exelixis, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 60 mg daily-dose carton (84 x 20 mg) | each |
| Capsules | 100 mg daily-dose carton (28 x 80 mg and 28 x 20 mg) | each |
| Capsules | 140 mg daily-dose carton (28 x 80 mg and 84 x 20 mg) | each |
| Tablets | 20 mg | each |
| Tablets | 40 mg | each |
| Tablets | 60 mg | each |

**Note:** “each” means tablet or capsule.

## Calcipotriene

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Cream | 0.005% | gram |
| Ointment | 0.005% | gram |
| Solution | 0.005% | milliliter |

## Calcitonin-Salmon

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 200 IU/ml, 2ml | milliliter |
| Nasal spray | 2200 IU/ml | milliliter |

## Calcitriol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules | 0.25 mcg | each |
| Tablets or capsules | 0.50 mcg | each |

## Calcium Acetate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules + | 667 mg | each |
| Liquid * | 133.4 mg/ml | milliliter |

* Restricted to NDC labeler code 49230 (Fresenius Medical Care North America) only for liquid form.

## Candesartan Cilexetil *

* Candesartan Cilexetil is restricted to claims with dates of service from October 1, 1999, through May 31, 2008.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 4 mg | each |
| Tablets + | 8 mg | each |
| Tablets + | 16 mg | each |
| Tablets + | 32 mg | each |

## Capecitabine ‡ *

* Capecitabine is restricted to use in the treatment of cancer and also restricted to NDC labeler code 00004 (Hoffmann La-Roche) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 150 mg | each |
| Tablets | 500 mg | each |

## Capmatinib ‡ *

* Capmatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 150 mg | each |
| Tablets | 200 mg | each |

## Captopril

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 12.5 mg | each |
| Tablets + | 25 mg | each |
| Tablets + | 50 mg | each |
| Tablets + | 100 mg | each |

## Carbachol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic | 0.75%, 15 ml | milliliter |
| Ophthalmic | 0.75%, 30 ml | milliliter |
| Ophthalmic | 1.5%, 15 ml | milliliter |
| Ophthalmic | 1.5%, 30 ml | milliliter |
| Ophthalmic | 2.25%, 15 ml | milliliter |
| Ophthalmic | 3%, 15 ml | milliliter |
| Ophthalmic | 3%, 30 ml | milliliter |

**Note**: These products are no longer manufactured or available.

## Carbamazepine *

* Use of Carbamazepine in beneficiaries less than 6 years of age requires treatment authorization approval.

The 100 mg and 400 mg extended release capsules and tablets in the following table are effective September 1, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules, and tablets extended release | 100 mg | each |
| Capsules, and tablets extended release | 200 mg | each |
| Capsules, and tablets extended release | 300 mg | each |
| Capsules, and tablets extended release | 400 mg | each |
| Chewable tablets | 100 mg | each |
| Tablets | 200 mg | each |
| Liquid | 100 mg/5 ml | each |

## Carbenicillin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 382 mg | each |

**Note**: This product is no longer manufactured or available.

## Carbidopa and Levodopa *

* Use of Carbidopa and Levodopa in beneficiaries less than 18 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 10 mg/100 mg | each |
| Tablets + | 25 mg/100 mg | each |
| Tablets + | 25 mg/250 mg | each |
| Tablets, long acting+ | 25 mg/100 mg | each |
| Tablets, long acting+ | 50 mg/200 mg | each |

## Carbidopa and Levodopa and Entacapone *

* Use of Carbidopa and Levodopa and Entacapone in beneficiaries less than 18 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 12.5 mg/50 mg/200 mg | each |
| Tablets + | 25 mg/100 mg/200 mg | each |
| Tablets + | 37.5 mg/150 mg/200 mg | each |

## Carboplatin ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 10 mg/ml | milliliter |
| Powder for injection | 50 mg/vial | each |
| Powder for injection | 150 mg/vial | each |
| Powder for injection | 450 mg/vial | each |

## Carfilzomib ‡ *

* Added effective October 1, 2020: Carfilzomib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76075 (Onyx Pharmaceutical) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 10 mg | each |
| Injection | 30 mg | each |
| Injection | 60 mg | each |

## Carmustine ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 100 mg/vial | each |

## Carteolol HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 1% | milliliter |

## Carvedilol *

* Carvedilol is restricted to use for the treatment of mild to severe heart failure.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 3.125 mg | each |
| Tablets | 6.25 mg | each |
| Tablets | 12.5 mg | each |
| Tablets | 25 mg | each |

## Carvedilol Phosphate ‡ *

* Carvedilol Phosphate is restricted to use for the treatment of mild to severe heart failure and restricted to NDC labeler code 00007 (GlaxoSmithKline) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Extended release capsules | 10 mg | each |
| Extended release capsules | 20 mg | each |
| Extended release capsules | 40 mg | each |
| Extended release capsules | 80 mg | each |

## Cefaclor *

* Cefaclor is restricted to use for individuals 50 years old and over with lower respiratory tract infections.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 250 mg | each |
| Capsules | 500 mg | each |

## Cefazolin Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 250 mg/vial | each |
| Powder for injection | 500 mg/vial | each |
| Powder for injection | 1 gm/vial | each |
| Powder for injection | 5 gm/vial | each |
| Powder for injection | 10 gm/vial | each |
| Powder for injection | 20 gm/vial | each |
| Powder for injection | 500 mg, piggyback | each |
| Powder for injection | 1 gm, piggyback | each |
| Injection | 500 mg in 5% Dextrose and water (D5W), 50 ml | milliliter |
| Injection | 1 gm in 5% Dextrose and water (D5W), 50 ml | milliliter |

## Cefdinir

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Liquid | 125 mg/5 ml, 60 ml | milliliter |
| Liquid | 125 mg/5 ml, 100 ml | milliliter |
| Liquid | 250 mg/5 ml, 60 ml | milliliter |
| Liquid | 250 mg/5 ml, 100 ml | milliliter |

## Cefixime

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Liquid * | 100 mg/5 ml, 50 ml | milliliter |
| Liquid * | 100 mg/5 ml, 75 ml | milliliter |
| Liquid * | 100 mg/5 ml, 100 ml | milliliter |

* The liquid is restricted to use for individuals less than 8 years of age with otitis media infections

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules | 400 mg | each |

## Cefonicid Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 500 mg/vial | each |
| Powder for injection | 1 gm/vial | each |
| Powder for injection | 10 gm/vial | each |
| Powder for injection | 1 gm, piggyback | each |

**Note:** These products are no longer manufactured or available.

## Cefpodoxime Proxetil

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablet | 200 mg | each |

## Ceftazidime

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | blank | each |
| Injection | blank | milliliter |

## Ceftriaxone Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | blank | each |
| Injection | blank | milliliter |

## Celecoxib

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 100 mg | each |
| Capsules | 200 mg | each |

