Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations

August 1, 2026

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Revision History

Drug Name	Description	Effective Date
Mometasone Furoate	Added to CDL.	March 1, 2026
Brompheniramine Maleate	Age restriction updated.	April 1, 2026
Cetirizine HCL	Age restriction added to liquid.	April 1, 2026
Chlorpheniramine Maleate	Age restriction updated for liquid.	April 1, 2026
Dexbrompheniramine Maleate	Age restriction updated for chewable tablets and liquid.	April 1, 2026
Diphenhydramine HCL	Age restriction updated for liquid.	April 1, 2026
Fexofenadine	Age restriction added to suspension.	April 1, 2026
Ivermectin	Added to CDL.	April 1, 2026
Loratadine	Age restriction added to chewable tablets, rapid tablets, and liquid.	April 1, 2026
Pyrilamine Maleate	Age restriction updated.	April 1, 2026
Triprolidine	Age restriction updated.	April 1, 2026
Vitamins-Mineral	Diagnosis restriction added.	April 1, 2026
Multivitamins	Age restriction added.	May 1, 2026
Niacin	Age restriction added.	May 1, 2026
Poly-Vi-Sol	Age restriction updated.	May 1, 2026
Poly-Vi-Sol with Iron	Age restriction updated.	May 1, 2026
Vitamin A (retinol, retinoic acid)	Age restriction added.	May 1, 2026
Vitamin B Comp No.3/Folic/C/Biotin	Age restriction added.	May 1, 2026
Vitamin C (ascorbic acid)	Age restriction added.	May 1, 2026
Vitamin D3 (cholecalciferol)	Age restriction added to all strengths except 1250 mcg (50,000 units).	May 1, 2026
Vitamin E (Dl, tocopheryl acetate)	Age restriction added.	May 1, 2026
Triprolidine	Removed from CDL.	August 1, 2026

Over-the-Counter Drug Information

This document lists the drug products and units of measure for the over-the-counter (OTC) contract drugs and cough/cold preparations. OTC drugs are included in the per-diem rate for members in nursing facilities, including subacute patients. With the exception of insulin, providers cannot separately bill any OTC drugs for members in these facilities. For additional help, refer to the *Contract Drugs List (CDL)* section in the *Medi-Cal Rx Provider Manual*.

Restriction: All OTC cough and cold products are restricted to individuals 2 years of age and older. Authorization is required for individuals younger than 2 years of age.

Analgesics: Narcotic Antagonists

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotic Antagonists					
Naloxone HCL	Intranasal Spray	4 mg/0.1 ml	ea		

Analgesics: Non-Narcotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Non-Narcotics					
Acetaminophen	Tablets or Capsules	325 mg 500 mg	ea ea		
	Extended-Release Tablets	650 mg	ea		
	Chewable Tablets	160 mg	ea		
	Oral Liquid Dosage Forms	160 mg/5 ml 500 mg/15 ml	ml ml		
	Drops	100 mg/ml	ml		
	Suppositories	80 mg 120 mg 325 mg 650 mg	ea ea ea ea		
Acetaminophen and Chlorpheniramine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
Acetaminophen and Dexbrompheniramine *	Tablets	500 mg–1 mg	ea	AL	* Restricted to individuals 2 years of age and older.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Non-Narcotics					
Acetaminophen and Diphenhydramine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
	Packets	500-38 mg	ea		
Aspirin	Tablets or Capsules	325 mg 650 mg	ea ea		
	Buffered Tablets or Capsules	325 mg	ea		
	E.C. Pellet Capsules	81 mg	ea		
	E.C. Tablets	81 mg 325 mg 650 mg	ea ea ea		
	Chewable Tablets	81 mg	ea		
Diclofenac Sodium	Gel	1%	ea		
Ibuprofen	Tablets	200 mg	ea		**Note:** Refer to the *Medi-Cal Rx Contract Drugs List*.
	Chewable Tablets	100 mg	ea		
	Capsules	200 mg	ea		
	Suspension	100 mg/5 ml	ml		
Lidocaine	Cream	4%	gm		
	Patch	4%	ea		
Naproxen Sodium	Tablets	220 mg	ea		
Phenylephrine/ Acetaminophen/ Chlorpheniramine *	Tablets	5-325-2 mg	ea	AL	* Restricted to individuals 2 years of age and older.

