

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

October 1, 2024

## Revision History

| Drug Name                      | Description  | Effective Date    |
|--------------------------------|--|-------------------|
| Acetaminophen                  | Additional strength (650 mg suppository) added to CDL. | August 1, 2024    |
| Carboxymethylcellulose sodium  | Added to CDL.  | September 1, 2024 |
| Docosanol                      | Added to CDL.  | September 1, 2024 |
| Glycerin                       | Added to CDL.  | September 1, 2024 |
| Naloxone HCL                   | Labeler restriction removed.                           | September 1, 2024 |
| Sodium Phosphate, Mono Dibasic | Added to CDL.  | September 1, 2024 |
| Cetirizine HCL                 | Age restriction removed.                               | October 1, 2024   |
| Fexofenadine                   | Age restriction removed.                               | October 1, 2024   |
| Levocetirizine Dihydrochloride | Age restriction removed.                               | October 1, 2024   |
| Loratadine                     | Age restriction removed.                               | October 1, 2024   |

## 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 of 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/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|---|------------------|---------------------------|-----------------|------------|--------|
| <b>Analgesics: Narcotic Antagonists</b> |                  |                           |                 |            |        |
| Naloxone HCL                            | Intranasal Spray | 4 mg/0.1 ml               | ea              |            |        |

## Analgesics: Non-Narcotics

| Drug Name                              | Dosage                    | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|--|---------------------------|---------------------------|-----------------|------------|---|
| <b>Analgesics: Non-Narcotics</b>       |                           |                           |                 |            |   |
| Acetaminophen                          | Tablets or Capsules       | 325 mg                    | ea              |            |   |
|  |                           | 500 mg                    | ea              |            |   |
|  | Tablets, Extended Release | 650 mg                    | ea              |            |   |
|  | Tablets, chewable         | 160 mg                    | ea              |            |   |
|  | Oral Liquid Dosage Forms  | 160 mg/5 ml               | ml              |            |   |
|  |                           | 500 mg/15 ml              | ml              |            |   |
| Drops                                  | 100 mg/ml                 | ml                        |                 |            |   |
| Suppositories                          |                           | 80 mg                     | ea              |            |   |
|  |                           | 120 mg                    | ea              |            |   |
|  |                           | 325 mg                    | ea              |            |   |
|  |                           | 650 mg                    | 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/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I   |
|--|----------------------------------|---------------------------|-----------------|------------|--|
| <b>Analgesics: Non-Narcotics</b>                       |                                  |                           |                 |            |  |
| Acetaminophen and<br>Diphenhydramine *                 | Tablets                          |                           | ea              | AL         | * Restricted to individuals 2 years of age<br>and older.               |
|  | Packets                          | 500-38 mg                 | ea              |            |  |
| Aspirin  | Tablets or capsules              | 325 mg<br>650 mg          | ea<br>ea        |            |  |
|  | Tablets or capsules,<br>buffered | 325 mg                    | ea              |            |  |
|  | E.C. pellet capsules             | 81 mg                     | ea              |            |  |
|  | E.C. tablets                     | 81 mg<br>325 mg<br>650 mg | ea<br>ea<br>ea  |            |  |
|  | Chewable tablet                  | 81 mg                     | ea              |            |  |
| Diclofenac Sodium                                      | Gel                              | 1 %                       | ea              |            |  |
| Ibuprofen  | Tablets                          | 200 mg                    | ea              |            | <b>Note:</b> Refer to the <i>Medi-Cal Rx Contract<br/>Drugs List</i> . |
|  | Tablets, chewable                | 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/<br>Acetaminophen/<br>Chlorpheniramine * | Tablets                          | 5-325-2 mg                | ea              | AL         | * Restricted to individuals 2 years of age<br>and older.               |

## Anti-Infectives: Anthelmintics

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

## Autonomic Drugs: Antiasthmatics

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

## Autonomic Drugs: Anti-Emetics

| Drug Name                     | Dosage            | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|-------------------------------|-------------------|---------------------------|-----------------|------------|--------|
| Autonomic Drugs: Anti-Emetics |                   |                           |                 |            |        |
| Meclizine                     | Tablets           |                           | ea              |            |        |
|                               | Tablets, chewable |                           | ea              |            |        |