## Cemiplimab-Rwlc ‡ *

* Cemiplimab-Rwlc is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 61755 (Regeneron Pharmaceuticals, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 350 mg/7 ml | milliliter |

## Cephalexin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 250 mg | each |
| Capsules | 500 mg | each |
| Solution or suspension | 125 mg/5 ml, 100 ml | milliliter |
| Solution or suspension | 125 mg/5 ml, 200 ml | milliliter |
| Solution or suspension | 250 mg/5 ml, 100 ml | milliliter |
| Solution or suspension | 250 mg/5 ml, 200 ml | milliliter |

## Ceritinib ‡ *

* Ceritinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 150 mg | each |
| **‹‹Tablets** | **150 mg** | **each››** |

**‹‹Tablets are added effective January 1, 2021.››**

## Cerivastatin Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | blank | each |

**Note:** This product is no longer manufactured or available.

## Cetirizine HCl * ♦

The following text is removed:

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg | each ♦ |
| Tablets | 10 mg | each ♦ |
| Liquid | 5 mg/5 ml | milliliter ♦ |

* For Cetirizine HCl, authorization always required. ♦ Removed text ends here.

## Cetuximab ‡ *

* Cetuximab is restricted to use in the treatment of cancer only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 100 mg/50 ml | milliliter |
| Injection | 200 mg/100 ml | milliliter |

## Cevimeline HCl *

* ‹‹Cevimeline HCl is›› restricted to claims submitted with dates of service from September 1, 2002, through September 30, 2008, only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 30 mg | each |

## Chloral Hydrate *

* Use ‹‹of Chloral Hydrate›› in beneficiaries less than 18 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules + | 250 mg | each |
| Capsules + | 500 mg | each |
| Liquid | ‹‹blank›› | milliliter |
| Suppositories | 325 mg | each |
| Suppositories | 650 mg | each |

**Note**: These products are no longer manufactured or available.

## Chlorambucil ‡ *

* ‹‹Chlorambucil is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76388 (Aspen Global Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 2 mg | each |

## Chloramphenicol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Succinate, injectable | 1 gm | each |
| Capsules | 250 mg | each |
| Ophthalmic ointment | ‹‹blank›› | gram |
| Ophthalmic solution/drops | 0.5%, 7.5 ml | milliliter |
| Ophthalmic solution/drops | 0.5%, 15 ml | milliliter |

## ‹‹Chlordiazepoxide HCl *››

* ‹‹The following text is effective December 1, 2020: Chlordiazepoxide HCl is restricted to a maximum quantity per dispensing of 30 capsules in 30 days. ››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| ‹‹capsules | 5 mg | each›› |
| ‹‹capsules | 10 mg | each›› |
| ‹‹capsules | 25 mg | each›› |

## Chloroquine *

* The following text is effective April 1, 2020: Chloroquine is restricted to 60 tablets per dispensing.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 250 mg | each |

## Chlorotrianisene ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 12 mg | each |
| Capsules | 25 mg | each |

**Note**: These products are no longer manufactured or available.

## Chlorpheniramine Maleate, Phenylephrine HCl, Potassium Iodide and Codeine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Liquid | blank | milliliter |

**Note:** This product is no longer manufactured or available.

## Chlorpheniramine Maleate with Pseudoephedrine HCl and Codeine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Liquid | blank | milliliter |

## Chlorpromazine *

* ‹‹Chlorpromazine is›› restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires treatment authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection * | 25 mg/ml, 1 ml | milliliter |
| Injection * | 25 mg/ml, 2 ml | milliliter |
| Injection * | 25 mg/ml, 10 ml | milliliter |

* Restricted to claims submitted with dates of service through February 28, 2010, for the injection only. Continuing care with a date of service on or after March 1, 2010, is available when the following conditions are met: 1) The beneficiary had a paid fee-for-service claim for this drug on or before February 28, 2010; 2) A claim has been submitted and paid within the past 100 days; and 3) The claim being submitted is within 100 days of the date of service of the last paid claim.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 10 mg | each |
| Tablets + | 25 mg | each |
| Tablets + | 50 mg | each |
| Tablets + | 100 mg | each |
| Tablets + | 200 mg | each |
| Liquid | 10 mg/5 ml | milliliter |
| Liquid | 30 mg/ml | milliliter |
| Liquid | 100 mg/ml | milliliter |
| Suppositories | 25 mg | each |
| Suppositories | 100 mg | each |

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## Chlorpropamide

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 100 mg | each |
| Tablets + | 250 mg, 1000s | each |

## Chlorthalidone

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 25 mg | each |
| Tablets + | 50 mg | each |
| Tablets + | 100 mg | each |

## Cholestyramine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Light powder + | 210 – 268 gm can | gram |
| Regular powder + | 378 gm can | gram |

## Choline Magnesium Trisalicylate *

* ‹‹Choline Magnesium Trisalicylate is›› restricted to use in arthritis.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 500 mg | each |
| Tablets + | 750 mg | each |
| Tablets + | 1000 mg ¥ | each |
| Liquid + | 500 mg/5 ml | milliliter |

**Note:** These products are no longer manufactured or available.

## Ciclopirox *

* ‹‹Ciclopirox is›› restricted to NDC labeler code 99207 (Medicis Dermatologics Inc.) for the gel and topical suspension only and to claims submitted with dates of service through March 31, 2006.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Cream | 0.77%, 15 gm | gram |
| Cream | 0.77%, 30 gm | gram |
| Cream | 0.77%, 90 gm | gram |
| Gel | 0.77%, 30 gm | gram |
| Gel | 0.77%, 45 gm | gram |
| Topical suspension | 0.77%, 30 ml | milliliter |
| Topical suspension | 0.77%, 60 ml | milliliter |

‹‹The text in the following table is removed:››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Lotion | 0.77%, 30 ml | milliliter ♦ |
| Lotion | 0.77%, 60 ml | milliliter ♦ |

‹‹Removed text ends here.››

## Cidofovir ‡ *

* ‹‹Cidofovir is›› restricted to use in the treatment of AIDS-related conditions.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 75 mg/ml | milliliter |

## Cilostazol *

* ‹‹Cilostazol is›› restricted to use for patients 65 years of age or older diagnosed with intermittent claudication, or for diabetic patients of any age diagnosed with intermittent claudication.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 50 mg | each |
| Tablets | 100 mg | each |

## Cimetidine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 300 mg/2 ml, 2 ml | milliliter |
| Injection | 300 mg/2 ml, 8 ml | milliliter |
| Injection | 300 mg in 0.9% sodium chloride, 50 ml | milliliter |
| Liquid | 300 mg/5 ml | milliliter |
| Tablets or capsules + | 300 mg | each |
| Tablets or capsules + | 400 mg | each |
| Tablets or capsules + | 800 mg | each |