Anti-Infectives: Anthelmintics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anthelmintics					
Pyrantel Pamoate	Liquid		ml		

Autonomic Drugs: Antiasthmatics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Antiasthmatics					
Cromolyn Sodium	Nasal Spray	5.2 mg	ml		
Epinephrine	Inhalation	1:44 to 1:50 1:100	ml ml		

Autonomic Drugs: Anti-Emetics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Emetics					
Meclizine	Tablets		ea		
	Chewable Tablets		ea		

Autonomic Drugs: Antihistamines

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Antihistamines					
Brompheniramine Maleate *	Liquid		ml	AL	* Restricted to individuals 2 to 11 years of age.
Cetirizine HCL	Tablets	5 mg 10 mg	ea ea	AL	
	Liquid *	1 mg/1 ml	ml		* Liquid is restricted to individuals that are younger than 12 years of age.
Chlorpheniramine Maleate *	Oral Liquid Dosage Forms		ml	AL	* Liquid is restricted to individuals 2 to 11 years of age.
	Tablets	4 mg	ea		* Tablets are restricted to individuals 2 years of age and older.
Dexbrompheniramine Maleate *	Tablets		ea	AL	* Tablets are restricted to individuals 2 years of age and older.
	Chewable Tablets		ea		* Chewable tablets and liquid are restricted to individuals 2 to 11 years of age.
	Oral Liquid Dosage Forms		ml		
Diphenhydramine Hydrochloride *	Capsules	25 mg 50 mg	ea ea	AL	* Capsules and tablets are restricted to individuals 2 years of age and older.
	Tablets	25 mg 50 mg	ea ea		
	Oral Liquid Dosage Forms	12.5 mg/5 ml	ml		* Liquid is restricted to individuals 2 to 11 years of age.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Antihistamines					
Fexofenadine	Tablets	60 mg 180 mg	ea ea		**Note:** Tablets are restricted to individuals that are younger than 21 years of age.
	Oral Suspension *	30 mg/5 ml	ml	AL	* Suspension is restricted to individuals that are younger than 12 years of age.
Levocetirizine Dihydrochloride	Tablets	5 mg	ea		
Loratadine	Tablets	10 mg	ea		
	Chewable Tablets *	5 mg 10 mg	ea ea	AL	* Chewable tablets, rapid tablets, and liquid are restricted to individuals that are younger than 12 years of age.
	Rapid Tablets *	5 mg 10 mg	ea ea		
	Oral Liquid Dosage Forms *	5 mg/5 ml	ml		
Pyrilamine Maleate *	Liquid		ml	AL	* Restricted to individuals 2 to 11 years of age.

Blood Modifiers: Hematinics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hematinics					
Ferrous Gluconate	Tablets	324 mg	ea		
Ferrous Sulfate	Tablets	325 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hematinics					
(continued)	Enteric-Coated Tablets	324 mg 325 mg	ea ea		
	Drops	15 mg/ml	ml		
	Elixir or solution	220 mg (44 mg)/ 5 ml	ml		