## Autonomic Drugs: Antihistamines

| Drug Name                              | Dosage                   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|--|--------------------------|---------------------------|-----------------|------------|---|
| <b>Autonomic Drugs: Antihistamines</b> |                          |                           |                 |            |   |
| Brompheniramine Maleate *              | Liquid                   |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
| Cetirizine HCL                         | Tablets                  | 5 mg<br>10 mg             | ea<br>ea        |            |   |
|  | Liquid                   | 1 mg/1 ml                 | ml              |            |   |
| Chlorpheniramine Maleate *             | Oral Liquid Dosage Forms |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
|  | Tablets                  | 4 mg                      | ea              |            |   |
| Dexbrompheniramine Maleate *           | Tablets                  |                           | ea              | AL         | * Restricted to individuals 2 years of age and older. |
|  | Tablets, chewable        |                           | ea              |            |   |
|  | Oral Liquid Dosage Forms |                           | ml              |            |   |
| Diphenhydramine Hydrochloride *        | Capsules                 | 25 mg<br>50 mg            | ea<br>ea        | AL         | * Restricted to individuals 2 years of age and older. |
|  | Oral Liquid Dosage Forms | 12.5 mg/5 ml              | ml              |            |   |
|  | Tablets                  | 25 mg<br>50 mg            | ea<br>ea        |            |   |
| Fexofenadine                           | Tablets                  | 60 mg<br>180 mg           | ea<br>ea        |            |   |
|  | Suspension, oral         | 30 mg/5 ml                | ml              |            |   |

| Drug Name                              | Dosage                      | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|--|-----------------------------|---------------------------|-----------------|------------|---|
| <b>Autonomic Drugs: Antihistamines</b> |                             |                           |                 |            |   |
| Levocetirizine<br>Dihydrochloride      | Tablets                     | 5 mg                      | ea              |            |   |
| Loratadine                             | Tablets                     | 10 mg                     | ea              |            |   |
|  | Chewable tablets            | 5 mg<br>10 mg             | ea<br>ea        |            |   |
|  | Rapid tablets               | 5 mg<br>10 mg             | ea<br>ea        |            |   |
|  | Oral Liquid Dosage<br>Forms | 5 mg/5 ml                 | ml              |            |   |
| Pyrilamine Maleate *                   | Liquid                      |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
| Triprolidine *                         | Drops                       |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
|  | Syrup                       |                           | ml              |            |   |

### Blood Modifiers: Hematinics

| Drug Name                          | Dosage                  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|------------------------------------|-------------------------|---------------------------|-----------------|------------|--------|
| <b>Blood Modifiers: Hematinics</b> |                         |                           |                 |            |        |
| Ferrous Gluconate                  | Tablets                 | 324 mg                    | ea              |            |        |
| Ferrous Sulfate                    | Tablets                 | 325 mg                    | ea              |            |        |
|                                    | Tablets, enteric coated | 324 mg<br>325 mg          | ea<br>ea        |            |        |
|                                    | Drops                   | 15 mg/ml                  | ml              |            |        |



| Drug Name                          | Dosage             | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|------------------------------------|--------------------|---------------------------|-----------------|------------|--------|
| <b>Blood Modifiers: Hematinics</b> |                    |                           |                 |            |        |
| (continued)                        | Elixir or solution | 220 mg (44 mg)/<br>5 ml   | ml              |            |        |

## Gastro-Intestinal Drugs: Antacids and Adsorbents

| Drug Name   | Dosage              | Strength/<br>Package Size      | Billing<br>Unit | UM<br>Type | Code I |
|---|---------------------|--------------------------------|-----------------|------------|--------|
| <b>Gastro-Intestinal Drugs: Antacids and Adsorbents</b> |                     |                                |                 |            |        |
| 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<br>160 mg-40 mg    | ea<br>ea        |            |        |
|   | Liquid              |                                | ml              |            |        |
| Aluminum Hydroxide gel                                  | Tablets or capsules | 325 mg<br>475-500 mg<br>650 mg | ea<br>ea<br>ea  |            |        |
|   | Liquid              |                                | ml              |            |        |

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

| Drug Name  | Dosage               | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|--|----------------------|---------------------------|-----------------|------------|--------|
| <b>Gastro-Intestinal Drugs: Antacids and Adsorbents</b>    |                      |                           |                 |            |        |
| 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<br>20 mg<br>40 mg   | ea<br>ea<br>ea  |            |        |
| Sodium Bicarbonate   | Tablets              | 325 mg<br>650 mg          | ea<br>ea        |            |        |

