
Drugs: Contract Drugs List Introduction

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A. General Provisions:

1. Provisions of coverage are contained in the *California Code of Regulations* (CCR), Title 22, Sections 51313, 51313.3 and 51313.6.
2. Code I drugs marked with a symbol (*) require authorization in accordance with Section 51003 unless used under the conditions specified in the Contract Drugs List, and are subject to the prescription documentation requirements in CCR, Title 22, Section 51476(c). See CCR, Title 22, Section 51313.3(b).
3. Drugs marked with a symbol (+) have a frequency of billing requirement. See CCR, Title 22, Section 51513(b)(3). Full payment (drug ingredient cost plus a professional fee component) to a pharmacy is limited to a maximum of three claims for the same drug and strength dispensed to the same beneficiary within any 75-day period. The fourth claim from any provider, and any subsequent claims for the same drug and strength dispensed to the same beneficiary within any 75-day period will be paid at the drug ingredient cost only. Exceptions are with the initial prescription, when authorization is obtained for more frequent billing, or when drugs are dispensed in a quantity of 180 or more tablets or capsules.
4. Drugs marked with a symbol (††) have a unit price based on the package size determined by the Director to be the size most frequently purchased by providers. See CCR, Title 22, Section 51513(a)(2). A complete listing of these drugs is found in the Reimbursement section of this manual.
5. Drugs marked with a symbol (f) are exempt from authorization requirements. Please note that the Code I drugs on the list continue to require authorization if they are dispensed for conditions other than the Code I limitation. For complete information, see the *Provider Telecommunications Network* (PTN) section in the Part 1 manual.
6. Drugs lined out and marked with a “§” symbol have been suspended from the Contract Drugs List and are subject to authorization unless the criteria for continuing care has been met. For information about continuing care, see the *Reimbursement* section in this manual. For complete information about the PTN, see the *Provider Telecommunications Network* (PTN) section in the Part 1 manual.
7. Drugs marked with a symbol (±) are exempt from the monthly drug claim line limit. Drugs that are exempt from the monthly claim line limit are still subject to all other Medi-Cal *Treatment Authorization Request* (TAR) requirements. Approved TARs must be obtained for prescriptions that, for example, are outside Code I limitations, exceed dispensing quantity limits or exceed frequency of billing limits. For complete information, see the *Reimbursement* section of this manual.

Legend Drugs

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

Non-Legend Over-the-Counter (OTC) Drugs

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

Over-the-Counter Antihistamine, Nasal Decongestant and Combinations

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

Compounded Prescriptions

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

Erectile Dysfunction (ED) Drugs: Non-Benefit

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

<<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.
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