Gastro-Intestinal Drugs: Antacids and Adsorbents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Antacids and Adsorbents					
Aluminum Hydroxide and Magnesium Carbonate	Chewable Tablets		ea		
	Oral Suspension	358-95 mg/15ml	ml		
Aluminum Hydroxide and Magnesium Hydroxide	Oral Suspension		ml		
Aluminum Hydroxide and Magnesium Trisilicate gel	Tablets	80 mg-20 mg 160 mg-40 mg	ea ea		
	Liquid		ml		
Aluminum Hydroxide gel	Tablets or Capsules	325 mg 475-500 mg 650 mg	ea ea ea		
	Liquid		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Antacids and Adsorbents					
Aluminum Hydroxide, Magnesium Hydroxide, and Simethicone	Chewable Tablets	200 mg-200 mg-20 mg 200 mg-200 mg-25 mg 240 mg-240 mg-20 mg 300 mg-200 mg-25 mg 400 mg-400 mg-30 mg	ea ea ea ea ea		
	Oral Liquid Dosage Forms	200 mg-200 mg-20 mg/5 ml 200 mg-200 mg-25 mg/5 ml 225 mg-200 mg-25 mg/5 ml 240 mg-240 mg-20 mg/5 ml 300 mg-200 mg-25 mg/5 ml 400 mg-400 mg-30 or 40 mg/5 ml 500 mg-450 mg-40 mg/5 ml	ml ml ml ml ml ml ml		
Calcium Carbonate, Famotidine, and Magnesium Hydroxide	Chewable Tablets		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Antacids and Adsorbents					
Calcium Carbonate and Magnesium Carbonate	Tablets		ea		
Calcium Carbonate and Magnesium Hydroxide	Chewable Tablets		ea		
Calcium Carbonate, Magnesium Hydroxide, and Simethicone	Chewable Tablets		ea		
Calcium Carbonate and Simethicone	Chewable Tablets		ea		
Cimetidine	Tablets	200 mg	ea		
Citric Acid, Potassium Bicarbonate, and Sodium Bicarbonate	Effervescent Tablets		ea		
Famotidine	Tablets	10 mg 20 mg 40 mg	ea ea ea		
Sodium Bicarbonate	Tablets	325 mg 650 mg	ea ea		

Gastro-Intestinal Drugs: Anti-Diarrhea Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Anti-Diarrhea Agents					
Bismuth Subsalicylate	Tablets	262 mg	ea		
	Chewable Tablets	262 mg	ea		
	Suspension	262 mg/15 ml 524 mg/15 ml 525 mg/15 ml	ml ml ml		
Loperamide HCL	Capsules	2 mg	ea		
	Oral Liquid Dosage Forms	1 mg/7.5 ml	ml		
	Tablets	2 mg	ea		

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

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: H / K Atpase Enzyme System Inhibitors					
Esomeprazole Magnesium	Delayed-Release Capsules	20 mg	ea		**Note:** Refer to the *Medi-Cal Rx Contract Drugs List.*
Lansoprazole	Delayed-Release Capsules	15 mg	ea		**Note:** Refer to the *Medi-Cal Rx Contract Drugs List.*
Omeprazole	Delayed-Release Tablets	20 mg	ea		**Note:** Refer to the *Medi-Cal Rx Contract Drugs List.*
Omeprazole Magnesium	Delayed-Release Tablets and Capsules	20 mg	ea		

Gastro-Intestinal Drugs: Laxatives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Laxatives					
Bisacodyl	Suppositories	10 mg	ea		
	Delayed-Release Tablets	5 mg	ea		
Calcium Polycarbophil	Tablets	625 mg	ea		
Docusate sodium	Capsules	100 mg 250 mg	ea ea		
	Enema *	100 mg/5 ml 283 mg/5 ml (5 ml x 5)	ml ml	LR	* Restricted to NDC labeler code 17433 for rectal enemas only.
	Liquid	50 mg/5 ml	ml		
Docusate sodium/ benzocaine *	Enema	283 mg-20 mg/ 5 ml (5ml x 5)	ml	LR	* Restricted to NDC labeler code 17433.
Glycerin	Suppositories		ea		
Magnesium Citrate	Solution		ml		
Magnesium Hydroxide	Oral Suspension	400 mg/5 ml	ml		
Polyethylene glycol 3350	Powder	238 gm 510 gm	gm gm		
Sennosides	Syrup	8.8 mg/5 ml	ml		
	Tablets	8.6 mg	ea		
Sennosides / Docusate Sodium	Tablets or Capsules	8.6 mg-50 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Laxatives					
Simethicone	Chewable Tablets	80 mg	ea		
	Suspension Drops	40 mg/0.6 ml	ml		
Sodium Phosphate, Mono Dibasic	Enema		ml		

