Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs

Page updated: July 2021

This section lists the drug products and units of measure for over-the-counter (OTC) contract drugs. OTC drugs are included in the per-diem rate for beneficiaries in nursing facilities, including subacute patients. Except for insulin, providers cannot separately bill any OTC drugs for beneficiaries in these facilities. For additional help, refer to the *Drugs: Contract Drugs List Introduction* section of this manual.

Restriction: All OTC antihistamines, all OTC decongestants and all OTC antihistamine/decongestant combination drug products are restricted to individuals 2 years of age and older. This age restriction is based on current Federal Drug Administration (FDA) recommendations. Authorization is required for individual under 2 years of age.

Acetaminophen

The extended release tablets and chewable tablets are added to the following table, effective May 13, 2020. **‹‹The suppositories added to the table effective October 1, 2021.››**

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules	325 mg	each
Tablets or capsules	500 mg	each
Tablets, extended release	650 mg	each
Tablets, chewable	160 mg	each
Liquid *	160 mg/5 ml, 60 ml	milliliter
Liquid *	160 mg/5 ml, 120 ml	milliliter
Liquid *	160 mg/5 ml, 240 ml	milliliter
Liquid *	160 mg/5 ml, 480 ml	milliliter
Drops *	100 mg/ml	milliliter
‹‹Suppository	**80 mg**	**each**
Suppository	**120 mg**	**each**
Suppository	**325 mg**	**each››**

* Restricted to individuals younger than 21 years of age for the liquid and drops only.

Aluminum Acetate

Dosage Form	Strength and/or Size	Billing Unit
Tablets	blank	each
Liquid solution – not lotion	blank	milliliter
Powder packets	12s	each
Powder packets	100s	each

Aluminum and Magnesium Hydroxide Gel

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each
Tablets double strength	‹‹blank››	each
Liquid	‹‹blank››	milliliter

Aluminum Carbonate Gel, Basic

Dosage Form	Strength and/or Size	Billing Unit
Capsules equivalent to 500 mg aluminum hydroxide	‹‹blank››	each
Tablets equivalent to 500 mg aluminum hydroxide	‹‹blank››	each
Suspension equivalent to 400 mg aluminum hydroxide per 5cc	‹‹blank››	milliliter

Note: Effective March 1, 2017, these products are no longer manufactured or available.

Aluminum Hydroxide and Magnesium Trisilicate Gel

Dosage Form	Strength and/or Size	Billing Unit
Tablets	80 mg – 20 mg	each
Tablets	160 mg – 40 mg	each
Liquid	‹‹blank››	milliliter

Aluminum Hydroxide Gel

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules	325 mg	each
Tablets or capsules	475 – 500 mg	each
Tablets or capsules	650 mg	each
Liquid	‹‹blank››	milliliter

Aluminum Hydroxide, Magnesium Hydroxide, and Simethicone

Dosage Form	Strength and/or Size	Billing Unit
Tablets	200 mg – 200 mg – 20 mg	each
Tablets	200 mg – 200 mg – 25 mg	each
Tablets	240 mg – 240 mg – 20 mg	each
Tablets	300 mg – 200 mg – 25 mg	each
Tablets	400 mg – 400 mg – 30 mg	each
Liquid	200 mg – 200 mg – 20 mg/5 ml	milliliter
Liquid	200 mg – 200 mg – 25 mg/5 ml	milliliter
Liquid	225 mg – 200 mg – 25 mg/5 ml	milliliter
Liquid	240 mg – 240 mg – 20 mg/5 ml	milliliter
Liquid	300 mg – 200 mg – 25 mg/5 ml	milliliter
Liquid	400 mg – 400 mg – 30 or 40 mg/5 ml	milliliter
Liquid	500 mg – 450 mg – 40 mg/5 ml	milliliter

Aspirin

‹‹The chewable tablet is added to the following table›› effective November 1, 2020.

