Drugs: Contract Drugs List Part 1 – Prescription Drugs (N through R)

Page updated: October 2020

This section lists the codes and units for contract drugs. For additional help, refer to the *Drugs: Contract Drugs List Introduction* section of this manual.

Nabumetone *

‹‹The following text is removed effective November 1, 2020:›› Nabumetone is restricted to use for arthritis. **Note:** Subject to Step Therapy edits. See Drugs: Contract Drugs List Part 8 – Step Therapy for more information. ‹‹Removed text ends here››

Dosage Form	Size and/or Strength	Billing Unit
Tablets	500 mg	each
Tablets	750 mg	each

Nafcillin

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	500 mg/vial	each
Powder for injection	1 gm/vial	each
Powder for injection	2 gm/vial	each
Powder for injection	10 gm/vial	each
Powder for injection	1 gm, piggyback	each
Powder for injection	2 gm, piggyback	each

Naftifine HCL*

‹‹Naftifine HCL is›› restricted to claims with dates of service from October 1, 2005, through November 30, 2011, for all dosage forms.

Dosage Form	Size and/or Strength	Billing Unit
Topical Cream	1 %, 15 gm	gram
Topical Cream	1 %, 30 gm	gram
Topical Cream	1 %, 60 gm	gram
Topical Cream	1 %, 90 gm	gram
Topical Gel	1 %, 20 gm	gram
Topical Gel	1 %, 40 gm	gram
Topical Gel	1 %, 60 gm	gram
Topical Gel	1 %, 90 gm	gram

Nalidixic Acid

Dosage Form	Size and/or Strength	Billing Unit
Tablets	250 mg	each
Tablets	500 mg	each
Tablets	1 gm	each

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

Naloxegol Oxalate *

* Naloxegol Oxalate is restricted to use in the treatment of opioid-induced constipation in patients with chronic pain. Also restricted to NDC labeler code 00310 (AstraZeneca LP), and **‹‹(effective October 1, 2020,)››** restricted to NDC labeler code 57841 only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	12.5 mg	each
Tablets	25 mg	each

Naloxone HCL

Dosage Form	Size and/or Strength	Billing Unit
Injection	0.4 mg/ml	milliliter
Injection	1.0 mg/ml	milliliter
Intranasal Spray	4.0 mg/0.1 ml	each

Naltrexone HCL

The following text is removed effective June 1, 2019: Naltrexone HCL is restricted to use in the treatment of alcohol dependence and for the prevention of relapse in opioid dependent patients, following opioid detoxification.

Naltrexone HCL is restricted to prescription only by prescribers trained in substance use disorder treatment.

Naltrexone HCL is restricted to a maximum dispensing quantity of 100 tablets and a maximum of three (3) dispensings in any 75 day period. End of removed text.

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

Naphazoline HCL

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	0.1 %	milliliter

Naphazoline HCL and Antazoline Phosphate

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

Naproxen

‹‹The following text is removed effective November 1, 2020:›› **Note:** Subject to Step Therapy edits. See Drugs: Contract Drugs List Part 8 – Step Therapy for more information. ‹‹Removed text ends here››

Dosage Form	Size and/or Strength	Billing Unit
Tablets or capsules +	250 mg	each
Tablets or capsules +	375 mg	each
Tablets or capsules +	500 mg	each
Liquid	125 mg/5 ml	each

Natamycin

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

Nateglinide

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	60 mg	each
Tablets +	120 mg	each

Necitumumab ‡*

Necitumumab is restricted to use in the treatment of cancer only. Effective January 1, 2017, Necitumumab is also restricted to labeler code 00002 (Eli Lilly and Company) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	800 mg/50 ml	milliliter

Nelfinavir Mesylate ‡*

Nelfinavir Mesylate is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	250 mg	each
Tablets	625 mg	each
Oral powder	50 mg/gm	gram

Nelarabine ‡

‹‹Nelarabine is restricted to use in the treatment of cancer only. Also restricted to labeler code 00078 (Novartis Pharmaceuticals Corporation) only. Effective October 1, 2020››

Dosage Form	Size and/or Strength	Billing Unit
Injection	5 mg/ml	milliliter

Neomycin

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.5 gm	each
Liquid	125 mg/5 ml	milliliters

Neomycin, Bacitracin and Polymyxin

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic ointment	‹‹Blank››	gram

Neomycin and Polymyxin

Dosage Form	Size and/or Strength	Billing Unit
Ampule – G.U. Irrigant	‹‹Blank››	milliliters

Neomycin, Polymyxin and Gramicidin

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	‹‹Blank››	milliliters

Neostigmine Bromide

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	15 mg	each

Note: This product is no longer manufactured or available.

