



Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs

February 1, 2023

Revision History

Drug Name	Description	Policy Effective Date
Magnesium Oxide	Added to CDL with restriction.	November 1, 2022
Bisacodyl	Additional formulation (tablets, delayed release) added.	January 1, 2023
Calcium Carbonate	Additional formulation (tablets, chewable) added.	January 1, 2023
Citric Acid/Sodium Citrate	Added to CDL.	January 1, 2023
Magnesium Hydroxide	Added to CDL.	January 1, 2023
Sennosides	Additional formulation (syrup) added.	January 1, 2023
Sennosides/Docusate Sodium	Added to CDL.	January 1, 2023
Simethicone	Added to CDL.	January 1, 2023
Sodium Bicarbonate	Added to CDL.	January 1, 2023

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

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

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
ANALGESICS: NON-NARCOTICS					
Acetaminophen	Tablets or Capsules	325 mg 500 mg	ea ea		* Restricted to individuals younger than 21 years of age for the liquid and drops only.
	Tablets, Extended Release	650 mg	ea		
	Tablets, chewable	160 mg	ea		
	Oral Liquid	160 mg/5 ml	ml	AL	
	Dosage Forms *	500 mg/15 ml	ml		
	Drops *	100 mg/ml	ml		
	Suppositories	80 mg 120 mg 325 mg	ea ea ea		
Acetaminophen and Chlorpheniramine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
Acetaminophen and Diphenhydramine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.

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Aspirin	Tablets or capsules	325 mg	ea		
		650 mg	ea		
	Tablets or capsules, buffered	325 mg	ea		
		E.C. pellet capsules	81 mg	ea	
	E.C. tablets	81 mg	ea		
		325 mg	ea		
		650 mg	ea		
Chewable tablet	81 mg	ea			
Ibuprofen	Tablets	200 mg	ea		
	Suspension	100 mg/5 ml	ml		
Naproxen Sodium	Tablets	220 mg	ea		
ANTI-INFECTIVES: ANTHELMINTICS					
Pyrantel Pamoate	Liquid		ml		
AUTONOMIC DRUGS: ANTI-ASTHMATICS					
Epinephrine	Inhalation	1:44 to 1:50	ml		
		1:100	ml		

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AUTONOMIC DRUGS: ANTI-EMETICS					
Meclizine	Tablets		ea		
	Tablets, chewable		ea		
AUTONOMIC DRUGS: ANTIHISTAMINES					
Brompheniramine Maleate *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
Cetirizine HCL	Tablets	5 mg 10 mg	ea 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 50 mg	ea ea	AL	* Restricted to individuals 2 years of age and older.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Oral Liquid	6.25 mg/ml	ml		
	Dosage Forms	12.5 mg/5 ml	ml		
	Tablets	25 mg 50 mg	ea ea		
Fexofenadine	Tablets	30 mg	ea		
		60 mg	ea		
		180 mg	ea		
	Suspension, oral	30 mg/5 ml	ml		
Levocetirizine Dihydrochloride	Tablets	5 mg	ea		
Loratadine	Tablets	10 mg	ea		
	Chewable tablets	5 mg	ea		
	Rapid tablets	5 mg	ea		
		10 mg	ea		
	Oral Liquid Dosage Forms	5 mg/5 ml	ml		
Triprolidine *	Drops		ml	AL	* Restricted to individuals 2 years of age and older.
	Syrup		ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
BLOOD MODIFIERS: HEMATINICS					
Ferrous Sulfate	Tablets	200 mg	ea		
		325 mg	ea		
	Drops	15 mg/ml	ml		
	Elixir or solution	220 mg (44 mg)/5 ml	ml		
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	ea		
		475-500 mg 650 mg	ea ea		
	Liquid		ml		