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules	325 mg	each
Tablets or capsules	650 mg	each
Tablets or capsules, buffered	325 mg	each
E.C. pellet capsules	81 mg	each
E.C. tablets	81 mg	each
E.C. tablets	325 mg	each
E.C. tablets	650 mg	each
Chewable tablet	81 mg	each

Bacitracin or Bacitracin Zinc

Dosage Form	Strength and/or Size	Billing Unit
Topical ointment	15 gm	gram
Topical ointment	30 gm	gram
Topical ointment	120 gm	gram

Benzoyl Peroxide

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

Bisacodyl

Dosage Form	Strength and/or Size	Billing Unit
Suppositories +	10 mg	each

Bismuth Subsalicylate

Dosage Form	Strength and/or Size	Billing Unit
Tablets	262 mg	each
Tablets, chewable	262 mg	each
Liquid	262 mg/15 ml	milliliter
Liquid	524 mg/15 ml	milliliter
Liquid	525 mg/15 ml	milliliter

Brompheniramine Maleate *

‹‹Brompheniramine Maleate is added›› effective November 1, 2014.

* ‹‹Brompheniramine Maleate is›› restricted to individuals 2 years of age or older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid	‹‹blank››	milliliter

Butoconazole Nitrate

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

Calamine Lotion

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

Calcium Carbonate

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules	650 mg	each
Tablets or capsules	1250 mg	each

Calcium Carbonate and Magnesium Carbonate

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each

Calcium Gluconate

Dosage Form	Strength and/or Size	Billing Unit
Tablets or wafers	325 mg	each
Tablets or wafers	500 mg	each
Tablets or wafers	650 mg	each
Tablets or wafers	1 gm	each

Calcium Lactate

Dosage Form	Strength and/or Size	Billing Unit
Tablets	325 mg	each
Tablets	650 mg	each

Cetirizine HCL

‹‹Cetirizine HCL is added›› effective May 1, 2019.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	5 mg	each
Tablets	10 mg	each
Liquid	1 mg/1 ml	milliliter

Chlorpheniramine Maleate *

* ‹‹Chlorpheniramine Maleate is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid, syrup	‹‹blank››	milliliter
Tablets	4 mg	each

Clotrimazole

Dosage Form	Strength and/or Size	Billing Unit
Vaginal cream ‡	1%, 45 gm	gram
Vaginal cream ‡	2%, 21 gm	gram
Vaginal tablets ‡	100 mg, 7s	each
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

Coal Tar

Dosage Form	Strength and/or Size	Billing Unit
Cream or ointment	‹‹blank››	gram

Note: These products are no longer manufactured or available.

Dexbrompheniramine Maleate *

* ‹‹Dexbrompheniramine Maleate is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each
Tablets, chewable	‹‹blank››	each
Liquid	‹‹blank››	milliliter

Dexbrompheniramine Maleate/Phenylephrine *

* ‹‹Dexbrompheniramine Maleate/Phenylephrine is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each
Liquid	‹‹blank››	milliliter

Dicalcium Phosphate with or without Vitamin D

Dosage Form	Strength and/or Size	Billing Unit
Capsules, tablets or wafers	105 mg	each

Note: These products are no longer manufactured or available.

Diphenhydramine Hydrochloride*

* ‹‹Diphenhydramine Hydrochloride is›› restricted to use in the treatment of allergies or allergic conditions only and to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Capsules	25 mg	each
Capsules	50 mg	each
Liquid or syrup	12.5 mg/5 ml	milliliter
Tablets	25 mg	each
Tablets	50 mg	each

Docusate Sodium

Dosage Form	Strength and/or Size	Billing Unit
Capsules ‡	100 mg	each
Capsules ‡	250 mg	each

Doxylamine Succinate/Phenylephrine *

* ‹‹Doxylamine Succinate/Phenylephrine is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each

Doxylamine Succinate/Pseudoephedrine *

* ‹‹Doxylamine Succinate/Pseudoephedrine is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid	‹‹blank››	milliliter

Electrolytes, Oral Maintenance

Dosage Form	Strength and/or Size	Billing Unit
Composition: Sodium	40 to 60 mEq/L	‹‹blank››
Composition: Potassium	20 mEq/L	‹‹blank››
Composition: Anions	‹‹blank››	‹‹blank››
Composition: Carbohydrate – Glucose/dextrose	2.0% (20 gm/L) to 2.5% (25 gm/L)	‹‹blank››
Liquid, ready-to-use	480 ml and above	milliliter

Epinephrine

Dosage Form	Strength and/or Size	Billing Unit
Inhalation	1:44 to 1:50, 15 ml	milliliter
Inhalation	1:44 to 1:50, 30 ml	milliliter
Inhalation	1:100, 7.5 ml	milliliter

Ferrous Sulfate

Dosage Form	Strength and/or Size	Billing Unit
Tablets	200 mg	each
Tablets	325 mg	each
Drops	15 mg/0.6 ml, 50 ml	milliliter
Drops	15 mg, 50 ml	milliliter
Liquid	‹‹blank››	milliliter
Suspension drops *	15 mg/1.5 ml, 118 ml	milliliter

* ‹‹The suspension drops are›› suspended until further notice.