## Gastro-Intestinal Drugs: Anti-Diarrhea Agents

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

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

| Drug Name   | Dosage                                   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I   |
|---|--|---------------------------|-----------------|------------|--|
| <b>Gastro-Intestinal Drugs: H / K Atpase Enzyme System Inhibitors</b> |  |                           |                 |            |  |
| Esomeprazole Magnesium  | Capsules, delayed<br>release             | 20 mg                     | ea              |            | <b>Note:</b> Refer to the <i>Medi-Cal Rx Contract Drugs List</i> . |
| Lansoprazole  | Capsules, delayed<br>release             | 15 mg                     | ea              |            | <b>Note:</b> Refer to the <i>Medi-Cal Rx Contract Drugs List</i> . |
| Omeprazole  | Tablets, delayed<br>release              | 20 mg                     | ea              |            | <b>Note:</b> Refer to the <i>Medi-Cal Rx Contract Drugs List</i> . |
| Omeprazole Magnesium  | Tablets and Capsules,<br>delayed release | 20 mg                     | ea              |            |  |

## Gastro-Intestinal Drugs: Laxatives

| Drug Name                                 | Dosage                   | Strength/<br>Package Size                | Billing<br>Unit | UM<br>Type | Code I   |
|---|--------------------------|--|-----------------|------------|--|
| <b>Gastro-Intestinal Drugs: Laxatives</b> |                          |  |                 |            |  |
| Bisacodyl                                 | Suppositories            | 10 mg                                    | ea              |            |  |
|   | Tablets, delayed release | 5 mg                                     | ea              |            |  |
| Calcium Polycarbophil                     | Tablets                  | 625 mg                                   | ea              |            |  |
| Docusate sodium                           | Capsules                 | 100 mg<br>250 mg                         | ea<br>ea        |            |  |
|   | Enema *                  | 100 mg/5 ml<br>283 mg/5 ml<br>(5 ml x 5) | ea<br>ea        | LR         | * Restricted to NDC labeler code 17433 for rectal enemas only. |
|   | Liquid                   | 50 mg/5 ml                               | ml              |            |  |
| Docusate sodium/<br>benzocaine *          | Enema                    | 283 mg-20 mg/<br>5 ml (5ml x 5)          | ea              | LR         | * Restricted to NDC labeler code 17433.                        |
| Glycerin                                  | Suppositories            |  | ea              |            |  |
| Magnesium Citrate                         | Solution                 |  | ml              |            |  |
| Magnesium Hydroxide                       | Suspension, oral         | 400 mg/5 ml                              | ml              |            |  |
| Polyethylene glycol 3350                  | Powder                   | 238 gm                                   | gm              |            |  |
|   |                          | 510 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/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|---|-------------------|---------------------------|-----------------|------------|--------|
| <b>Gastro-Intestinal Drugs: Laxatives</b> |                   |                           |                 |            |        |
| Simethicone                               | Chewable tablets  | 80 mg                     | ea              |            |        |
|   | Drops, suspension | 40 mg/0.6 ml              | ml              |            |        |
| Sodium Phosphate, Mono Dibasic            | Enema             |                           | ml              |            |        |

## Hormones: Contraceptives

| Drug Name                          | Dosage                                   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|------------------------------------|--|---------------------------|-----------------|------------|---|
| <b>Hormones: Contraceptives</b>    |  |                           |                 |            |   |
| 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/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I   |
|---------------------------------|---------|---------------------------|-----------------|------------|--|
| <b>Hormones: Contraceptives</b> |         |                           |                 |            |  |
| 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/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I   |
|--------------------------------|------------------------------|---------------------------|-----------------|------------|--|
| <b>Hormones: Hypoglycemics</b> |                              |                           |                 |            |  |
| 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<br>Regular 30 % | 100 Units/ml              | ml              |            |  |
|                                | Pens:                        |                           |                 |            |  |
|                                | Regular                      | 100 Units/ml,<br>3 ml x 5 | ml              |            |  |

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

## Metabolic Supplements: Calcium Supplements and Vitamin D Analogs

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



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

### Metabolic Supplements: Fluoride

| Drug Name                              | Dosage           | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I   |
|--|------------------|---------------------------|-----------------|------------|--|
| <b>Metabolic Supplements: Fluoride</b> |                  |                           |                 |            |  |
| Sodium Fluoride                        | Tablets          | 1.0 (2.2) mg              | ea              |            | <b>Note:</b> Listed dosage forms of sodium fluoride are not subject to the 100 maximum calendar day supply limitation. |
|  | Chewable tablets | 0.25 (0.55) mg            | ea              |            |  |
|  |                  | 0.50 (1.1) mg             | ea              |            |  |
|  |                  | 1.0 (2.2) mg              | ea              |            |  |
| Drops                                  |                  | ml                        |                 |            |  |
| Solution                               |                  | 0.2 %                     | ml              |            |  |