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Aluminum Hydroxide, Magnesium Hydroxide, and Simethicone	Tablets	200 mg-200 mg-20 mg	ea		
		200 mg-200 mg-25 mg	ea		
		240 mg-240 mg-20 mg	ea		
		300 mg-200 mg-25 mg	ea		
		400 mg-400 mg-30 mg	ea		
	Oral Liquid Dosage Forms	200 mg-200 mg-20 mg	ml		
		/5 ml			
		200 mg-200 mg-25 mg	ml		
		/5 ml			
		225 mg-200 mg-25 mg	ml		
		/5 ml			
		240 mg-240 mg-20 mg	ml		
		/5 ml			
		300 mg-200 mg-25 mg	ml		
/5 ml					
400 mg-400 mg-30 or 40 mg/5 ml	ml				
500 mg-450 mg-40 mg /5 ml	ml				

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Calcium Carbonate, Famotidine, and Magnesium Hydroxide	Chewable Tablets		ea		
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		

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Famotidine	Tablets	10 mg	ea		
		20 mg	ea		
		40 mg	ea		
Sodium Bicarbonate	Tablets	325 mg	ea		
		650 mg	ea		
GASTRO-INTESTINAL DRUGS: ANTI-DIARRHEA AGENTS					
Bismuth Subsalicylate	Tablets	262 mg	ea		
		262 mg	ea		
	Suspension	262 mg/15 ml	ml		
		524 mg/15 ml	ml		
		525 mg/15 ml	ml		
Loperamide HCL	Capsules	2 mg	ea		
	Oral Liquid	1 mg/7.5 ml	ml		
	Dosage Forms				
	Tablets	2 mg	ea		
GASTRO-INTESTINAL DRUGS: LAXATIVES					
Bisacodyl	Suppositories	10 mg	ea		
	Tablets, delayed release	5 mg	ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Docusate sodium	Capsules	100 mg	ea	LR	* Restricted to NDC labeler code 17433 for rectal enemas only.
		250 mg	ea		
	Enema *	100 mg/5 ml	ea		
		283 mg/5 ml (5 ml x 5)	ea		
Liquid	50 mg/5 ml	ml			
Docusate sodium/ benzocaine *	Enema	283 mg-20 mg/5 ml (5ml x 5)	ea	LR	* Restricted to NDC labeler code 17433.
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		
Simethicone	Drops, suspension	40 mg/0.6 ml	ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
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 and to use in females only.
Nonoxynol 9 contraceptive products	Cream with applicator		gm		
	Refill		gm		
	Foam with applicator		gm		
	Refill		gm		
	Jelly with applicator		gm		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Refill		gm		
	Suppositories		ea		
	With applicator		ea		
	Without applicator		ea		
HORMONES: HYPOGLYCEMICS					
Insulin (human)	Injections:				A separately payable benefit for beneficiaries 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		
METABOLIC SUPPLEMENTS: CALCIUM SUPPLEMENTS AND VITAMIN D ANALOGS					
Calcium Carbonate	Suspension	1,250 mg/5 ml (500mg elemental Calcium)	ml		