Fluticasone Furoate

‹‹The following text is removed effective August 1, 2020: Fluticasone Furoate is›› restricted to NDC labeler code 00135 (GlaxoSmithKline) for the nasal spray. ‹‹End of removed text.››

Dosage Form	Strength and/or Size	Billing Unit
Nasal spray	27.5 mcg/actuation, 9.9 ml	milliliter
Nasal spray	27.5 mcg/actuation, 15.8 ml	milliliter

Fluticasone Propionate

‹‹The following text is removed effective August 1, 2020: Fluticasone Propionate is›› restricted to NDC labeler code 00135 (GlaxoSmithKline) for the nasal spray. ‹‹End of removed text.››

Dosage Form	Strength and/or Size	Billing Unit
Nasal spray	50 mcg/actuation, 9.9 ml	milliliter
Nasal spray	50 mcg/actuation, 15.8 ml	milliliter

Folic Acid *

* ‹‹Folic Acid is›› restricted to females, ages 14 through 45 years, to prevent neural tube defects in current and future pregnancies only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	400 µg (0.4 mg)	each

Hydrocortisone

Dosage Form	Strength and/or Size	Billing Unit
Cream	0.5%, 15 gm	gram
Cream	0.5%, 30 gm	gram
Cream	0.5%, 120 gm	gram
Cream	0.5%, 454 gm	gram
Cream	1%, 15 gm	gram
Cream	1%, 20 gm	gram
Cream	1%, 30 gm	gram
Cream	1%, 60 gm	gram
Cream	1%, 120 gm	gram
Cream	1%, 454 gm	gram
Ointment	0.5 %, 30 gm	gram
Ointment	1%, 15 gm	gram
Ointment	1%, 20 gm	gram
Ointment	1%, 30 gm	gram
Ointment	1%, 120 gm	gram
Ointment	1%, 454 gm	gram
Lotion	0.5%, 30 ml	milliliter
Lotion	0.5%, 60 ml	milliliter
Lotion	0.5%, 120 ml	milliliter
Lotion	1%, 60 ml	milliliter
Lotion	1%, 120 ml	milliliter

Insulin

(A separately payable benefit for beneficiaries in nursing facilities, including subacute patients.)

Dosage Form	Strength and/or Size	Billing Unit
Injection: Lente, NPH, Protamine Zinc, Semilente, Ultralente	40 Units/ml, 10 ml	milliliter
Injection: Lente, NPH, Protamine Zinc, Semilente, Ultralente	80 Units/ml, 10 ml	milliliter
Injection: Lente, NPH, Protamine Zinc, Semilente, Ultralente	100 Units/ml, 10 ml	milliliter
Injection: Lente, NPH, Protamine Zinc (purified pork)	100 Units/ml, 10 ml	milliliter
Injection: Regular	40 Units/ml, 10 ml	milliliter
Injection: Regular	80 Units/ml, 10 ml	milliliter
Injection: Regular	100 Units/ml, 10 ml	milliliter
Injection: Regular (purified pork)	100 Units/ml, 10 ml	milliliter
Injection: Globin	40 Units/ml, 10 ml	milliliter
Injection: Globin	80 Units/ml, 10 ml	milliliter
Injection: Globin	100 Units/ml, 10 ml	milliliter

Insulin (Human)

(A separately payable benefit for beneficiaries in nursing facilities, including subacute patients.)