## Cinacalcet HCl *

* ‹‹Cinacalcet HCl is›› restricted to use in secondary hyperparathyroidism in patients with chronic kidney disease on dialysis or hypercalcemia in patients with parathyroid carcinoma, or in patients with severe hypercalcemia with primary hyperparathyroidism who are unable to undergo parathyroidectomy. Also restricted to NDC labeler code 55513 (Amilligramsen Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 30 mg | each |
| Tablets | 60 mg | each |
| Tablets | 90 mg | each |

## Ciprofloxacin *

* ‹‹Ciprofloxacin is›› restricted to NDC labeler codes 00085 (Schering Corporation) and 50419 (Bayer Health Care Pharmaceuticals, Inc.) only and restricted to use in the treatment of 1) lower respiratory tract infections in persons aged 50 years and older, 2) osteomyelitis, and 3) pulmonary exacerbation of cystic fibrosis for the oral suspension only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Suspension, oral | 5% | milliliter |
| Suspension, oral | 10% | milliliter |

## Ciprofloxacin and Ciprofloxacin HCl *

* ‹‹Ciprofloxacin and Ciprofloxacin HCl is›› restricted to claims with dates of service from August 1, 2004, through March 31, 2012, for the 500 mg and 1000 mg extended release tablets only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets, extended release * | 500 mg | each |

* ‹‹The 500 mg extended release tablets are›› restricted to use in the treatment of urinary tract infections and to a maximum of three (3) tablets per dispensing and a maximum of two (2) dispensings in any 30-day period.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets, extended release * | 1000 mg | each |

* ‹‹The 1000 mg extended release tablets are›› restricted to use in the treatment of urinary tract infections, including pyelonephritis and to a maximum of ten (10) tablets per dispensing and a maximum of two (2) dispensings in any 30-day period.

## Ciprofloxacin HCl

‹‹The text in the following table is removed:››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets | 100 mg | each ♦ |

‹‹Removed text ends here.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets * | 250 mg | each |
| Tablets * | 500 mg | each |
| Tablets * | 750 mg | each |

* ‹‹The tablets are›› restricted to use in the treatment of 1) lower respiratory tract infections in persons aged 50 years and older, 2) osteomyelitis, 3) pulmonary exacerbation of cystic fibrosis, 4) urinary tract infections, including pyelonephritis and 5) prophylaxis of meningococcal disease for the tablets only.

## Ciprofloxacin HCl (continued)

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, extended release * | 500 mg | each |

* Restricted to 1) use in the treatment of urinary tract infections, 2) a maximum of three (3) tablets per dispensing and a maximum of two (2) dispensings in any 30-day period and specifically excluding labeler code 13913 (Depomed, Inc.) and 3) to claims with dates of service from July 1, 2006, through March 31, 2012, for the extended-release tablets only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.3% | milliliter |

## Ciprofloxacin HCl/Dexamethasone *

* ‹‹Ciprofloxacin HCl/Dexamethasone is›› restricted to NDC labeler code 00065 (Alcon Laboratories, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Otic suspension | 3 mg/ml – 1 mg/ml, 7.5 ml | milliliter |

## Ciprofloxacin Hydrochloride/Hydrocortisone *

* ‹‹Ciprofloxacin Hydrochloride/Hydrocortisone is›› restricted to NDC labeler code 00065 (Alcon Laboratories, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Otic suspension | 2 mg/ml – 10 mg/ml | milliliter |

## Cisplatin ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 10 mg/vial | each |
| Powder for injection | 50 mg/vial | each |
| Injection | 1.0 mg/ml, 50 ml | milliliter |
| Injection | 1.0 mg/ml, 100 ml | milliliter |

## Citalopram HBr

‹‹The 10 mg tablets, 20 mg tablets and10 mg/5 ml solution in the following table are›› effective May 1, 2020:

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets | 10 mg | each |
| Tablets | 20 mg | each |
| Tablets | 40 mg | each |
| Solution | 10 mg/ml | milliliter |

## Cladribine ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Injection | 1 mg/ml, 10 ml | milliliter |

## Clarithromycin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets, extended release | 500 mg | each |
| Tablets ‡ * | 250 mg | each |
| Tablets ‡ * | 500 mg | each |

* ‹‹The 500 mg and 250 mg tablets are›› restricted to use in the prevention and treatment of infections caused by Mycobacterium organisms, the prophylaxis and treatment of pertussis, and in the treatment of active duodenal ulcer associated with Helicobacter pylori.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Liquid ‡ * | 125 mg/5 ml | milliliter |
| Liquid ‡ * | 250 mg/5 ml | milliliter |

* Restricted to use in the prevention and treatment of infections caused by Mycobacterium organisms, the prophylaxis and treatment of pertussis, and in the treatment of active duodenal ulcer associated with Helicobacter pylori for liquid.

## Clindamycin Hydrochloride ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules | 75 mg | each |
| Tablets or capsules | 150 mg | each |
| Tablets or capsules | 300 mg | each |

## Clindamycin Phosphate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection ‡ | 150 mg/ml, 2 ml | milliliter |
| Injection ‡ | 150 mg/ml, 4ml | milliliter |
| Injection ‡ | 150 mg/ml, 6ml | milliliter |
| Injection ‡ | 150 mg/ml, 60 ml | milliliter |
| Vaginal cream * | 2%, 5.8 gm | gram |

* Restricted to claims submitted with dates of service from October 1, 2005, through February 29, 2012, for the 2%, 5.8 gm vaginal cream only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Vaginal cream * | 2%, 40 gm | gram |

* ‹‹The 2%, 40 gm vaginal cream is›› restricted to claims submitted with dates of service from November 1, 1994, through December 31, 2005.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Vaginal suppositories | 100 milligrams, 3s | each |

* Restricted to claims submitted with dates of service from February 1, 2003, through December 31, 2005, for the 100 milligrams vaginal suppositories only.

## Clindamycin Phosphate (continued)

‹‹The pledgets in the following table are›› effective April 1, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Topical solution | 1% | milliliter |
| Pledgets | 1% | each |

‹‹The text in the following table is removed›› effective April 1, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Topical solution | 1 %, 60 ml | milliliter |

‹‹Removed text ends here.››

## Clofazimine ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Capsules + | 50 mg | each |
| Capsules + | 100 mg | each |

**Note**: These products are no longer manufactured or available.

## Clomipramine HCl *

* Use ‹‹ of Clomipramine HCl›› in beneficiaries less than 10 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Capsules | 25 mg | each |
| Capsules | 50 mg | each |
| Capsules | 75 mg | each |

## Clonazepam *

* The following text is effective December 1, 2020: Clonazepam is restricted to a maximum quantity per dispensing of 90 tablets in 30 days.