Nepafenac

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic suspension	0.1 %	milliliter

‹‹Effective March 1, 2020, Nepafenac is restricted to claims submitted with dates of service from August 1, 2005, through March 31, 2015, for the 0.1% only.››

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic suspension	0.3 %	milliliter

‹‹Effective March 1, 2020, Nepafenac is restricted to the 3 ml bottle size only. The 1.7ml bottle size is restricted to claims submitted with dates of service from October 1, 2013, through February 29, 2020, for the 0.3% suspension only.››

Netarsudil*

‹‹Netarsudil is›› restricted to labeler code 70727 (Aerie Pharmaceuticals, Inc.)

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	0.02 %	milliliter

Netarsudil/Latanoprost*

‹‹Netarsudil/Latanoprost is›› restricted to labeler code 70727 (Aerie Pharmaceuticals, Inc.)

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	0.02 %/0.005%	milliliter

Nevirapine‡*

‹‹Nevirapine is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	200 mg	each
Tablets, extended release	100 mg	each
Tablets, extended release	400 mg	each
Liquid	50 mg/5 ml	milliliter

‹‹The following text is removed effective July 1, 2020: Nevirapine is restricted to NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals) for the 100 mg extended-release tablets only.››

‹‹Nevirapine is›› restricted to NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals) for the 50 mg/5 ml liquid only. ‹‹Removed text ends here››

Niacin

Dosage Form	Size and/or Strength	Billing Unit
Tablets, extended release (includes film coated tablets)	500 mg	each
Tablets, extended release (includes film coated tablets)	750 mg	each
Tablets, extended release (includes film coated tablets)	1000 mg	each

Niacin and Lovastatin

Dosage Form	Size and/or Strength	Billing Unit
Tablets (containing extended release niacin)	500 mg/20 mg	each
Tablets (containing extended release niacin)	750 mg/20 mg	each
Tablets (containing extended release niacin)	1000 mg/20 mg	each
Tablets (containing extended release niacin)	1000 mg/40 mg	each

Note: These products are no longer manufactured or available.

Niacin and Simvastatin*

‹‹Niacin and Simvastatin is›› restricted to NDC labeler code 00074 (Abbott Laboratories) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets (containing extended release niacin)	500 mg/20 mg	each
Tablets (containing extended release niacin)	500 mg/40 mg	each
Tablets (containing extended release niacin)	750 mg/20 mg	each
Tablets (containing extended release niacin)	1000 mg/20 mg	each
Tablets (containing extended release niacin)	1000 mg/40 mg	each

Note: These products are no longer manufactured or available.

Nicardipine

Dosage Form	Size and/or Strength	Billing Unit
Capsules +	20 mg	each
Capsules +	30 mg	each
Tablets or capsules, long-acting +	30 mg	each
Tablets or capsules, long-acting +	45 mg	each
Tablets or capsules, long-acting +	60 mg	each

Niclosamide

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

Note: This product is no longer manufactured or available.

Nifedipine

Dosage Form	Size and/or Strength	Billing Unit
Capsules +	10 mg	each
Capsules +	20 mg	each
Tablets or capsules, long-acting +	30 mg	each
Tablets or capsules, long-acting +	60 mg	each
Tablets or capsules, long-acting +	90 mg	each

Nilotinib ‡ *

‹‹Nilotinib is›› restricted to use in the treatment of cancer only for all strengths. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) only.

Dosage Form	Size and/or Strength	Billing Unit
Capsules	150 mg	each
Capsules	200 mg	each

Nilutamide ‡ *

‹‹Nilutamide is›› restricted to use in the treatment of cancer only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	150 mg	each

Niraparib ‡

‹‹Nilutamide is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 69656 (TESARO Inc.) only.

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

Nisoldipine

Dosage Form	Size and/or Strength	Billing Unit
Tablets	8.5 mg	each
Tablets	10 mg	each
Tablets	17 mg	each
Tablets	20 mg	each
Tablets	25.5 mg	each
Tablets	30 mg	each
Tablets	34 mg	each
Tablets	40 mg	each

‹‹Nisoldipine is›› restricted to claims with dates of service from March 1, 1997, through March 31, 2010, for the 10 mg, 20 mg, 30 mg and 40 mg tablets only.