## Metabolic Supplements: Potassium Supplement

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

## Metabolic Supplements: Vitamins

| Drug Name                              | Dosage            | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|--|-------------------|---------------------------|-----------------|------------|---|
| <b>Metabolic Supplements: Vitamins</b> |                   |                           |                 |            |   |
| Cyanocobalamin<br>(vitamin B-12)       | Tablets           | 500 mcg<br>1000 mcg       | ea<br>ea        |            |   |
| DEKAS PLUS<br>Multi-Vitamin *          | Liquid            | 500 mcg/ml                | ml              | AL         | * Restricted to members that are younger 21 years of age. |
| Folic Acid                             | Tablets           | 400 ug (0.4 mg)<br>1 mg   | ea<br>ea        |            |   |
| Levocarnitine                          | Tablets           | 330 mg                    | ea              |            |   |
| Magnesium Oxide                        | Tablets           | 400 mg<br>500 mg          | ea<br>ea        |            |   |
| Multivitamins                          | Adult tablets     |                           | ea              |            |   |
|  | Adult chewable    |                           | ea              |            |   |
|  | Children chewable |                           | ea              |            |   |
|  | Adult liquid      |                           | ml              |            |   |

| Drug Name                              | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I   |
|--|--|---------------------------|-----------------|------------|--|
| <b>Metabolic Supplements: Vitamins</b> |  |                           |                 |            |  |
| MVW Vitamins *                         | Capsules   |                           | ea              |            | * Restricted to patients with Cystic Fibrosis and other gastrointestinal disorder that limit the absorption of vitamins and restricted to members younger 21 years of age. |
|  | Chewable tablets   |                           | ea              |            |  |
|  | Drops  |                           | ml              |            |  |
| Niacin                                 | Tablets  | 50 mg                     | ea              |            |  |
|  |  | 100 mg                    | ea              |            |  |
| 250 mg                                 |  | ea                        |                 |            |  |
| 500 mg                                 |  | ea                        |                 |            |  |
|  | Tablets, extended release (includes film coated tablets) | 500 mg                    | ea              |            |  |
|  |  | 750 mg                    | ea              |            |  |
|  |  | 1000 mg                   | ea              |            |  |
| Poly-Vi-Sol *                          |  |                           | ml              | AL         | * Restricted to members that are younger 21 years of age.  |
| Poly-Vi-Sol with Iron *                |  |                           | ml              | AL         | * Restricted to members that are younger 21 years of age.  |
| Pyridoxine                             | Tablets  | 10 mg                     | ea              |            |  |
|  |  | 25 mg                     | ea              |            |  |
|  |  | 50 mg                     | ea              |            |  |
|  |  | 100 mg                    | ea              |            |  |
| Riboflavin                             | Tablets  | 25 mg                     | ea              |            |  |
|  |  | 50 mg                     | ea              |            |  |
|  |  | 100 mg                    | ea              |            |  |

| Drug Name                                    | Dosage              | Strength/<br>Package Size  | Billing<br>Unit                  | UM<br>Type | Code I  |
|--|---------------------|--|----------------------------------|------------|---|
| <b>Metabolic Supplements: Vitamins</b>       |                     |  |                                  |            |   |
| Thiamine                                     | Tablets             | 50 mg<br>100 mg<br>250 mg  | ea<br>ea<br>ea                   |            |   |
| Vitamin A<br>(retinol, retinoic acid)        | Capsules            | 8,000 units<br>10,000 units  | ea<br>ea                         |            |   |
| Vitamins A, D, and C with<br>Sodium Fluoride | Drops               | 50 ml  | ml                               | AL         | Reimbursable for children up to the 5th<br>birthday only. |
| Vitamins A, D, C                             | Drops               | 50 ml  | ml                               | AL         | Reimbursable for children up to the 5th<br>birthday only. |
| Vitamin B Comp<br>No.3/Folic/C/Biotin        | Tablets             | 1 mg-60 mg-<br>300 mcg   | ea                               |            |   |
| Vitamin C (ascorbic acid)                    | Tablets             | 250 mg<br>500 mg<br>1000 mg  | ea<br>ea<br>ea                   |            |   |
| Vitamin D3<br>(cholecalciferol)              | Drops               | 400 units/ml,<br>50 ml bottle<br>5000 units/ml   | ml<br><br>ml                     |            |   |
|  | Tablets or Capsules | 10 mcg (400u)<br>25 mcg (1000u)<br>50 mcg (2000u)<br>125 mcg (5000u)<br>250 mcg (10,000u)<br>1,250 mcg (50,000u) | ea<br>ea<br>ea<br>ea<br>ea<br>ea |            |   |