The following text is removed effective ‹‹December 1, 2020:›› Clonazepam is restricted to a maximum dispensing quantity of 90 tablets and a maximum of three (3) dispensings of any strength in a 75-day period only. End of removed text.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 0.5 mg | each |
| Tablets + | 1.0 mg | each |
| Tablets + | 2.0 mg | each |

## Clonidine Hydrochloride *

* Use of Clonidine Hydrochloride in beneficiaries less than 6 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 0.1 mg | each |
| Tablets + | 0.2 mg | each |
| Tablets + | 0.3 mg | each |
| Transdermal patch + | 0.1 mg/24 hr | each |
| Transdermal patch + | 0.2 mg/24 hr | each |
| Transdermal patch + | 0.3 mg/24 hr | each |

## Clopidogrel

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 75 mg | each |

## Clotrimazole

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Topical cream | 1 %, 15 gm | gram |
| Topical cream | 1 %, 30 gm | gram |
| Topical cream | 1 %, 45 gm | gram |
| Topical cream | 1 %, 90 gm | gram |
| Topical lotion | 1 %, 30 ml | milliliter |
| Topical solution | 1 %, 10 ml | milliliter |
| Topical solution | 1 %, 30 ml | milliliter |
| Troches ‡ | 10 mg | each |
| Vaginal tablets ‡ | 100 mg, 6s & 7s | each |
| Vaginal tablets ‡ | 500 mg | each |
| Vaginal cream ‡ | 45 gm | gram |
| Vaginal cream ‡ | 90 gm | gram |

## Clozapine ‡ *

* ‹‹Clozapine is›› restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires treatment authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 25 mg | each |
| Tablets | 50 mg | each |
| Tablets | 100 mg | each |
| Tablets | 200 mg | each |
| Tablets, orally disintegrating | 12.5 mg | each |
| Tablets, orally disintegrating | 25 mg | each |
| Tablets, orally disintegrating | 100 mg | each |
| Tablets, orally disintegrating | 150 mg | each |
| Tablets, orally disintegrating | 200 mg | each |

## Cobicistat ‡ *

* ‹‹Cobicistat is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 (Gilead Sciences, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 150 mg | each |

## Cobicistat/Darunavir ‡ *

* ‹‹Cobicistat/Darunavir is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 (Janssen Products, LP.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 150 mg/800 mg | each |

## Cobimetinib ‡ *

* ‹‹Cobimetinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 (Genentech USA, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 20 mg | each |

## Codeine and Acetaminophen

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules * | 15 mg – 300 to 325 mg | each |

* ‹‹The 15 mg tablets or capsules are›› restricted to a maximum dispensing quantity of 60 tablets or capsules and a maximum of three (3) dispensings in any 75-day period.

## Codeine and Acetaminophen (continued)

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules * | 30 mg – 300 to 325 mg | each |

* ‹‹The 30 mg tablets or capsules are›› restricted to a maximum dispensing quantity of 45 tablets or capsules and a maximum of three (3) dispensings in any 75-day period.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Liquid | 12 mg – 120 mg/5 ml | milliliter |

## Codeine and Aspirin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules * | 15 mg – 325 mg | each |

* ‹‹The 15 mg – 325 mg tablets or capsules are›› restricted to a maximum dispensing quantity of 60 tablets or capsules and a maximum of three (3) dispensings in any 75-day period.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules | 30 mg – 325 mg | each |

* ‹‹The 30 mg – 325 mg tablets or capsules are›› restricted to a maximum dispensing quantity of 45 tablets or capsules and a maximum of three (3) dispensings in any 75-day period.

**Note**: These products are no longer manufactured or available.

## Codeine Phosphate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 30 mg/ml, 1 ml | milliliter |
| Injection | 60 mg/ml, 1 ml | milliliter |

**Note:** These products are no longer manufactured or available.

Page updated: February 2021

## Colchicine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules * | 0.6 mg | each |

* The following text is effective October 1, 2019: the 0.6 mg capsules are restricted to NDC labeler code 59467 (Hikma Specialty USA Inc.) for the capsules only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 0.5 mg/ml | milliliter |
| Tablets * | 0.5 mg | each |
| Tablets * | 0.6 mg | each |

***** The following text is removed effective February 1, 2021: The tablets exclude labeler codes 13310 (AR Scientific, Inc.) and 64764 (Takeda Pharmaceuticals America) for the tablets only. End of removed text. Colchicine tablets are restricted to a maximum quantity of fifteen (15) tablets per dispensing.

**Note**: The 0.5 mg tablet and injection are no longer manufactured or available.

## Colesevelam HCL *

**‹‹The following text is removed effective March 1, 2021: Colesevelam HCL is restricted to use in patients who have failed or are unable to tolerate a HMG-CoA Reductase inhibitor. End of removed text.››**

* **Colesevelam HCL is restricted to NDC labeler code 65597 (Daiichi Sankyo, Inc.) only.**

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 625 mg | each |
| Oral suspension | 3.75 gm packet, 30s | each |

## Colestipol Hydrochloride

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Granules (bottle) | 500 gm | gram |
| Granules, flavored (bottle) | 450 gm | gram |

## Collagenase

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ointment | ‹‹blank›› | gram |

## Copanlisib ‡ *

* Copanlisib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 (Bayer HealthCare Pharmaceuticals) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Lyophilized solid | 60 mg | each |

## Cortisone

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 50 mg/ml, 10 ml | milliliter |

## ‹‹Corona Virus Disease 2019 Vaccine *

* Added effective December 11, 2020, for Pfizer-Biontech Corona Virus Disease 2019 (COVID-19) Vaccine and effective December 18, 2020, for Moderna COVID-19 Vaccine. Corona Virus Disease 2019 Vaccine is restricted to: 1) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC). 2) Vaccination should only be given with the same manufacturer for the two dose series. 3) Medi-Cal beneficiaries 16 years of age and older for Pfizer-BioNTech products and 18 years of age and older for Moderna products.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection (multi-dose vial) Pfizer-Biontech | 30mcg/0.3ml | milliliter |
| Injection (multi-dose vial) Moderna | 100mcg/0.5ml | milliliter›› |

## Crizotinib ‡ *

* Crizotinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 (Pfizer, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 200 mg | each |
| Capsules | 250 mg | each |

## Cromolyn Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 20 mg, 60s | each |
| Capsules | 20 mg, 120s | each |
| Inhaler | 8.1 gm | gram |
| Inhaler | 14.2 gm | gram |
| Inhaler device for capsules | ‹‹blank›› | each |
| Nebulizer solution | 2 ml, 60s | milliliter |
| Nebulizer solution | 2 ml, 120s | milliliter |
| Ophthalmic solution | 4% | milliliter |

## Crotamiton

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Cream | 10%, 60 gm | gram |
| Lotion | 10% | milliliter |

## Cyanocobalamin (Injectable Only)

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 100 mcg/ml | milliliter |
| Injection | 1000 mcg/ml | milliliter |

