

Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs

October 1, 2024

This document lists the drug products and units of measure for physician administered drugs (PADs) that are only given, administered, implanted, or inserted by physicians or other qualified medical practitioners and are reimbursable as pharmacy benefits. Pharmacy claims for drugs and devices listed in this document are billed using the product's NDC.

Utilization Management Types

Code	Description
LR	Labeler restriction: claim must reflect indicated labeler code for claim to pay.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Agalsidase Beta	Vial	5 mg 35 mg	ea ea		Requires a prior authorization.
Alglucosidase Alfa	Vial	50 mg	ea		Requires a prior authorization.
Aripiprazole Extended-Release Long-Acting Injectable Suspension	Prefilled Dual Chamber Syringe Kit	300 mg 400 mg	ea ea		
	Single-use Vial	300 mg 400 mg	ea ea		
	Prefilled Syringe Kit	720 mg/2.4 ml 960 mg/3.2 ml	ml ml		
Aripiprazole Lauroxil Extended-Release Long-Acting Injectable Suspension	Injection Kit	441 mg/1.6 ml 662 mg/2.4 ml 882 mg/3.2 ml 1064 mg/3.9 ml	ml ml ml ml		
		Prefilled Syringe Kit	675 mg/2.4 ml	ml	
Avalglucosidase Alfa-ngpt	Vial	100 mg	ea		Requires a prior authorization.
Beremagene geperpavec-svdt	Gel	5x10E9/2.5 ml	ml		Requires a prior authorization.
Brexanolone	Vial	100 mg/20 ml	ml		Requires a prior authorization.
Buprenorphine Extended-Release Injectable Solution	Syringe	100 mg/0.5 ml 300 mg/1.5 ml	ml ml		

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Buprenorphine Extended-Release Prefilled Safety Syringe	Syringe	8 mg/0.16 ml 16 mg/0.32 ml 24 mg/0.48 ml 32 mg/0.64 ml 64 mg/0.18 ml 96 mg/0.27 ml 128 mg/0.36 ml	ml ml ml ml ml ml ml		
Cerliponase Alfa	Vial	150 mg/ml	ml		Requires a prior authorization.
	Kit	300 mg/10 ml	ea		
Cipaglicosidase Alfa-atga	Powder for Injection	105 mg	mg		Requires a prior authorization.
Copper Intrauterine Device	Carton	1 unit	ea		
Elosulfase Alfa	Vial	5 mg/5 ml	ml		Requires a prior authorization.
Esketamine HCL	Spray, non-aerosol	56 mg	ea		Requires a prior authorization.
		84 mg	ea		
Fluphenazine Decanoate	Vial	25 mg/ml	ml		
Galsulfase	Vial	5 mg/ 5ml	ml		Requires a prior authorization.
Haloperidol Decanoate	Vial	50 mg/ml	ml		
		100 mg/ml	ml		
Idursulfase	Vial	6 mg/3 ml	ml		Requires a prior authorization.
Imiglucerase	Vial	200 units	ea		Requires a prior authorization.
		400 units	ea		
Laronidase	Vial	2.9 mg/5 ml	ml		Requires a prior authorization.

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Levonorgestrel	System	14 mcg/24 h, 1 unit	ea		Requires a prior authorization.
		17.5 mcg/24 h, 1 unit	ea		Note: Kyleena® 19.5 mg system does not require a prior authorization.
		20.4 mcg/24 h, 1 unit	ea		Requires a prior authorization.
		21 mcg/24 h, 1 unit	ea		Requires a prior authorization.
Naltrexone Extended-Release Injectable Suspension	Kit	380 mg	ea		
Olanzapine	Vial	10 mg	ea		
Olanzapine Pamoate	Kit	210 mg 300 mg 405 mg	ea ea ea		
Olipudase Alfa-rpcp	Vial	4 mg 20 mg	ea ea		Requires a prior authorization.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Paliperidone Palmitate	Kit	39 mg/0.25 ml	ml		
		78 mg/0.5 ml	ml		
		117 mg/0.75 ml	ml		
		156 mg/1.0 ml	ml		
		234 mg/1.5 ml	ml		
		273 mg/0.875 ml	ml		
		410 mg/1.315 ml	ml		
		546 mg/1.75 ml	ml		
		819 mg/2.625 ml	ml		
		1092 mg/3.5 ml	ml		
Palivizumab	0.5 ml vial	50 mg/0.5 ml	ml		Requires a prior authorization.
	1 ml vial	100 mg/ml	ml		
Pegunigalsidase Alfa-iwxj	Vial	20 mg/10 ml	ml		Requires a prior authorization.
Remdesivir	Vial	100 mg/20 ml	ml		
	Single Dose Vial	100 mg	ea		
Risperidone Extended-Release Injection	Kit	90 mg	ea		
		120 mg	ea		
Risperidone Extended-Release Injectable Suspension	Single Dose Prefilled Syringe	50 mg/0.14 ml	ml		
		75 mg/0.21 ml	ml		
		100 mg/0.28 ml	ml		
		125 mg/0.35 ml	ml		
		150 mg/0.42 ml	ml		
		200 mg/0.56 ml	ml		
		250 mg/0.7 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Risperidone Long-Acting Injection	Kit	12.5 mg 25 mg 37.5 mg 50 mg	ea ea ea ea		
Taliglucerase Alfa	Vial	200 units	ea		Requires a prior authorization.
Velaglucerase Alfa	Vial	400 units	ea		Requires a prior authorization.
Vestronidase Alfa-vjvk	Vial	10 mg/5 ml	ml		Requires a prior authorization.