Hormones: Contraceptives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Levonorgestrel	Tablets	1.5 mg *	ea	QL	* Restricted to a maximum quantity of one tablet per dispensing with a maximum of six dispensings in any 12-month period.
Nonoxynol 9 contraceptive products	Gel with or without Applicator		gm		
	Foam with or without Applicator		gm		
	Jelly with or without Applicator		gm		
	Suppositories with or without Applicator		ea		
	Suppositories with or without Applicator		ea		
	Sponge		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norgestrel *	Tablets	0.075 mg	ea	QL	* 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 prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.

Hormones: Hypoglycemics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Insulin (human)	Vials:				A separately payable benefit for members in nursing facilities, including subacute patients.
	Regular	100 Units/ml	ml		
	NPH	100 Units/ml	ml		
	NPH 70% and Regular 30%	100 Units/ml	ml		
	Pens:				
	Regular	100 Units/ml, 3 ml x 5	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
(continued)	NPH	100 Units/ml, 3 ml x 5	ml		
	NPH 70% and Regular 30%	100 Units/ml, 3 ml x 5	ml		

Metabolic Supplements: Calcium Supplements and Vitamin D Analogs

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Calcium Supplements and Vitamin D Analogs					
Calcium Acetate	Tablets	667 mg	ea		
Calcium Carbonate	Suspension	1,250 mg/5 ml (500 mg elemental Calcium)	ml		
	Tablets	260 (648) mg 500 (1250) mg 600 (1,500) mg	ea ea ea		
	Chewable Tablets	500 mg 750 mg 1000 mg	ea ea ea		
Calcium Carbonate/ Vitamin D3	Tablets	500 mg-5 mcg (200u) 500 mg-10 mcg (400u) 600 mg-10 mcg (400u)	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Calcium Supplements and Vitamin D Analogs					
Calcium Gluconate	Tablets or Wafers	325 mg 500 mg 650 mg 1 gm	ea ea ea ea		
Calcium Phosphate Dibasic/Vitamin D3	Tablets	100 mg-3 mcg	ea		

Metabolic Supplements: Fluoride

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Fluoride					
Sodium Fluoride	Chewable Tablets	0.25 (0.55) mg 0.50 (1.1) mg 1.0 (2.2) mg	ea ea ea		
	Drops		ml		

Metabolic Supplements: Potassium Supplement

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Potassium Supplement					
Potassium Gluconate	Tablets	500(83) mg 550(90) mg 595(99) mg 600(99) mg	ea ea ea ea		