## Cyclobenzaprine

‹‹The text in the following table is›› effective May 1, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg | each |
| Tablets | 10 mg | each |

## Cyclopentolate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.5%, 2 ml | milliliter |
| Ophthalmic solution | 0.5%, 5 ml | milliliter |
| Ophthalmic solution | 0.5%, 15 ml | milliliter |
| Ophthalmic solution | 1%, 2 ml | milliliter |
| Ophthalmic solution | 1%, 5 ml | milliliter |
| Ophthalmic solution | 1%, 15 ml | milliliter |
| Ophthalmic solution | 2%, 2 ml | milliliter |
| Ophthalmic solution | 2%, 5 ml | milliliter |
| Ophthalmic solution | 2%, 15 ml | milliliter |

## Cyclophosphamide ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 100 mg/10 ml | each |
| Injection | 200 mg/20 ml | each |
| Injection | 500 mg/30 ml | each |
| Tablets/Capsules | 25 mg | each |
| Tablets/Capsules | 50 mg | each |
| Powder for injection | 1000 mg/vial | each |
| Powder for injection | 2000 mg/vial | each |
| Lyophilized | 100 mg/vial | each |
| Lyophilized | 200 mg/vial | each |
| Lyophilized | 500 mg/vial | each |
| Lyophilized | 1000 mg/vial | each |
| Lyophilized | 2000 mg/vial | each |

## Cycloserine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules + | 250 mg | each |

## Cyclosporine, Modified

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 25 mg | each |
| Capsules | 100 mg | each |

## Cyproheptadine

‹‹The text in the following table is effective November 1, 2020:››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| ‹‹Tablets | 4 mg | each›› |
| ‹‹Liquid | 2 mg/5 ml | milliliter›› |

## Cytarabine ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 100 mg/vial | each |
| Powder for injection | 500 mg/vial | each |
| Powder for injection | 1 gm/vial | each |
| Powder for injection | 2 gm/vial | each |

## Dabrafenib ‡ *

* ‹‹Dabrafenib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) or 00173 (GlaxoSmithKline) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 50 mg | each |
| Capsules | 75 mg | each |

## Dabigatran Etexilate Mesylate *

* ‹‹The following text is effective October 1, 2020: Dabigatran Etexilate Mesylate is›› restricted to NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals) only.

‹‹The text in the following table is effective October 1, 2020:››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 75 mg | each |
| Capsules | 110 mg | each |
| Capsules | 150 mg | each |

## Dacarbazine ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 100 mg/vial | each |
| Powder for injection | 200 mg/vial | each |
| Powder for injection | 500 mg/vial | each |

## Dacomitinib ‡ *

* ‹‹Dacomitinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 (Pfizer, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 15 mg | each |
| Tablets | 30 mg | each |
| Tablets | 45 mg | each |

## Dactinomycin ‡ *

* ‹‹Dactinomycin is›› restricted to claims submitted with dates of service through June 12, 2014, only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 0.5 mg/vial | each |

## Dalteparin Sodium *

* ‹‹Dalteparin Sodium is›› restricted to NDC labeler code 62856 (Esai Inc.) and to claims submitted with dates of service through December 31, 2015 only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Single-dose prefilled syringe | 2,500 IU/0.2 ml | milliliter |
| Single-dose prefilled syringe | 5,000 IU/0.2 ml | milliliter |
| Single-dose prefilled syringe | 7,500 IU/0.3 ml | milliliter |
| Single-dose prefilled syringe | 12,500 IU/0.5 ml | milliliter |
| Single-dose prefilled syringe | 15,000 IU/0.6 ml | milliliter |
| Single-dose prefilled syringe | 18,000 IU/0.72 ml | milliliter |

Bill package NDC only, with billing units equal to total milliliters dispensed. Individual syringe NDCs ending in -01 are not payable for single-dose prefilled syringes.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Single dose graduated syringe | 10,000 IU/1 ml | milliliter |
| Multiple-dose vial | 95,000 IU/3.8 ml | milliliter |
| Multiple-dose vial | 95,000 IU/9.5 ml | milliliter |

## Dantrolene Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 25 mg | each |
| Capsules | 50 mg | each |
| Capsules | 100 mg | each |

## Dapagliflozin *

* ‹‹Dapagliflozin is›› restricted to NDC labeler code 00310 (AstraZeneca LP) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg | each |
| Tablets | 10 mg | each |

## Dapagliflozin/Metformin HCl Extended-Release

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg/500 mg | each |
| Tablets | 5 mg/1000 mg | each |
| Tablets | 10 mg/500 mg | each |
| Tablets | 10 mg/1000 mg | each |

## Dapsone ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 25 mg | each |
| Tablets | 100 mg | each |

## Daratumumab ‡ *

* ‹‹Daratumumab is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 57894 (Janssen Biotech, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 100 mg/5 ml | milliliter |
| Injection | 400 mg/20 ml | milliliter |

## Daratumumab and Hyaluronidase-Fihj ‡ *

* ‹‹The following text is effective May 11, 2020: Daratumumab and Hyaluronidase-Fihj is ›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 57894 (Janssen Biotech, Inc.) only.

‹‹The text in the following table is›› effective August 1, 2020.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 1800 mg/30,000 units/15 ml | milliliter |

## Darbepoetin Alfa (Albumin Based Formulation) *

* ‹‹Darbepoetin Alfa (Albumin Based Formulation) is›› restricted to dates of service from January 1, 2004 through August 31, 2008 and restricted to use for the treatment of anemia associated with chronic renal failure and in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Injection | 25 mcg | milliliter |
| Injection | 40 mcg | milliliter |
| Injection | 60 mcg | milliliter |
| Injection | 100 mcg | milliliter |
| Injection | 150 mcg, 0.75 ml | milliliter |
| Injection | 200 mcg | milliliter |
| Injection | 300 mcg | milliliter |
| Injection, prefilled syringe | 25 mcg, 0.42 ml | milliliter |
| Injection, prefilled syringe | 40 mcg, 0.4 ml | milliliter |
| Injection, prefilled syringe | 60 mcg, 0.3 ml | milliliter |
| Injection, prefilled syringe | 100 mcg, 0.5 ml | milliliter |
| Injection, prefilled syringe | 150 mcg, 0.3 ml | milliliter |
| Injection, prefilled syringe | 200 mcg, 0.4 ml | milliliter |
| Injection, prefilled syringe | 300 mcg, 0.6 ml | milliliter |
| Injection, prefilled syringe | 500 mcg, 1.0 ml | milliliter |

## Darifenacin *

* ‹‹Darifenacin is›› restricted to NDC labeler code 00078 (Novartis) only and to claims with dates of service from January 1, 2005, through July 31, 2012, for all strengths.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---:|---:|
| Tablets, extended release + | 7.5 mg | each |
| Tablets, extended release + | 15 mg | each |