Nitrofurantoin

Dosage Form	Size and/or Strength	Billing Unit
Capsules (macrocrystals only)	25 mg	each
Capsules (macrocrystals only)	50 mg	each
Capsules (macrocrystals only)	100 mg	each
Capsules (monohydrate/macrocrystals)	100 mg	each
Tablets	50 mg	each
Tablets	100 mg	each
Liquid	5 mg/ml	milliliter

Nitroglycerin (Glyceryl Trinitrate)

Dosage Form	Percent, Size and/or Strength	Billing Unit
Tablets (sublingual) (no long-acting forms) +	0.15 mg	each
Tablets (sublingual) (no long-acting forms) +	0.3 mg	each
Tablets (sublingual) (no long-acting forms) +	0.4 mg	each
Tablets (sublingual) (no long-acting forms) +	0.6 mg	each
Ointment	2 %, 20 gm	gram
Ointment	2 %, 30 gm	gram
Ointment	2 %, 60 gm	gram
Spray, lingual	2 %, 12 gm	gram

Nivolumab ‡ *

‹‹Nivolumab is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 (E.R. Squibb & Sons, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	40 mg/4 ml	milliliter
Injection	100 mg/10 ml	milliliter
Injection	240 mg/24 ml	milliliter

Norelgestromin and Ethinyl Estradiol ‡ *

‹‹Norelgestromin and Ethinyl Estradiol are›› restricted to a maximum dispensing quantity of up to 52 patches per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

Dosage Form	Size and/or Strength	Billing Unit
Transdermal patch	6 mg – 0.75 mg	each
Transdermal patch	4.86 mg – 0.53 mg	each

Note: Payment limited to a minimum dispensing quantity of three cycles except with the initial prescription or when authorization is obtained.

Norethindrone ‡ *

‹‹Norethindrone is›› 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 *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.35 mg Tablets from 28 tablet packet	each
Tablets	0.35 mg Tablets from 42 tablet packet	each

Note: Payment limited to a minimum dispensing quantity of three cycles. See *California Code of Regulations* (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Norethindrone Acetate and Ethinyl Estradiol ‡ *

Norethindrone Acetate and Ethinyl Estradiol are 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 *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	1 mg – 5 mcg	each §

The 1 mg to 5 mcg tablets are suspended until further notice.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	1 mg – 10 mcg/2 Fe tablets Tablets from 28 tablet packet	each

The 1 mg to 10 mcg/2 Fe tablets are restricted to NDC Labeler Code 00430 (Warner Chilcott Laboratories) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	1 mg – 20 mcg Tablets from 21 tablet packet	each
Tablets	1 mg – 20 mcg/7 Fe tablets Tablets from 28 tablet packet	each
Tablets	1.5 mg – 30 mcg Tablets from 21 tablet packet	each
Tablets	1.5 mg – 30 mcg/7 Fe tablets Tablets from 28 tablet packet	each
Tablets from 5/7/9 combination packet (28 Tablets/packet)	5 x 1 mg/20 mcg 7 x 1 mg/30 mcg 9 x 1 mg/35 mcg 7 inert	each

Note: Payment limited to a minimum dispensing quantity of three cycles. See *California Code of Regulations* (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Norethindrone and Ethinyl Estradiol ‡ *

‹‹Norethindrone and Ethinyl Estradiol is›› 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 *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.4 mg – 35 mcg Tablets from 21 tablet packet	each
Tablets	0.4 mg – 35 mcg Tablets from 28 tablet	each
Tablets	0.5 mg – 35 mcg Tablets from 21 tablet packet	each
Tablets	0.5 mg – 35 mcg Tablets from 28 tablet packet	each
Tablets	1 mg – 35 mcg Tablets from 21 tablet packet	each
Tablets	1 mg – 25 mcg Tablets from 28 tablet packet	each
Tablets	1 mg – 50 mcg Tablets from 21 tablet packet	each
Tablets	1 mg – 50 mcg Tablets from 28 tablet packet	each

Note: 1 mg – 50 mcg product is no longer manufactured or available.