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(continued)	Tablets or capsules		ea		
	Chewable tablets	500 mg 750 mg 1000 mg	ea ea ea		
Calcium Gluconate	Tablets or wafers	325 mg 500 mg 650 mg 1 gm	ea ea ea ea		
Calcium Lactate	Tablets	325 mg 650 mg	ea ea		
METABOLIC SUPPLEMENTS: VITAMINS					
Cyanocobalamin (vitamin B-12) *	Tablets	500 mcg 1000 mcg	ea ea	AL	* Restricted to beneficiaries that are under the age of 21.
DEKAS PLUS Multi-Vitamin *	Liquid	500 mcg/ml	ml	AL	* Restricted to beneficiaries that are under the age of 21.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Folic acid *	Tablets	400 µg (0.4mg)	ea	AL	* Restricted to females, ages 14 through 45 years, to prevent neural tube defects in current and future pregnancies only.
Magnesium Oxide *	Tablets	400 mg	ea	AL	* Restricted to beneficiaries that are under the age of 21.
MVW Complete Formulation*	Drops	750-500/0.5 ml	ml		* Restricted to beneficiaries that are under the age of 21.
Multivitamins *	Adult tablets Adult chewable Children chewable Adult liquid		ea ea ea ml	AL	* Restricted to beneficiaries that are under the age of 21.
Niacin *	Tablets	50 mg 100 mg 250 mg 500 mg	ea ea ea ea	AL	* Restricted to beneficiaries that are under the age of 21.
Poly-Vi-Sol *			ml	AL	* Restricted to beneficiaries that are under the age of 21.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Poly-Vi-Sol with Iron *			ml	AL	* Restricted to beneficiaries that are under the age of 21.
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	AL	* Restricted to beneficiaries that are under the age of 21.
Sodium Fluoride *	Tablets Chewable tablets Drops Solution (does not include rinses)	2.2 mg 0.25 (0.55) mg 0.50 (1.1) mg 1.0 (2.2) mg	ea ea ea ea ml ml	QL	* Not subject to the 100 maximum calendar day supply limitation.
Thiamine *	Tablets	50 mg 100 mg 250 mg	ea ea ea	AL	* Restricted to beneficiaries that are under the age of 21.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Vitamin A (retinol, retinoic acid) *	Capsules	8,000 units	ea	AL	* Restricted to beneficiaries that are under the age of 21.
		10,000 units	ea		
Vitamins A, D, and C with Sodium Fluoride †	Chewable tablets	100's	ea	AL	Reimbursable for children up to the 5 th birthday only.
	Drops	50 ml	ml†		
Vitamins A, D, C	Drops	30 ml	ml	AL	Reimbursable for children up to the 5 th birthday only.
		50 ml	ml		
	Chewable tablets		ea		
Vitamins A, D, C with iron	Drops	50 ml	ml	AL	Reimbursable for children up to the 5 th birthday only.
Vitamin C (ascorbic acid) *	Tablets	250 mg	ea	AL	* Restricted to beneficiaries that are under the age of 21.
		500 mg	ea		
		1000 mg	ea		
Vitamin D3 (cholecalciferol)	Drops *	400 units/ml, 50 ml bottle	ml	AL	* Restricted to beneficiaries that are under the age of 21.
		5000 units/ml	ml		
	Tablets or Capsules	25 mcg (1000u)	ea		
		50 mcg (2000u)	ea		
		125 mcg (5000u)	ea		
		250 mcg (10,000u)	ea		
		1,250 mcg (50,000u)	ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Vitamin E (Dl, tocopheryl acetate) *	Capsules	90 mg (200u) 180 mg (400u) 450 mg (1000u)	ea ea ea	AL	* Restricted to beneficiaries that are under the age of 21.
Vitamins-mineral *	Tablets or capsules	Combination product, prenatal Nonprescription only	ea		* Restricted to use by an expectant female with confirmed positive pregnancy test conducted by her physician. (1) The nonprescription prenatal product tablet or capsule shall contain the following: (A) Not less than one-half nor more than the U.S. Recommended Dietary Allowance for pregnant women based on dietary standards established by the National Academy of Sciences, Washington, D.C., 1980 of vitamins A (e.g., 5,000 IU) and vitamin D (e.g., 400 IU).