## Darolutamide ‡ *

* ‹‹Darolutamide is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 (Bayer HealthCare Pharmaceuticals) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 300 mg | each |

## Darunavir ‡ *

* ‹‹Darunavir is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 59676 (Janssen Products, LP) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 75 mg | each |
| Tablets | 150 mg | each |
| Tablets | 300 mg | each |
| Tablets | 400 mg | each |
| Tablets | 600 mg | each |
| Tablets | 800 mg | each |
| Oral Suspension | 100 mg/ml | milliliter |

## Darunavir/Cobicistat/Emtricitabine/Tenofovir Alafenamide ‡ *

* ‹‹Darunavir/Cobicistat/Emtricitabine/Tenofovir Alafenamide is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 (Janssen Products, LP) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 800 mg/150 mg/200 mg/10 mg | each |

## Dasatinib ‡ *

* ‹‹Dasatinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 (E. R. Squibb & Sons, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 20 mg | each |
| Tablets | 50 mg | each |
| Tablets | 70 mg | each |
| Tablets | 80 mg | each |
| Tablets | 100 mg | each |
| Tablets | 140 mg | each |

## Daunorubicin Citrate Liposome ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | ‹‹blank›› | milliliter |

## Daunorubicin HCl ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | ‹‹blank›› | milliliter |
| Powder for injection | ‹‹blank›› | each |

## Decitabine ‡ *

* ‹‹Decitabine is›› restricted to use in the treatment of cancer only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 50 mg/vial | each |

## Degarelix ‡ *

* ‹‹Degarelix is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55566 (Ferring Pharmaceuticals, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Powder for injection | 80 mg/vial/kit | each |
| Powder for injection | 120 mg/vial/kit | each |

## Delaviridine Mesylate ‡ *

* ‹‹Delaviridine Mesylate is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 49702 (ViiV Healthcare) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 100 mg | each |
| Tablets | 200 mg | each |

## Denileukin Diftitox ‡ *

* ‹‹Denileukin Diftitox is›› restricted to claims with dates of service prior to April 1, 2017.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 150 mcg/ml | milliliter |

## Desipramine HCl *

* Use ‹‹of Desipramine HCl›› in beneficiaries less than 12 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 10 mg | each |
| Tablets | 25 mg | each |
| Tablets | 50 mg | each |
| Tablets | 75 mg | each |
| Tablets | 100 mg | each |
| Tablets | 150 mg | each |

## Desloratadine * ♦

‹‹The text in the following table is removed:››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg | each ♦ |

‹‹Removed text ends here.››

## Desmopressin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 4 mcg/ml | milliliter |
| Nasal solution or spray | 0.01%, 2.5 ml | each |
| Nasal solution or spray | 0.01%, 5 ml | milliliter |
| Tablets | ‹‹blank›› | each |

## Desogestrel and Ethinyl Estradiol ‡ *

* ‹‹Desogestrel and Ethinyl Estradiol is›› restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. *A Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 0.15 mg – 30 mcg<br>Tablets from 21 tablet packet | each |
| Tablets | 0.15 mg – 30 mcg<br>Tablets from 28 tablet packet | each |
| Tablets from the 21/2/5 combination packet (28 tablets/packet) | 21 x 0.15 mg desogestrel/ 0.02 mg ethinyl estradiol<br>2 x inert<br>5 x 0.01 mg ethinyl estradiol | each |
| Tablets from 7/7/7 combination packet (28 tablets/packet) | 7 x 0.100 mg/0.025 mg<br>7 x 0.125 mg/0.025 mg<br>7 x 0.150 mg/0.025 mg<br>7 x inert | each |

**Note:** Payment limited to a minimum dispensing quantity of three cycles. *See California Code of Regulations* (CCR), Title 22, Section 51513(b)(4), regarding exceptions.

## Desvenlafaxine Succinate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, Extended Release | 25 mg | each |
| Tablets, Extended Release | 50 mg | each |
| Tablets, Extended Release | 100 mg | each |

## Dexamethasone

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Elixir | 0.5 mg/5 ml | milliliter |
| Solution | 0.5 mg/5 ml | each |
| Tablets | 0.5 mg | each |
| Tablets | 0.75 mg | each |
| Tablets | 1.0 mg | each |
| Tablets | 1.5 mg | each |
| Tablets | 2.0 mg | each |
| Tablets | 4.0 mg | each |
| Tablets | 6.0 mg | each |
| Injection | 4 mg/ml | milliliter |
| Ophthalmic ointment | 0.05% | gram |
| Ophthalmic solution | 0.1% | milliliter |

## Dexamethasone with Neomycin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution or suspension | 0.1% – 0.35%, 5 ml | milliliter |

**Note**: These products are no longer manufactured or available.

## Dexamethasone with Neomycin and Polymyxin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic ointment | 0.1 % – 0.35 %/10,000U/gm, 3.5 gm | gram |
| Ophthalmic solution or suspension | 0.1 % – 0.35 %/10,000U/ml, 5 ml | milliliter |

## Dexamethasone with Tobramycin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic ointment | 0.1% – 0.3%, 3.5 gm | gram |

* Restricted to NDC labeler code 00065 (Alcon Laboratories, Inc.) for the ophthalmic ointment only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution or suspension | 0.1% – 0.3% | milliliter |

## Dexlansoprazole *

* ‹‹Dexlansoprazole is›› restricted to brand name Dexilant with NDC labeler code 64764 (Takeda Pharmaceuticals America, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules, delayed release + | 30 mg | each |
| Capsules, delayed release + | 60 mg | each |

## Dexmethylphenidate HCl *

* Use ‹‹of Dexmethylphenidate HCl›› in beneficiaries less than 6 years of age or greater than 16 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules, extended release | 5 mg | each |
| Capsules, extended release | 10 mg | each |
| Capsules, extended release | 15 mg | each |
| Capsules, extended release | 20 mg | each |
| Capsules, extended release | 25 mg | each |
| Capsules, extended release | 30 mg | each |
| Capsules, extended release | 35 mg | each |
| Capsules, extended release | 40 mg | each |

## Dextroamphetamine Sulfate *

* ‹‹Dextroamphetamine Sulfate is›› restricted to use in Attention Deficit Disorder in individuals from 4 years through 16 years of age only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 5 mg | each |
| Tablets | 10 mg | each |

## Diazepam *

* ‹‹The following text is effective October 1, 2020: Use of Diazepam›› in beneficiaries less than 2 years of age requires treatment authorization approval for all dosage forms except the nasal spray.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection * | 5 mg/ml, 2 ml | milliliter |
| Injection * | 5 mg/ml, 10 ml | milliliter |

* Restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration for the injection only.