| Drug Name                              | Dosage            | Strength/<br>Package Size        | Billing<br>Unit | UM<br>Type | Code I |
|--|-------------------|----------------------------------|-----------------|------------|--------|
| <b>Metabolic Supplements: Vitamins</b> |                   |                                  |                 |            |        |
| Vitamin E<br>(DL, tocopheryl acetate)  | Capsules          | 90 mg (200u)                     | ea              |            |        |
|  |                   | 180 mg (400u)                    | ea              |            |        |
|  |                   | 450 mg (1000u)                   | ea              |            |        |
| Vitamins-mineral                       | Capsules          | Combination<br>product, prenatal | ea              |            |        |
|  | Tablets           |                                  | ea              |            |        |
|  | Tablets, chewable | Nonprescription<br>only          | ea              |            |        |

### Miscellaneous: Antihistamine and Decongestant Combinations

| Drug Name   | Dosage  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|---|---------|---------------------------|-----------------|------------|---|
| <b>Miscellaneous: Antihistamine and Decongestant Combinations</b> |         |                           |                 |            |   |
| Brompheniramine/<br>Phenylephrine/<br>Dextromethorphan *          | Liquid  | 1-2.5-5 mg/5 ml           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
| Chlorpheniramine/<br>Phenylephrine/<br>Dextromethorphan *         | Liquid  |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
| Chlorpheniramine/<br>Pseudoephedrine/<br>Dextromethorphan *       | Liquid  |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
| Dexbrompheniramine<br>Maleate/ Phenylephrine *                    | Tablets |                           | ea              | AL         | * Restricted to individuals 2 years of age and older. |
|   | Liquid  |                           | ml              |            |   |

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

| Drug Name   | Dosage        | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|---|---------------|---------------------------|-----------------|------------|---|
| <b>Miscellaneous: Antihistamine and Decongestant Combinations</b>     |               |                           |                 |            |   |
| Pyrilamine/<br>Pseudoephedrine/<br>Chlophedianol *                    | Liquid        | 12.5 – 30 mg/5 ml         | ml              | AL         | * Restricted to individuals 2 years of age and older. |
| Pseudoephedrine<br>hydrochloride/<br>brompheniramine<br>maleate *     | Capsules      |                           | ea              | AL         | * Restricted to individuals 2 years of age and older. |
|   | Liquid        |                           | ml              |            |   |
| Pseudoephedrine<br>hydrochloride/<br>chlorpheniramine<br>maleate *    | Liquid, syrup |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
|   | Tablets       |                           | ea              |            |   |
| Pseudoephedrine<br>hydrochloride/<br>dextbrompheniramine<br>maleate * | Solution      |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
|   | Tablets       |                           | ea              |            |   |
| Triprolidine/<br>Pseudoephedrine *                                    | Tablets       |                           | ea              | AL         | * Restricted to individuals 2 years of age and older. |

## Miscellaneous: Broncho-Pulmonary Secretion Modifiers

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

## Miscellaneous: Decongestants

| Drug Name                           | Dosage        | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|-------------------------------------|---------------|---------------------------|-----------------|------------|---|
| <b>Miscellaneous: Decongestants</b> |               |                           |                 |            |   |
| 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. |
| Pseudoephedrine hydrochloride *     | Drops         |                           | ml              | AL         | * Restricted to individuals 2 years of age and older. |
|                                     | Liquid, syrup | 15 mg/5 ml                | ml              |            |   |
|                                     |               | 30 mg/5 ml                | ml              |            |   |
| Tablets, immediate release          | 30 mg         | ea                        |                 |            |   |
|                                     | 60 mg         | ea                        |                 |            |   |