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					(B) Not less than one-half nor more than twice the U.S. Recommended Dietary Allowance for pregnant women as established by the National Academy of Sciences, Washington, D.C., 1980, of vitamins B1, (e.g., 1.5 mg), B2 (e.g., 1.6 mg), B6 (e.g., 2.6 mg), B12 (e.g., 4 mcg), C (e.g., 80 mg) and B3 Niacin (e.g., 16 mg). (C) Not less than the equivalent of 200mg elemental Calcium, and 30 mg elemental Iron. (2) The nonprescription prenatal product may contain the following: (A) Up to the U.S. Recommended Dietary Allowance for pregnant women based on dietary standards

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					established by the National Academy of Sciences, Washington, D.C., 1980 of vitamin E (e.g., 15 IU), Folic Acid (e.g., 0.8 mg), Phosphorus (e.g., 1200 mg), Magnesium (e.g., 450 mg), except for Iodine (200 mcg), and Zinc (25 mg).
MISCELLANEOUS: ANTIHISTAMINE AND DECONGESTANT COMBINATIONS					
Dexbrompheniramine Maleate/ Phenylephrine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
	Liquid		ml		
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.

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Phenylephrine Hydrochloride/ Brompheniramine Maleate *	Oral Liquid Dosage Forms		ml	AL	* Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Chlorpheniramine Maleate *	Liquid Tablets		ml ea	AL	* Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Diphenhydramine Hydrochloride *	Liquid, Solution Tablets		ml ea	AL	* Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Pyrilamine Maleate *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Triprolidine *	Liquid, Solution Tablets	10 – 2.5 mg/5 ml 10 mg/2.5 mg	ml ea	AL	* Restricted to individuals 2 years of age and older.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Pseudoephedrine hydrochloride/ brompheniramine maleate *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
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		
Pseudoephedrine Hydrochloride/ Triprolidine Hydrochloride *	Liquid, syrup		ml	AL	Restricted to individuals 2 years of age and older.
	Tablets		ea		
Tripolidine/ Phenylephrine *	Tablets		Ea	AL	* Restricted to individuals 2 years of age and older.
Triprolidine/ Pseudoephedrine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
	Syrup		ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
MISCELLANEOUS: BRONCHO-PULMONARY SECRETION MODIFIERS					
Sodium Chloride for Inhalation	Solution	0.9 %	ml		
	Aerosol solution	0.9 %	MI		
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 *	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			

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
MISCELLANEOUS: ELECTROLYTE SOLUTIONS					
Electrolytes, oral maintenance	Composition Liquid, ready-to-use	Sodium - 40 to 60 mEq/L Potassium - 20mEq/L Anions Carbohydrate-Glucose/dextrose 2.0% (20 gm/L) to 2.5% (25 gm/L) 480 ml and above	ml		
MISCELLANEOUS: SMOKING DETERRENTS					
Nicotine *	Transdermal patches	7 mg/24 hr 14 mg/24 hr 21 mg/24 hr	ea ea ea	QL	* To be part of comprehensive smoking cessation treatment. Also restricted to a maximum quantity of 28 patches per dispensing and eight dispensings within a 12-month period.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					<p>Note: Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing.</p> <p>Note: Refer to the Reimbursement section of this manual for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.</p>
Nicotine Polacrilex *	Gum	2 mg 4 mg	ea ea	QL	* To be part of comprehensive smoking cessation treatment.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Lozenges	2 mg 4 mg	ea ea		Also restricted to a maximum quantity of 220 pieces of gum or lozenge per dispensing and eight dispensings within any 12-month period. Note: Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing. Note: Refer to the Reimbursement section of this manual for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
NASAL CORTICOSTEROIDS					
Fluticasone Furoate	Nasal spray	27.5 mcg/actuation 9.9 ml 15.8 ml	ml ml		
Fluticasone Propionate	Nasal spray	50 mcg/actuation 9.9 ml 15.8 ml	ml ml		
Triamcinolone Acetonide	Nasal spray	55 mcg/actuation 16.9 ml	ml		
OPHTHALMIC PREPARATIONS: OPHTHALMIC ANTIHISTAMINES					
Ketotifen Fumarate	Ophthalmic drops	0.025 %	ml		
Olopatadine HCL	Ophthalmic Solution	0.1 %, 5 ml 0.2 %, 2.5 ml	ml ml		
OPHTHALMIC PREPARATIONS: OPHTHALMIC MISCELLANEOUS					
Propylene glycol	Ophthalmic drops		ea		
Sodium Chloride Ophthalmic	Ophthalmic ointment	5 %	gm		
	Ophthalmic solution	2 % 5 %	ml ml		