‹‹The text in the following table is effective›› October 1, 2020:

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Nasal Spray * | 5 mg | each |
| Nasal Spray * | 10 mg | each |
| Nasal Spray * | 15 mg | each |
| Nasal Spray * | 20 mg | each |

* ‹‹The following text is effective›› October 1, 2020: 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 (Neurelis, Inc.) for the nasal spray only.

‹‹The following text is effective›› October 1, 2020:
**Note:** The billing unit for the nasal spray is a blister pack. Each carton contains 2 blister packs.

## Diazepam * (continued)

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + * | ‹‹2 mg›› | each |
| Tablets + * | ‹‹5 mg›› | each |
| Tablets + * | ‹‹10 mg›› | each |

‹‹The 500s package size for tablets is removed from the above table effective January 1, 2021.››

* The following text is removed effective December 1, 2020: Tablets are restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration. End of removed text.

* ‹‹Effective December 1, 2020: Diazepam is restricted to a maximum quantity per dispensing of 60 tablets in 30 days for the tablets only.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Rectal gel | 2.5 mg twin pack | each |
| Rectal gel | 10 mg delivery system twin pack | each |
| Rectal gel | 20 mg delivery system twin pack | each |

* ‹‹Effective January 1, 2021: Rectal gel is restricted to use in the treatment of acute epilepsy in patients 2 years of age and older. Also restricted to a maximum quantity of 10 twin packs (kits) in any 12-month period; and to NDC labeler codes 66490 and 00187 for the rectal gel only.››

‹‹The following text is removed effective January 1, 2021: Authorization always required for the rectal gel only. End of removed text.››

**Note**: The billing unit for the rectal gel is each twin pack.

## Diclofenac Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.1% | milliliter |
| Tablets | 25 mg | each |
| Tablets | 50 mg | each |
| Tablets | 75 mg | each |
| **‹‹Gel** | **1%** | **gram››** |

**‹‹Gel dosage form added effective March 1, 2021.››**

The following text is removed effective October 1, 2020: The tablets are restricted to use for arthritis.

**Note:** Subject to Step Therapy edits. See *Drugs: Contract Drugs List Part 8 – Step Therapy* for more information. End of removed text.

## Dicloxacillin Sodium

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 125 mg | each |
| Capsules | 250 mg | each |
| Capsules | 500 mg | each |
| Suspension | 62.5 mg/5 ml | milliliter |

## Dicyclomine

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules + | 10 mg | each |
| Tablets or capsules + | 20 mg | each |
| Liquid | 10 mg/5 ml | milliliter |

## Didanosine ‡ *

* Didanosine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules, delayed release, E.C. | 125 mg | each |
| Capsules, delayed release, E.C | 200 mg | each |
| Capsules, delayed release, E.C | 250 mg | each |
| Capsules, delayed release, E.C | 400 mg | each |

* The capsules, delayed release, E.C. are restricted to NDC labeler code 00087 (Bristol-Myers Squibb Company) for the delayed release, E.C. capsules only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, chewable | 25 mg | each |
| Tablets, chewable | 50 mg | each |
| Tablets, chewable | 100 mg | each |
| Tablets, chewable | 150 mg | each |
| Tablets, chewable | 200 mg | each |
| Powder for oral solution | 100 mg/packet | each |
| Powder for oral solution | 167 mg/packet | each |
| Powder for oral solution | 250 mg/packet | each |
| Powder for oral solution | 375 mg/packet | each |
| Pediatric powder for oral solution | 20 mg/ml | milliliter |

## Dienestrol Cream (or Generic Equivalent)

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tube – refill | blank | gram |
| Tube with applicator | blank | gram |

**Note**: These products are no longer manufactured or available.

## Diflunisal

‹‹The following text is removed effective October 1, 2020: Diflunisal is›› restricted to use for arthritis. ‹‹Removed text ends here.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules + | 250 mg | each |
| Tablets or capsules + | 500 mg | each |

## Digoxin

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injections | 0.25 mg/ml, 2 ml | milliliter |
| Tablets + | 0.125 mg | each |
| Tablets + | 0.25 mg, 1000s | each |
| Tablets + | 0.5 mg | each |
| Liquid | 0.05 mg/ml | milliliter |

## Dihydrotachysterol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Solution | ‹‹blank›› | milliliter |
| Drops | ‹‹blank›› | milliliter |
| Capsules or tablets + | ‹‹blank›› | each |

**Note**: These products are no longer manufactured or available.

## Diltiazem HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 30 mg | each |
| Tablets + | 60 mg | each |
| Tablets + | 90 mg | each |
| Tablets + | 120 mg | each |
| Tablets or capsules, long acting + | 60 mg | each |
| Tablets or capsules, long acting + | 90 mg | each |
| Tablets or capsules, long acting + | 120 mg | each |
| Tablets or capsules, once-a-day + | 120 mg | each |
| Tablets or capsules, once-a-day + | 180 mg | each |
| Tablets or capsules, once-a-day + | 240 mg | each |
| Tablets or capsules, once-a-day + | 300 mg | each |
| Tablets or capsules, once-a-day + | 360 mg | each |
| Tablets or capsules, once-a-day + | 420 mg | each |

## Diphenhydramine Hydrochloride

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 50 mg/ml | milliliter |
| Injection | 10 mg/ml, 10 ml | milliliter |
| Injection | 10 mg/ml, 30 ml | milliliter |
| Tablets or capsules + | 50 mg | each |

## Diphenoxylate HCl with Atropine Sulfate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 2.5 mg, 500s ¥ | each |
| Liquid | 2.5 mg/5 ml | milliliter |

## Diphtheria/Pertussis/Tetanus Vaccine *

* ‹‹The Diphtheria/Pertussis/Tetanus Vaccine is›› restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection (single dose vial) | 0.5 ml | milliliter |
| Prefilled syringe | 0.5 ml | milliliter |

## Dipivefrin HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 0.1% | milliliter |

**Note**: This product is no longer manufactured or available.

## Disulfiram

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 0.25 gm | each |
| Tablets | 0.5 gm | each |

## Divalproex Sodium

‹‹The following text is removed, effective November 1, 2020: use of Divalproex Sodium›› in beneficiaries less than 10 years of age requires treatment authorization approval.
‹‹Removed text ends here.››

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules + | 125 mg | each |
| Tablets, enteric coated + | 125 mg | each |
| Tablets, enteric coated + | 250 mg | each |
| Tablets, enteric coated + | 500 mg | each |
| Tablets, extended release + | 250 mg | each |
| Tablets, extended release + | 500 mg | each |

## Docetaxel ‡ *

* ‹‹Docetaxel is›› restricted to use in the treatment of cancer only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection, concentrate | 20 mg/0.5 ml | milliliter |
| Injection, concentrate | 80 mg/2 ml | milliliter |
| Injection, concentrate | 20 mg/ml | milliliter |
| Injection, concentrate | 80 mg/4 ml | milliliter |

## Dolasetron Mesylate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection + * | 100 mg/5 ml | milliliter |

* ‹‹The injection is›› restricted to a maximum of 5 ml per dispensing.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + * | 50 mg | each |
| Tablets + * | 100 mg | each |

* ‹‹The tablets are›› restricted to a maximum of 3 tablets per dispensing.