Norethindrone and Ethinyl Estradiol (continued) ‡ *

Dosage Form	Size and/or Strength	Billing Unit
Tablets from 7/7/7 combination packet Tablets from 21 tablet packet Tablets from 28 tablet packet	7 x 0.5 mg/35 mcg 7 x 0.75 mg/35 mcg 7 x 1.0 mg/35 mcg	each
Tablets from 7/9/5 combination packet Tablets from 21 tablet packet Tablets from 28 tablet packet	7 x 0.5 mg/35 mcg 9 x 1.0 mg/35 mcg 5 x 0.5 mg/35 mcg	each
Tablets from 10/11 combination packet Tablets from 21 tablet packet Tablets from 28 tablet packet	10 x 0.5 mg/35 mcg 11 x 1 mg/35 mcg	each
Tablets from 7/14 combination packet (28 tablets packet)	7 x 0.5 mg/35 mcg 14 x 1 mg/35 mcg 7 inert	each

Note: 7/14 combination packet is no longer manufactured or available.

Note: Payment limited to a minimum dispensing quantity of three cycles. See *California Code of Regulations* (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Norethindrone and Mestranol ‡ *

‹‹Norethindrone and Mestranol is›› 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 *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	1 mg – 50 mcg Tablets from 21 tablet packet	each
Tablets	1 mg – 50 mcg Tablets from 28 tablet packet	each

Note: Payment limited to a minimum dispensing quantity of three cycles. See *California Code of Regulations* (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Norfloxacin

Dosage Form	Size and/or Strength	Billing Unit
Tablets or capsules	400 mg	each

Note: These products are no longer manufactured or available.

Norgestimate and Ethinyl Estradiol ‡ *

‹‹Norgestimate and Ethinyl Estradiol is›› 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 *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

Dosage Form	Size and/or Strength	Billing Unit
Tablets from 7/7/7 (tri-phasic) combination packet (21 tablets/packet)	7 x 0.180 mg/35 mcg 7 x 0.215 mg/35 mcg 7 x 0.250 mg/35 mcg	each
Tablets from 7/7/7 (tri-phasic) combination packet (28 tablets/packet)	7 x 0.180 mg/35 mcg 7 x 0.215 mg/35 mcg 7 x 0.250 mg/35 mcg 7 inert	each
Tablets from monophasic packet (28 tablets/packet)	21 x 0.25 mg/35 mcg 7 inert	each

Note: Payment limited to a minimum dispensing quantity of three cycles. See *California Code of Regulations* (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Norgestrel and Ethinyl Estradiol ‡ *

‹‹Norgestrel and Ethinyl Estradiol is›› 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 *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product requested within a year.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.3 mg – 30 mcg Tablets from 21 tablet packet	each
Tablets	0.3 mg – 30 mcg Tablets from 28 tablet packet	each
Tablets	0.5 mg – 50 mcg Tablets from 21 tablet packet	each
Tablets	0.5 mg – 50 mcg Tablets from 28 tablet packet	each

Note: Payment limited to a minimum dispensing quantity of three cycles. See *California Code of Regulations* (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Nortriptyline HCL *

Use ‹‹of Nortriptyline HCL›› in beneficiaries less than 18 years of age requires treatment authorization approval.

Dosage Form	Size and/or Strength	Billing Unit
Capsules	10 mg	each
Capsules	25 mg	each
Capsules	50 mg	each
Capsules	75 mg	each
Liquid	10 mg/5 ml	milliliters

Nystatin

Dosage Form	Size and/or Strength	Billing Unit
Tablets (oral) ‡	500,000 units	each
Suspension, oral ‡	100,000 units/ml, 48 ml	milliliter
Suspension, oral ‡	100,000 units/ml, 60 ml	milliliter
Suspension, oral ‡	100,000 units/ml, 480 ml	milliliter
Vaginal tablets ‡	15’s	each
Vaginal tablets ‡	30’s	each
Cream	100,000 units/gm, 15 gm	gram
Cream	100,000 units/gm, 30 gm	gram
Ointment	100,000 units/gm, 15 gm	gram
Ointment	100,000 units/gm, 30 gm	gram
Ointment	100,000 units/gm, 240 gm	gram
Topical powder	‹‹Blank››	gram

Obinutuzumab ‡ *

‹‹Obinutuzumab is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 (Genenetech, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	25 mg/ml	milliliter

Ofatumumab ‡ *

‹‹Ofatumumab is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) or 00173 (GlaxoSmithKline) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	100 mg/5 ml	milliliter
Injection	1000 mg/50 ml	milliliter

Ofloxacin *

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	0.3 %	milliliter
Otic solution	0.3 %, 5 ml	milliliter
Otic solution	0.3 %, 10 ml	milliliter
Tablets	200 mg	each
Tablets	300 mg	each
Tablets	400 mg	each

‹‹Ofloxacin tablets›› are restricted to use in the treatment of sexually transmitted diseases.