Metabolic Supplements: Vitamins

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Vitamins					
Cyanocobalamin (vitamin B-12)	Tablets	500 mcg 1000 mcg	ea ea		
DEKAS PLUS Multi-Vitamin *	Liquid	500 mcg/ml	ml	AL	* Restricted to members that are younger than 21 years of age.
Folic Acid	Tablets	400 ug (0.4 mg) 1 mg	ea ea		
Levocarnitine	Tablets	330 mg	ea		
Magnesium Oxide	Tablets	400 mg 500 mg	ea ea		
Multivitamins *	Adult Tablets		ea	AL	* Restricted to members that are younger than 21 years of age.
	Adult Chewable Tablets		ea		
	Children Chewable Tablets		ea		
	Adult Liquid		ml		
MVW Vitamins *	Capsules		ea		* Restricted to patients with Cystic Fibrosis and other gastrointestinal disorders that limit the absorption of vitamins and restricted to members younger than 21 years of age.
	Chewable Tablets		ea		
	Drops		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Vitamins					
Niacin *	Tablets	50 mg 100 mg 250 mg 500 mg	ea ea ea ea	AL	* Restricted to members that are younger than 21 years of age.
	Extended-Release Tablets (includes Film-Coated Tablets)	500 mg 750 mg 1000 mg	ea ea ea		
Poly-Vi-Sol *			ml	AL	* Restricted to members that are younger than 2 years of age.
Poly-Vi-Sol with Iron *			ml	AL	* Restricted to members that are younger than 2 years of age.
Pyridoxine	Tablets	10 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Riboflavin	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Thiamine	Tablets	50 mg 100 mg 250 mg	ea ea ea		
Vitamin A (retinol, retinoic acid) *	Capsules	8,000 units 10,000 units	ea ea	AL	* Restricted to members that are younger than 21 years of age.
Vitamins A, D, and C with Sodium Fluoride	Drops	50 ml	ml	AL	Reimbursable for children up to the 5th birthday only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Vitamins					
Vitamins A, D, C	Drops	50 ml	ml	AL	Reimbursable for children up to the 5th birthday only.
Vitamin B Comp No.3/Folic/C/Biotin *	Tablets	1 mg-60 mg-300 mcg	ea	AL	* Restricted to members that are younger than 21 years of age.
Vitamin C (ascorbic acid) *	Tablets	250 mg 500 mg 1000 mg	ea ea ea	AL	* Restricted to members that are younger than 21 years of age.
Vitamin D3 (cholecalciferol)	Drops	400 units/ml, 50 ml bottle * 5000 units/ml *	ml ml	AL	* Restricted to members that are younger than 21 years of age.
	Tablets or Capsules	10 mcg (400u) * 25 mcg (1000u) * 50 mcg (2000u) * 125 mcg (5000u) * 250 mcg (10,000u) * 1,250 mcg (50,000u)	ea ea ea ea ea ea		
Vitamin E (Dl, tocopheryl acetate) *	Capsules	90 mg (200u) 180 mg (400u) 450 mg (1000u)	ea ea ea	AL	* Restricted to members that are younger than 21 years of age.
Vitamins-mineral *	Capsules	Combination product, prenatals. Nonprescription only	ea		* Restricted to use while pregnant or lactating.
	Tablets		ea		
	Chewable Tablets		ea		

Miscellaneous: Antihistamine and Decongestant Combinations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Antihistamine and Decongestant Combinations					
Brompheniramine/ Phenylephrine/ Dextromethorphan *	Liquid	1-2.5-5 mg/5 ml	ml	AL	* Restricted to individuals 2 years of age and older.
Chlorpheniramine/ Phenylephrine/ Dextromethorphan *	Liquid	4-10-15 mg/5 ml	ml	AL	* Restricted to individuals 2 years of age and older.
Chlorpheniramine/ Pseudoephedrine/ Dextromethorphan *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
Dexbrompheniramine Maleate/ Phenylephrine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
	Liquid		ml		
Diphenhydramine/ Phenylephrine/ Acetaminophen *	Liquid	5-325 mg/10 ml 25-650 mg/30 ml	ml ml	AL	* Restricted to individuals 2 years of age and older.
Doxylamine Succinate/ Phenylephrine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
Doxylamine Succinate/ Pseudoephedrine *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Brompheniramine Maleate *	Oral Liquid Dosage Forms		ml	AL	* Restricted to individuals 2 years of age and older.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Antihistamine and Decongestant Combinations					
Phenylephrine Hydrochloride/ Chlorpheniramine Maleate *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
	Tablets		ea		
Phenylephrine Hydrochloride/ Triprolidine *	Liquid Solution	10 – 2.5 mg/5 ml	ml	AL	* Restricted to individuals 2 years of age and older.
	Tablets	10 mg/2.5 mg	ea		
Pyrilamine/Phenylephrine/ Dextromethorphan *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
Pyrilamine/ Pseudoephedrine/ Chlophedianol *	Liquid	12.5 – 30 mg/5 ml	ml	AL	* Restricted to individuals 2 years of age and older.
Pseudoephedrine hydrochloride/ brompheniramine maleate *	Capsules		ea	AL	* Restricted to individuals 2 years of age and older.
	Liquid		ml		
Pseudoephedrine hydrochloride/ chlorpheniramine maleate *	Liquid Syrup		ml	AL	* Restricted to individuals 2 years of age and older.
	Tablets		ea		
Pseudoephedrine hydrochloride/ dexbrompheniramine maleate *	Solution		ml	AL	* Restricted to individuals 2 years of age and older.
	Tablets		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Antihistamine and Decongestant Combinations					
Triprolidine/ Pseudoephedrine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.