## Dolutegravir ‡ *

* ‹‹Dolutegravir is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 (ViiV Healthcare) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 10 mg | each |
| Tablets | 25 mg | each |
| Tablets | 50 mg | each |
| Tablets for oral suspension | 5 mg | each |

## Dolutegravir/Lamivudine ‡ *

* ‹‹Dolutegravir/Lamivudine is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 (ViiV Healthcare) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 50 mg/300 mg | each |

## Dolutegravir/Rilpivirine ‡ *

* ‹‹Dolutegravir/Rilpivirine is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 (Viiv Healthcare) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 50 mg/25 mg | each |

## Donepezil HCl *

* ‹‹Donepezil HCl is›› restricted to treatment of dementia of the Alzheimer’s type. Use in beneficiaries less than 18 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or orally disintegrating tablets | 5 mg | each |
| Tablets or orally disintegrating tablets | 10 mg | each |

## Doravirine ‡ *

* ‹‹Doravirine is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 00006 (Merck & Co., Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 100 mg | each |

## Doravirine/Lamivudine/Tenofovir Disoproxil Fumarate ‡ *

* ‹‹Doravirine/Lamivudine/Tenofovir Disoproxil Fumarate is›› restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 00006 (Merck & Co., Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 100 mg/300 mg/300 mg | each |

## Dorzolamide HCl

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 2% | milliliter |

## Dorzolamide HCl and Timolol Maleate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Ophthalmic solution | 2%/0.5% | milliliter |

## Doxazosin Mesylate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets + | 1 mg | each |
| Tablets + | 2 mg | each |
| Tablets + | 4 mg | each |
| Tablets + | 8 mg | each |

## Doxepin HCl *

* Use ‹‹of Doxepin HCl›› in beneficiaries less than 18 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | ‹‹blank›› | each |
| Oral concentrate | ‹‹blank›› | milliliter |

## Doxercalciferol

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 0.5 mcg | each |
| Capsules | 2.5 mcg | each |

## Doxorubicin HCl ‡

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | ‹‹blank›› | milliliter |
| Powder for injection | ‹‹blank›› | each |

## Doxorubicin HCl Liposome ‡ *

* ‹‹Doxorubicin HCl Liposome is›› restricted to use in the treatment of cancer only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 20 mg/10 ml | milliliter |
| Injection | 50 mg/10 ml | milliliter |

## Doxycycline

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets or capsules * | 20 mg | each |

* ‹‹The 20 mg tablets or capsules are›› restricted to use as an adjunct therapy to scaling and root planing in patients with adult periondontitis, and to a maximum quantity of 60 capsules per dispensing and a maximum of nine (9) dispensings in any 12-month period.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 50 mg | each |
| Capsules | 100 mg | each |

## Doxycycline Hyclate

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 100 mg | each |

## Doxylamine/Pyridoxine HCl *

* ‹‹Doxylamine/Pyridoxine HCl is›› restricted to use in the treatment of nausea and vomiting of pregnancy in women. Also restricted to a maximum quantity of 60 tablets per dispensing and a maximum of two (2) dispensings in any 12-month period. Also restricted to NDC labeler code 55494 (Duchesnay USA, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets, delayed release | 10 mg/10 mg | each |

## Dronabinol ‡ *

* ‹‹Dronabinol is›› restricted to use in the treatment of anorexia associated with weight loss in patients with AIDS.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 2.5 mg | each |
| Capsules | 5 mg | each |
| Capsules | 10 mg | each |

## Drospirenone/Ethinyl Estradiol/Levomefolate Calcium *

* Drospirenone/Ethinyl Estradiol/Levomefolate Calcium is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year. Restricted to NDC labeler code 50419 (Bayer HealthCare Pharmaceuticals).

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Tablets | 28 tablets/packet<br>24 x 3 mg/0.02mg/0.451 mg<br>4 x 0.451 mg Levomefolate Calcium | each |
| Tablets | 28 tablets/packet<br>21 x 3 mg/0.03 mg/0.451 mg<br>7 x 0.451 mg Levomefolate Calcium | each |

## Dulaglutide *

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection, pen | 0.75 mg/0.5 ml | milliliter |
| Injection, pen | 1.5 mg/0.5 ml | milliliter |
| ‹‹Injection, pen | 3 mg/0.5 ml | milliliter›› |
| ‹‹Injection, pen | 4.5 mg/0.5 ml | milliliter›› |

* Dulaglutide is restricted to NDC labeler Code 00002 (Eli Lilly and Company).

‹‹Injection, pen strengths 3 mg/0.5 ml and 4.5 mg/0.5 ml added effective January 1, 2021.››

## Duloxetine HCl *

* Use ‹‹of Duloxetine HCl›› in beneficiaries less than 7 years of age requires treatment authorization approval.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 20 mg | each |
| Capsules | 30 mg | each |
| Capsules | 60 mg | each |

## Durvalumab ‡ *

* ‹‹Durvalumab is›› restricted to use in the treatment of cancer only.  Also restricted to NDC labeler code 00310 (AstraZeneca LP) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Injection | 500 mg/10 ml | milliliter |
| Injection | 120 mg/2.4 ml | milliliter |

## Dutasteride

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules + | 0.5 mg | each |

## Duvelisib ‡ *

* ‹‹Duvelisib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 71779 (Verastem, Inc.) only.

| Dosage Form | Strength and/or Size | Billing Unit |
|---|---|---|
| Capsules | 15 mg | each |
| Capsules | 25 mg | each |

**Note:** “each” means total number of capsules.

# ‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

| Symbol | Description |
|---|---|
| ‹‹ | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| ›› | This is a change mark symbol. It is used to indicate where on the page the most recent change ends. |
| * | Code I. Refer to paragraph (2) of “General Provisions” in the *Drugs: Contract Drugs List Introduction* section of this manual regarding authorization and prescription documentation requirements. |
| + | Frequency of billing requirement. See paragraph (3) of “General Provisions” in the *Drugs: Contract Drugs List Introduction* section regarding information and exceptions. |
| ɣ | Cost is based on this package size. See paragraph (4) of “General Provisions” in the *Drugs: Contract Drugs List Introduction* section for more information. |
| § | Authorization not needed for continuing care. See paragraph (6) of “General Provisions” in the *Drugs: Contract Drugs List Introduction* section for more information |
| ‡ | Drug is exempt from the monthly drug claim line limit. See paragraph (7) of “General Provisions” in the *Drugs: Contract Drugs List Introduction* section for more information |
| ♦ | Suspended until further notice |