Dosage Form	Strength and/or Size	Billing Unit
Injection: Regular	100 Units/ml, 10 ml	milliliter
Injection: Lente	100 Units/ml, 10 ml	milliliter
Injection: NPH	100 Units/ml, 10 ml	milliliter
Injection: NPH 50% and Regular 50%	100 Units/ml, 10 ml	milliliter
Injection: NPH 70% and Regular 30%	100 Units/ml, 10 ml	milliliter
Injection: Ultralente	100 Units/ml, 10 ml	milliliter

Levonorgestrel

Dosage Form	Strength and/or Size	Billing Unit
Tablets	0.75 mg *	each

* Restricted to NDC labeler code 52544 (Watson Pharma, Inc.), to a maximum quantity of two tablets per dispensing with a maximum of six dispensings in any 12-month period for the 0.75 mg tablets and for females only. Restricted to claims with dates of service through September 30, 2015.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	1.5 mg *	each

* ‹‹The 1.5 mg tablets are›› restricted to a maximum quantity of one tablet per dispensing with a maximum of six dispensings in any 12-month period and to use in females only.

‹‹The following text is removed›› effective January 1, 2019: Restricted to NDC labeler codes 52544 (Watson Pharma, Inc.); and 51285 (Teva Women's Health Inc) brand name Plan B One Step only. ‹‹End of removed text.››

Liquor Carbonis Detergens

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

Note: This product is no longer manufactured or available.

Loratadine *

* ‹‹Loratadine is›› restricted to individuals 2 years of age and older.

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

Meclizine

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each
Tablets, chewable	‹‹blank››	each

Miconazole Nitrate ‡

Dosage Form	Strength and/or Size	Billing Unit
Topical cream	2%	gram
Vaginal suppositories	100 mg, 7’s	each
Vaginal cream	2%, 45 gm	gram
Dual package (topical cream 2% and 3 vaginal suppositories 200 mg)	‹‹blank››	each package

Effective May 1, 2021, ‹‹the 15 mg strength was removed from the dual package dosage form.››

Naphazoline HCl And Antazoline Phosphate

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic solution	0.05% – 0.5%	milliliter

Note: This product is no longer manufactured or available.

Niacin *

* ‹‹Niacin is›› restricted to claims submitted with dates of service from March 1, 1994, through August 31, 2005.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	25 mg	each
Tablets	50 mg	each
Tablets	100 mg	each
Tablets	500 mg	each

Nicotine *

* ‹‹Nicotine is›› to be part of comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to (1) a maximum quantity of 28 patches per dispensing; (2) one dispensing in any 25-day period; and (3) eight dispensings within a 12-month period.

Dosage Form	Strength and/or Size	Billing Unit
Transdermal system	7 mg/24 hr	each
Transdermal system	14 mg/24 hr	each
Transdermal system	21 mg/24 hr	each

Note: 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.

Nicotine Polacrilex *

* ‹‹Nicotine Polacrilex is›› to be part of comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to (1) a maximum quantity of 220 lozenges or pieces of gum per dispensing; (2) one dispensing in any 25-day period; and (3) therapy lasting up to 28 weeks from the dispensing date of the first prescription.

‹‹The following text from the restriction›› effective July 1, 2019: (4) NDC labeler code 00135 (GlaxoSmithKline) only. ‹‹End of removed text.››

Dosage Form	Strength and/or Size	Billing Unit
Gum	2 mg	each
Gum	4 mg	each
Lozenges	2 mg	each
Lozenges	4 mg	each

Effective July 1, 2019, ‹‹the 100s, 110s strength was removed from the Gum dosage form, and the 72s, 81s strength was removed from the Lozenges dosage form.››

Note: 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.

Nonoxynol 9 Contraceptive Products

Dosage Form	Strength and/or Size	Billing Unit
Cream with applicator	‹‹blank››	gram
Cream with applicator refill	‹‹blank››	gram
Foam with applicator	‹‹blank››	gram
Foam with applicator refill	‹‹blank››	gram
Jelly with applicator	‹‹blank››	gram
Jelly with applicator refill	‹‹blank››	gram
Suppositories	‹‹blank››	each
Suppositories with applicator	‹‹blank››	each
Suppositories without applicator	‹‹blank››	each

Octoxynol 9 Contraceptive Products

Dosage Form	Strength and/or Size	Billing Unit
Cream with applicator	‹‹blank››	gram
Cream with applicator refill	‹‹blank››	gram
Foam with applicator	‹‹blank››	gram
Foam with applicator refill	‹‹blank››	gram
Jelly with applicator	‹‹blank››	gram
Jelly with applicator refill	‹‹blank››	gram
Suppositories	‹‹blank››	each
Suppositories with applicator	‹‹blank››	each
Suppositories without applicator	‹‹blank››	each

Note: Effective March 1, 2017, these products are no longer manufactured or available.