## Miscellaneous: Electrolyte Solutions

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

## Miscellaneous: Expectorants & Cough Preparations

| Drug Name   | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|---|----------|---------------------------|-----------------|------------|---|
| <b>Miscellaneous: Expectorants &amp; Cough Preparations</b> |          |                           |                 |            |   |
| Dexbrompheniramine/<br>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/<br>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              |            |   |

| Drug Name   | Dosage   | Strength/<br>Package Size    | Billing<br>Unit | UM<br>Type | Code I  |
|---|----------|------------------------------|-----------------|------------|---|
| <b>Miscellaneous: Expectorants &amp; Cough Preparations</b> |          |                              |                 |            |   |
| Guaifenesin/<br>Dextromethorphan *                          | Capsules |                              | ea              | AL         | * Restricted to individuals 2 years of age and older. |
|   | Liquid   |                              | ml              |            |   |
|   | Tablets  | 400 mg-15 mg<br>400 mg-20 mg | ea<br>ea        |            |   |
| Guaifenesin/<br>Dextromethorphan/<br>Phenylephrine *        | Tablets  |                              | ea              | AL         | * Restricted to individuals 2 years of age and older. |
|   | Liquid   |                              | ml              |            |   |
| Guaifenesin/<br>Dextromethorphan/<br>Pseudoephedrine *      | Tablets  |                              | ea              | AL         | * Restricted to individuals 2 years of age and older. |
|   | Liquid   |                              | ml              |            |   |
| Guaifenesin/<br>Phenylephrine *                             | Liquid   |                              | ml              | AL         | * Restricted to individuals 2 years of age and older. |

### Miscellaneous: Smoking Deterrents

| Drug Name                                | Dosage              | Strength/<br>Package Size                | Billing<br>Unit | UM<br>Type | Code I   |
|--|---------------------|--|-----------------|------------|--|
| <b>Miscellaneous: Smoking Deterrents</b> |                     |  |                 |            |  |
| Nicotine                                 | Transdermal patches | 7 mg/24 hr<br>14 mg/24 hr<br>21 mg/24 hr | ea<br>ea<br>ea  |            | <b>Note:</b> Refer to the <i>Reimbursement</i> section of the <i>Medi-Cal Rx Provider Manual</i> for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients. |

| Drug Name                                | Dosage   | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I   |
|--|----------|---------------------------|-----------------|------------|--|
| <b>Miscellaneous: Smoking Deterrents</b> |          |                           |                 |            |  |
| Nicotine Polacrilex                      | Gum      | 2 mg<br>4 mg              | ea<br>ea        |            | <b>Note:</b> Refer to the <i>Reimbursement</i> section of the <i>Medi-Cal Rx Provider Manual</i> for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients. |
|  | Lozenges | 2 mg<br>4 mg              | ea<br>ea        |            |  |

## Nasal Corticosteroids

| Drug Name                    | Dosage      | Strength/<br>Package Size   | Billing<br>Unit | UM<br>Type | Code I |
|------------------------------|-------------|-----------------------------|-----------------|------------|--------|
| <b>Nasal Corticosteroids</b> |             |                             |                 |            |        |
| Budesonide                   | Nasal Spray | 32 mcg                      | ml              |            |        |
| Fluticasone Propionate       | Nasal spray | 50 mcg/actuation            | ml              |            |        |
| Triamcinolone Acetonide      | Nasal spray | 55 mcg/actuation<br>16.9 ml | ml              |            |        |

## Nasal Preparations

| Drug Name                 | Dosage      | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|---------------------------|-------------|---------------------------|-----------------|------------|--------|
| <b>Nasal Preparations</b> |             |                           |                 |            |        |
| Saline                    | Nasal spray | 0.65 %                    | ml              |            |        |

## Ophthalmic Preparations: Ophthalmic Antihistamines

| Drug Name   | Dosage              | Strength/<br>Package Size    | Billing<br>Unit | UM<br>Type | Code I  |
|---|---------------------|------------------------------|-----------------|------------|---|
| <b>Ophthalmic Preparations: Ophthalmic Antihistamines</b> |                     |                              |                 |            |   |
| 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<br>0.2 %, 2.5 ml | ml<br>ml        | AL         | * Restricted to individuals 2 years of age and older. |

## Ophthalmic Preparations: Ophthalmic Miscellaneous

| Drug Name  | Dosage              | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|--|---------------------|---------------------------|-----------------|------------|--------|
| <b>Ophthalmic Preparations: Ophthalmic Miscellaneous</b> |                     |                           |                 |            |        |
| Carboxymethylcellulose sodium                            | Ophthalmic drops    | 0.5 %                     | ml              |            |        |
| Propylene glycol   | Ophthalmic drops    | 0.6 %                     | ml              |            |        |
| Sodium Chloride Ophthalmic                               | Ophthalmic ointment | 5 %                       | gm              |            |        |
|  | Ophthalmic solution | 2 %<br>5 %                | ml<br>ml        |            |        |