Miscellaneous: Broncho-Pulmonary Secretion Modifiers

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Broncho-Pulmonary Secretion Modifiers					
Sodium Chloride for Inhalation	Solution	0.9%	ml		
	Aerosol Solution	0.9%	ml		

Miscellaneous: Decongestants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Decongestants					
Phenylephrine Hydrochloride *	Nasal Drops		ml	AL	* Restricted to individuals 2 years of age and older.
	Nasal Spray	0.25%	ml		
	Solution		ml		
	Tablets	10 mg	ea		
Propylhexedrine *	Nasal Inhaler		ea	AL	* Restricted to individuals 2 years of age and older.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Decongestants					
Pseudoephedrine hydrochloride *	Drops		ml	AL	* Restricted to individuals 2 years of age and older.
	Liquid Syrup	15 mg/5 ml 30 mg/5 ml	ml ml		
	Immediate-Release Tablets	30 mg 60 mg	ea ea		

Miscellaneous: Electrolyte Solutions

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Electrolyte Solutions					
Electrolytes, oral maintenance	Composition	Sodium – 40 to 60 mEq/L Potassium – 20 mEq/L Anions Carbohydrate- Glucose/dextrose 2.0% (20 gm/L) to 2.5% (25 gm/L)	ml		
	Ready-to-Use Liquid	480 ml and above			

Miscellaneous: Expectorants & Cough Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Expectorants & Cough Preparations					
Dexbrompheniramine/ Chlophedianol *	Liquid	1-12.5 mg/5 ml	ml	AL	* Restricted to individuals 2 years of age and older.
Dextromethorphan *	Capsules	15 mg	ea	AL	* Restricted to individuals 2 years of age and older.
Dextromethorphan/ Phenylephrine *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
Guaifenesin *	Tablets	400 mg	ea	AL	* Restricted to individuals 2 years of age and older.
	Liquid		ml		
Guaifenesin/ Dextromethorphan *	Capsules		ea	AL	* Restricted to individuals 2 years of age and older.
	Liquid		ml		
	Tablets	400 mg-15 mg 400 mg-20 mg	ea ea		
Guaifenesin/ Dextromethorphan/ Phenylephrine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
	Liquid		ml		
Guaifenesin/ Dextromethorphan/ Pseudoephedrine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
	Liquid		ml		
Guaifenesin/ Phenylephrine *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.

Miscellaneous: Smoking Deterrents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous: Smoking Deterrents					
Nicotine	Transdermal Patch	7 mg/24 hr 14 mg/24 hr 21 mg/24 hr	ea ea ea		**Note:** Refer to the *Reimbursement* section of the *Medi-Cal Rx Provider Manual* for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.
Nicotine Polacrilex	Gum	2 mg 4 mg	ea ea		**Note:** Refer to the *Reimbursement* section of the *Medi-Cal Rx Provider Manual* for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.
	Lozenges	2 mg 4 mg	ea ea		