Omeprazole Magnesium *

* ‹‹Omeprazole Magnesium is›› restricted to package quantity 28 and 42 count and to NDC labeler code 37000 (Procter & Gamble Distributing LLC) only. It is restricted to claims with dates of service through April 30, 2016.

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	20.6 mg	each

Permethrin

Dosage Form	Strength and/or Size	Billing Unit
Cream rinse	1%, 60 ml	milliliter

Phenylephrine Hydrochloride *

* ‹‹Phenylephrine Hydrochloride is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Solution	‹‹blank››	milliliter
Tablets	10 mg	each

Phenylephrine Hydrochloride/Brompheniramine Maleate *

* ‹‹Phenylephrine Hydrochloride/Brompheniramine Maleate is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Solution	‹‹blank››	milliliter

Phenylephrine Hydrochloride/Chlorpheniramine Maleate *

* ‹‹Phenylephrine Hydrochloride/Chlorpheniramine Maleate is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid	‹‹blank››	milliliter
Tablets	‹‹blank››	each

Phenylephrine Hydrochloride/Diphenhydramine Hydrochloride *

* ‹‹Phenylephrine Hydrochloride/Diphenhydramine Hydrochloride is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid, solution	‹‹blank››	milliliter
Tablets	‹‹blank››	each

Phenylephrine Hydrochloride/Pyrilamine Maleate *

* ‹‹Phenylephrine Hydrochloride/Pyrilamine Maleate is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each

Phenylephrine Hydrochloride/Triprolidine *

* ‹‹Phenylephrine Hydrochloride/Triprolidine is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid, Solution	10 – 2.5 mg/ 5 ml	milliliter
Tablets	10 mg/2.5 mg	each

Polyethylene Glycol 3350

‹‹Polyethylene Glycol 3350 is added effective›› June 1, 2020.

Dosage Form	Strength and/or Size	Billing Unit
Powder	238 gm	gram
Powder	510 gm	gram

Polymyxin, B Sulfate and Bacitracin Zinc

Dosage Form	Strength and/or Size	Billing Unit
Ointment	10,000U – 500U/gm, 15 gm	gram
Ointment	10,000U – 500U/gm, 30 gm	gram

Propylene Glycol

Dosage Form	Strength and/or Size	Billing Unit
Liquid	‹‹blank››	each

Pseudoephedrine Hydrochloride *

* ‹‹Pseudoephedrine Hydrochloride is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid, syrup	15 mg/5 ml	milliliter
Liquid, syrup	30 mg/5 ml	milliliter
Tablets, immediate release	30 mg	each
Tablets, immediate release	60 mg	each

Pseudoephedrine Hydrochloride/Brompheniramine Maleate *

* ‹‹Pseudoephedrine Hydrochloride/Brompheniramine Maleate is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid	‹‹blank››	milliliter

Pseudoephedrine Hydrochloride/Chlorpheniramine Maleate *

* ‹‹Pseudoephedrine Hydrochloride/Chlorpheniramine Maleate is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid, syrup	‹‹blank››	milliliter
Tablets	‹‹blank››	each

Pseudoephedrine Hydrochloride/Dexbrompheniramine Maleate *

* ‹‹Pseudoephedrine Hydrochloride/Dexbrompheniramine Maleate is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Solution	‹‹blank››	milliliter
Tablets	‹‹blank››	each

Pseudoephedrine Hydrochloride/Diphenhydramine Hydrochloride *

* ‹‹Pseudoephedrine Hydrochloride/Diphenhydramine Hydrochloride is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid	‹‹blank››	milliliter

Note: Effective March 1, 2017 this product is no longer manufactured or available.

Pseudoephedrine Hydrochloride/Triprolidine Hydrochloride *

* ‹‹Pseudoephedrine Hydrochloride/Triprolidine Hydrochloride is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Liquid, syrup	‹‹blank››	milliliter
Tablets	‹‹blank››	each

Pyrantel Pamoate

Dosage Form	Strength and/or Size	Billing Unit
Liquid	‹‹blank››	milliliter

Pyrethrins, Piperonyl Butoxide, Petroleum Distillate

Dosage Form	Strength and/or Size	Billing Unit
Liquid	60 ml	milliliter
Liquid	120 ml	milliliter

Pyridoxine

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

Quinine *

* ‹‹Quinine is›› restricted to claims submitted with dates of service prior to May 1, 2007.