## Topical, Local, and Oral Preparations: Dermatological Preparations

| Drug Name  | Dosage        | Strength/<br>Package Size | Billing<br>Unit | UM<br>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              |            |        |
| Bacitracin Zinc  | Packet        | 500 unit/gm               | ea              |            |        |
|  | Ointment      | 500 unit/gm               | gm              |            |        |
| Benzoyl Peroxide   | Gel           | 5 %                       | gm              |            |        |
|  |               | 10 %                      | gm              |            |        |
|  | Wash          | 5 %                       | gm              |            |        |
|  |               | 10 %                      | gm              |            |        |
| Butenafine HCL   | Cream         | 1 %                       | gm              |            |        |
| Docosanol  | Cream         | 10 %                      | gm              |            |        |
| Hydrocortisone   | Cream         | 0.5 %                     | gm              |            |        |
|  |               | 1 %                       | gm              |            |        |
|  | Ointment      | 0.5 %                     | gm              |            |        |
|  |               | 1 %                       | gm              |            |        |
|  | Lotion        | 0.5 %                     | ml              |            |        |
|  |               | 1 %                       | ml              |            |        |
| Neomycin/Bacitracin/<br>Polymyxin B                                | Ointment      | 3.5-400-5k                | gm              |            |        |
|  | Ointment pack | 3.5-400-5k                | ea              |            |        |

| Drug Name   | Dosage      | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|---|-------------|---------------------------|-----------------|------------|--------|
| <b>Topical, Local, and Oral Preparations: Dermatological Preparations</b> |             |                           |                 |            |        |
| Neomycin/Bacitracin/<br>Pramoxine   | Cream       | 3.5-10k-10                | gm              |            |        |
| Permethrin  | Cream rinse | 1 % 59 ml                 | ml              |            |        |
| Polymyxin b sulfate and<br>Bacitracin Zinc                                | Ointment    | 10,000U-500U/gm           | gm              |            |        |
| Pyrethrins, Piperonyl<br>Butoxide, Petroleum<br>Distillate                | Liquid      | 60 ml<br>120 ml           | ml<br>ml        |            |        |
| Tolnaftate  | Cream       | 1 %                       | gm              |            |        |

### Topical and Local Preparations: Vaginal Preparations

| Drug Name   | Dosage                                  | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|---|---|---------------------------|-----------------|------------|--------|
| <b>Topical and Local Preparations: Vaginal Preparations</b> |   |                           |                 |            |        |
| Butoconazole Nitrate  | Vaginal cream<br>(prefilled applicator) | 2 %                       | gm              |            |        |
| Clotrimazole  | Vaginal cream                           | 1 %<br>2 %                | gm<br>gm        |            |        |
|   | Topical cream                           | 1 %                       | gm              |            |        |
|   | Topical solution                        | 1 % 10 ml<br>30 ml        | ml<br>ml        |            |        |
| Miconazole Nitrate  | Topical cream                           | 2 %                       | gm              |            |        |
|   | Vaginal suppositories                   | 100 mg 7s                 | ea              |            |        |

| Drug Name   | Dosage           | Strength/<br>Package Size                              | Billing<br>Unit | UM<br>Type | Code I |
|---|------------------|--|-----------------|------------|--------|
| <b>Topical and Local Preparations: Vaginal Preparations</b> |                  |  |                 |            |        |
| (continued)   | Vaginal cream    | 2 %<br>4 %   | gm<br>gm        |            |        |
|   | Vaginal kit      | 200 mg – 2 %<br>1200 mg – 2 %                          | ea<br>ea        |            |        |
|   | Dual package     | 2 % – 4 % topical<br>cream, 3 prefilled<br>applicators | gm              |            |        |
| Tioconazole   | Vaginal ointment | 6.5 %  | gm              |            |        |

### Urinary Tract Antispasmodics

| Drug Name                           | Dosage                      | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I  |
|-------------------------------------|-----------------------------|---------------------------|-----------------|------------|---|
| <b>Urinary Tract Antispasmodics</b> |                             |                           |                 |            |   |
| Oxybutynin *                        | Transdermal system<br>patch | 3.9 mg                    | ea              | LR         | * Oxybutynin is restricted to NDC<br>labeler code 00023 only. |