Nasal Corticosteroids

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nasal Corticosteroids					
Budesonide	Nasal Spray	32 mcg	ml		
Fluticasone Propionate	Nasal Spray	50 mcg/actuation	ml		
Mometasone Furoate	Nasal Spray	50 mcg	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nasal Corticosteroids					
Triamcinolone Acetonide	Nasal Spray	55 mcg/actuation 16.9 ml	ml		

Nasal Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nasal Preparations					
Saline	Nasal Spray	0.65%	ml		

Ophthalmic Preparations: Ophthalmic Antihistamines

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Antihistamines					
Alcaftadine *	Ophthalmic Solution	0.25%	ml	AL	* Restricted to individuals 2 years of age and older.
Ketotifen Fumarate *	Ophthalmic Drops	0.025%	ml	AL	* Restricted to individuals 2 years of age and older.
Olopatadine HCL *	Ophthalmic Solution	0.1%, 5 ml 0.2%, 2.5 ml	ml ml	AL	* Restricted to individuals 2 years of age and older.

Ophthalmic Preparations: Ophthalmic Miscellaneous

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Miscellaneous					
Carboxymethylcellulose sodium	Ophthalmic Drops	0.5%	ml		**Note:** Restricted to individuals that are younger than 21 years of age.
Propylene glycol	Ophthalmic Drops	0.6%	ml		**Note:** Restricted to individuals that are younger than 21 years of age.
Sodium Chloride Ophthalmic	Ophthalmic Ointment	5%	gm		
	Ophthalmic Solution	2% 5%	ml ml		

Topical, Local, and Oral Preparations: Dermatological Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Adapalene	Gel	0.1%	gm		
Ammonium lactate	Cream	12%	gm		
	Lotion	12%	gm		
Bacitracin	Packet	500 unit/gm	ea		
	Ointment	500 unit/gm	gm		
Bacitracin Zinc	Packet	500 unit/gm	ea		
	Ointment	500 unit/gm	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Benzoyl Peroxide	Gel	5% 10%	gm gm		
	Wash	5% 10%	gm gm		
Butenafine HCL	Cream	1%	gm		
Calamine/Zinc Oxide	Lotion	8% – 8%	ml		
Docosanol	Cream	10%	gm		
Hydrocortisone	Cream	0.5% 1%	gm gm		
	Ointment	0.5% 1%	gm gm		
	Lotion	0.5% 1%	ml ml		
Ivermectin	Lotion	0.5%	gm		
Neomycin/Bacitracin/ Polymyxin B	Ointment	3.5-400-5k	gm		
	Ointment Pack	3.5-400-5k	ea		
Neomycin/Bacitracin/ Pramoxine	Cream	3.5-10k-10	gm		
Permethrin	Cream Rinse	1% 59 ml	ml		
Polymyxin b sulfate and Bacitracin Zinc	Ointment	10,000U-500U/gm	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Pyrethrins, Piperonyl Butoxide, Petroleum Distillate	Liquid	60 ml 120 ml	ml ml		
Tolnaftate	Cream	1%	gm		

Topical and Local Preparations: Vaginal Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaginal Preparations					
Butoconazole Nitrate	Vaginal Cream (Prefilled Applicator)	2%	gm		
Clotrimazole	Vaginal Cream	1% 2%	gm gm		
	Topical Cream	1%	gm		
	Topical Solution	1% 10 ml 30 ml	ml ml		
Miconazole Nitrate	Topical Cream	2%	gm		
	Vaginal Suppositories	100 mg 7s	ea		
	Vaginal Cream	2% 4%	gm gm		
	Vaginal Kit	200 mg – 2% 1200 mg – 2%	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaginal Preparations					
(continued)	Dual Package	2% – 4% topical cream, 3 prefilled applicators	gm		
Tioconazole	Vaginal Ointment	6.5%	gm		

Urinary Tract Antispasmodics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urinary Tract Antispasmodics					
Oxybutynin *	Transdermal System Patch	3.9 mg	ea	LR	* Oxybutynin is restricted to NDC labeler code 00023 only.

Urine Acid Modifiers

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