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Tyloxapol with Benzalkonium Chloride	Ophthalmic solution	0.25 %-0.02 % /15 ml	ml		
TOPICAL AND LOCAL PREPARATIONS: DERMATOLOGICAL PREPARATIONS					
Aluminum Acetate	Tablets		ea		
	Liquid solution – not lotion		ml		
	Powder packets	12s 100s	ea ea		
Bacitracin/Bacitracin Zinc	Topical ointment	15 gm 30 gm 120 gm	gm gm gm		
Benzoyl Peroxide	Gel	5 % 10 %	gm gm		
	Wash	5 % 10 %	gm gm		
Butenafine HCL	Cream	1 %	gm		
Calamine Lotion			ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Hydrocortisone	Cream	0.5 %	gm		
		1 %	gm		
	Ointment	0.5 %	gm		
		1 %	gm		
	Lotion	0.5 %	ml		
		1 %	ml		
Neomycin/ Bacitracin/ Polymyxin B	Ointment	3.5-400-5k	gm		
	Ointment pack	3.5-400-5k	ea		
Permethrin	Cream rinse	1 % 59 ml	ml		
Polymyxin, b sulfate and bacitracin zinc	Ointment	10,000U-500U/gm	gm		
		10,000U-500U/gm	gm		
Pyrethrins, Piperonyl Butoxide, Petroleum Distillate	Liquid	60 ml	ml		
		120 ml	ml		
Tolnaftate	Liquid	1 %	ml		
	Cream	1 %	gm		

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TOPICAL AND LOCAL PREPARATIONS: VAGINAL PREPARATIONS					
Butoconazole Nitrate	Vaginal cream (prefilled applicator)	2 %	gm		
Clotrimazole	Vaginal cream	1 %	gm		
		2 %	gm		
	Vaginal tablets	100 mg 7s	ea		
	Topical cream	1 %	gm		
	Topical lotion	1 % 30 ml	ml		
	Topical solution	1 % 10 ml 30 ml	ml ml		
Miconazole Nitrate	Topical cream	2 %	gm		
	Vaginal suppositories	100 mg 7s	ea		
	Vaginal cream	2 %	gm		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Dual package	(Topical cream 2%, 3 vaginal suppositories 200 mg)	ea package		
URINE ACID MODIFIERS					
Citric Acid/Sodium Citrate	Solution, oral	334 mg-500 mg	ml		

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DOS Drugs/No Longer MFGR	Strength	End Date
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.
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.
Ferrous Sulfate suspension drops	15 mg/0.6 ml 15 mg/1.5 ml (118ml)	Suspension drops. Suspended until further notice.
Insulin	Lente, NPH, Protamine Zinc, Semilente, Ultralente; Lente, NPH, Protamine Zinc (pork), Regular, Regular purified (pork), globin	Note: no longer manufactured or available.
Insulin (human)	Lente, NPH 50% and Regular 50%, Ultralente	Note: no longer manufactured or available.
Levonorgestrel	Tablets: 0.75 mg	9/30/2015
Liquor Carbonis Detergens		This product is no longer manufactured or available.

Medi-Cal Rx Contract Drugs List

Effective 02/01/2023



DOS Drugs/No Longer MFGR	Strength	End Date
Naphazoline HCL and Antazoline Phosphate	Ophthalmic solution 0.05 % – 0.5%	This product is no longer manufactured or available.
Niacin	Tablets: 25 mg, 50 mg, 100 mg, 500 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
Pseudoephedrine Hydrochloride/ Diphenhydramine Hydrochloride	Liquid	This product is no longer manufactured or available.
Quinine	Capsules or tablets: 200 mg, 325 mg	5/1/2007