### Urine Acid Modifiers

| Drug Name                   | Dosage         | Strength/<br>Package Size | Billing<br>Unit | UM<br>Type | Code I |
|-----------------------------|----------------|---------------------------|-----------------|------------|--------|
| <b>Urine Acid Modifiers</b> |                |                           |                 |            |        |
| Citric Acid/Sodium Citrate  | Solution, oral | 334 mg-500 mg             | ml              |            |        |

## Drugs Removed from Contract Drugs List

| DOS Drugs/No Longer MFGR                      | Strength   | End Date  |
|---|--|---|
| Aluminum Acetate                              | Tablets, Liquid solution, Powder packets   | These products are no longer manufactured or available. |
| Aluminum Carbonate gel, basic                 | Capsules equivalent to 500 mg aluminum hydroxide, Tablets equivalent to 500 mg aluminum hydroxide, Suspension equivalent to 400 mg aluminum hydroxide per 5cc. | These products are no longer manufactured or available. |
| Calamine                                      | Lotion   | These products are no longer manufactured or available. |
| Calcium Lactate                               | Tablets: 325 mg, 650 mg  | These products are no longer manufactured or available. |
| Clotrimazole                                  | Topical lotion, vaginal tablets  | These products are no longer manufactured or available. |
| Coal Tar                                      | Cream or ointment  | These products are no longer manufactured or available. |
| Dicalcium Phosphate with or without vitamin D | Capsules, tablets, or wafers 105 mg  | These products are no longer manufactured or available. |
| Diphenhydramine Hydrochloride                 | Drops: 6.25 mg/ml  | These products are no longer manufactured or available. |
| Ferrous Sulfate suspension drops              | 15 mg/0.6 ml<br>15 mg/1.5 ml (118 ml)  | Suspension drops. Suspended until further notice.       |
| Ferrous Sulfate                               | Tablets: 200 mg  | These products are no longer manufactured or available. |
| Fexofenadine                                  | Tablets: 30 mg   | These products are no longer manufactured or available. |



| DOS Drugs/No Longer MFGR  | Strength   | End Date  |
|---|--|---|
| Fluticasone Furoate   | Nasal Spray: 27.5 mcg/ actuation, 9.9 ml, 15.8 ml  | 7/1/2023  |
| Insulin   | Lente, NPH, Protamine Zinc, Semilente, Ultralente;<br>Lente, NPH, Protamine Zinc (pork), Regular,<br>Regular purified (pork), globin | <b>Note:</b> No longer manufactured or available.       |
| Insulin (human)   | Lente, NPH 50 % and Regular 50 %, Ultralente   | <b>Note:</b> No longer manufactured or available.       |
| Levonorgestrel  | Tablets: 0.75 mg   | 9/30/2015   |
| Liquor Carbonis Detergens                                       |  | These products are no longer manufactured or available. |
| Naphazoline HCL and Antazoline Phosphate                        | Ophthalmic solution 0.05 % – 0.5 %   | These products are no longer manufactured or available. |
| Niacin  | Tablets: 25 mg   | 8/31/2005   |
| Octoxynol 9 contraceptive products                              | Cream with applicator (gm), foam with applicator (gm), jelly with applicator (gm)  | These products are no longer manufactured or available. |
| Omeprazole Magnesium  | Tablets: 20.6 mg   | 4/30/2016   |
| Phenylephrine Hydrochloride/Pyrimilamine Maleate                | Tablets  | These products are no longer manufactured or available. |
| Pseudoephedrine Hydrochloride/<br>Diphenhydramine Hydrochloride | Liquid   | These products are no longer manufactured or available. |
| Quinine   | Capsules or tablets: 200 mg, 325 mg  | 5/1/2007  |
| Tolnaftate  | Liquid: 1%   | 10/20/2023  |
| Tyloxapol with Benzalkonium Chloride                            | Ophthalmic solution: 0.25 %-0.02 % /15 ml  | These products are no longer manufactured or available. |
| Vitamin A, D, C   | Drops: 30 ml<br>Chewable tablets   | These products are no longer manufactured or available. |

| DOS Drugs/No Longer MFGR             | Strength         | End Date  |
|--------------------------------------|------------------|---|
| Vitamin A, D, C with Iron            | Drops: 50 ml     | These products are no longer manufactured or available. |
| Vitamin A, D, C with Sodium Fluoride | Chewable tablets | These products are no longer manufactured or available. |