Dosage Form	Strength and/or Size	Billing Unit
Capsules or tablets	200 mg	each
Capsules or tablets	325 mg	each

Sodium Chloride for Inhalation

Dosage Form	Strength and/or Size	Billing Unit
Solution	0.9%, 3 ml	milliliter
Solution	0.9%, 5 ml	milliliter
Aerosol solution	0.9%, 240 ml	milliliter

Sodium Chloride Ophthalmic

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic ointment	5%	gram
Ophthalmic solution	2%, 15 ml	milliliter
Ophthalmic solution	5%, 15 ml	milliliter
Ophthalmic solution	5%, 30 ml	milliliter

Sodium Fluoride *

‹‹Sodium Fluoride is added›› effective June 7, 2018.

* ‹‹Sodium Fluoride is›› not subject to the 100 maximum calendar day supply limitation.

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	2.2 mg	each
Chewable tablets +	0.25 (0.55) mg	each
Chewable tablets +	0.50 (1.1) mg	each
Chewable tablets +	1.0 (2.2) mg	each
Drops	‹‹blank››	milliliter
Solution (does not include rinses)	‹‹blank››	milliliter

Tolnaftate

Dosage Form	Strength and/or Size	Billing Unit
Liquid	1%	milliliter
Cream	1%	gram

Triprolidine *

* ‹‹Triprolidine is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Drops	‹‹blank››	milliliter
Syrup	‹‹blank››	milliliter

Triprolidine/Phenylephrine *

* ‹‹Triprolidine/Phenylephrine is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each

Triprolidine/Pseudoephedrine *

* ‹‹Triprolidine/Pseudoephedrine is›› restricted to individuals 2 years of age and older.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	‹‹blank››	each
Syrup	‹‹blank››	milliliter

Tyloxapol with Benzalkonium Chloride

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic solution	0.25% – 0.02%, 15 ml	milliliter

Vitamins A, D and C with Sodium Fluoride

‹‹Vitamins A, D and C with Sodium Fluoride are added›› effective June 7, 2018.

Dosage Form	Strength and/or Size	Billing Unit
Chewable tablets +	100’s	each
Drops	50 ml	milliliter

Note: Reimbursable for children up to the 5th birthday only.

Vitamins A, D, C

Dosage Form	Strength and/or Size	Billing Unit
Drops	30 ml	milliliter
Drops	50 ml	milliliter
Chewable tablets	‹‹blank››	each

Note: Reimbursable for children up to the 5th birthday only.

Vitamins A, D, C, with Iron

Dosage Form	Strength and/or Size	Billing Unit
Drops	50 ml	milliliter

Note: Reimbursable for children up to the 5th birthday only.

Vitamins – Mineral *

* ‹‹Vitamins – Mineral are›› restricted to use by an expectant female with confirmed positive pregnancy test conducted by her physician.

Dosage Form	Strength and/or Size	Billing Unit
Combination product, prenatal Nonprescription only Tablets or capsules	‹‹blank››	each

(1) The nonprescription prenatal product tablet or capsule shall contain the following:

(A) Not less than one-half nor more than the U.S. Recommended Dietary Allowance for pregnant women based on dietary standards established by the National Academy of Sciences, Washington, D.C., 1980 of vitamins A (e.g., 5,000 IU) and vitamin D (e.g., 400 IU).

(B) Not less than one-half nor more than twice the U.S. Recommended Dietary Allowance for pregnant women as established by the National Academy of Sciences, Washington, D.C., 1980, of vitamins B1, (e.g., 1.5 mg), B2 (e.g., 1.6 mg), B6 (e.g., 2.6 mg), B12 (e.g., 4 mcg), C (e.g., 80 mg) and B3 Niacin (e.g., 16 mg).

(C) Not less than the equivalent of 200mg elemental Calcium, and 30 mg elemental Iron.

(2) The nonprescription prenatal product may contain the following:

(A) Up to the U.S. Recommended Dietary Allowance for pregnant women based on dietary standards established by the National Academy of Sciences, Washington, D.C., 1980 of vitamin E (e.g., 15 IU), Folic Acid (e.g., 0.8 mg), Phosphorus (e.g., 1200 mg), Magnesium (e.g., 450 mg), except for Iodine (200 mcg), and Zinc (25 mg).

‹‹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