Olanzapine *

‹‹Olanzapine is›› restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires treatment authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	2.5 mg	each
Tablets	5 mg	each
Tablets	7.5 mg	each
Tablets	10 mg	each
Tablets	15 mg	each
Tablets	20 mg	each
Tablets, orally disintegrating	5 mg	each
Tablets, orally disintegrating	10 mg	each
Tablets, orally disintegrating	15 mg	each
Tablets, orally disintegrating	20 mg	each

Olaparib ‡ *

‹‹Olaparib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 (AstraZeneca LP) only.

Dosage Form	Size and/or Strength	Billing Unit
Capsules	50 mg	each
Tablets	100 mg	each
Tablets	150 mg	each

Olaratumab ‡ *

Olaratumab is restricted to use in the treatment of cancer only. Also restricted to labeler codes 00002 (Eli Lilly and Company) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	500 mg/50 ml	milliliter
Injection	190 mg/19 ml	milliliter

Olmesartan Medoxomil

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	20 mg	each
Tablets +	40 mg	each

The 20 mg and 40 mg tablets are restricted to claims with dates of service from April 1, 2003, through May 31, 2008, only.

Olmesartan Medoxomil/Hydrochlorothiazide *

Olmesartan Medoxomil/Hydrochlorothiazide is restricted to claims with dates of service from November 1, 2007, through May 31, 2008, only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	20 mg – 12.5 mg	each
Tablets +	40 mg – 12.5 mg	each
Tablets +	40 mg – 25 mg	each

‹‹Olodaterol HCL *››

‹‹Olodaterol HCL is NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals) only. Effective October 1, 2020››

Dosage Form	Size and/or Strength	Billing Unit
‹‹Inhaler	2.5 mcg, 4 gm	gram››

Olopatadine HCL *

‹‹Olopatadine HCL is›› restricted to NDC labeler code 00065 (Alcon Laboratories, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	0.1 %	milliliter
Ophthalmic solution	0.2 %	milliliter
Ophthalmic solution	0.7 %	milliliter
Nasal spray	0.6 %	grams

The ophthalmic solutions 0.1% and 0.2% are restricted to claims with dates of service through June 30, 2016.

Omacetaxine Mepesuccinate ‡ *

‹‹Omacetaxine Mepesuccinate is›› restricted to use in the treatment of cancer ‹‹and, **effective July 1, 2019,** to NDC labeler code 63459 (Cephalon, Inc.) only.››

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	3.5 mg	each

Ombitasvir/Paritaprevir/Ritonavir and Dasabuvir *

‹‹Ombitasvir/Paritaprevir/Ritonavir and Dasabuvir›› requires a *Treatment Authorization Request* (TAR). Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection in adults (≥18 years of age). Also restricted to 1) a maximum quantity of 112 tablets per dispensing; and 2) duration of therapy lasting up to 12 or 24 weeks from the dispensing date of the first prescription.

Dosage Form	Size and/or Strength	Billing Unit
Tablets (dose-pack)	12.5 mg/75 mg/50 mg; 250 mg	each

Note: Providers must provide documentation of baseline HCV-RNA level and HCV genotype. In addition, when applicable, providers must document relevant clinical information (i.e., failure of prior treatment, presence of cirrhosis, etc.) in support of medical necessity for duration of therapy. Failure to submit supporting documentation may delay authorization of the TAR.

Note: “each” means tablet.

Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir *

Ombitasvir/Paritaprevir/Ritonavir/ Dasabuvir requires a *Treatment Authorization Request* (TAR). Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection in adults (≥18 years of age). Also restricted to 1) a maximum quantity of 84 tablets per dispensing; and 2) duration of therapy lasting up to 12 or 24 weeks from the dispensing date of the first prescription.

Dosage Form	Size and/or Strength	Billing Unit
Tablets, extended release (dose-pack)	8.33 mg/50 mg/33.33 mg/ 200 mg	each

Note: "each" means tablet.

‹‹Note: The following text is added effective February 1, 2021: Product is no longer available.››

Omeprazole

Dosage Form	Size and/or Strength	Billing Unit
Capsules, delayed release	10 mg	each
Capsules, delayed release	20 mg	each
Capsules, delayed release	40 mg	each

Effective May 1, 2019, Omeprazole is a contracted drug.

Omeprazole/Sodium Bicarbonate *

Omeprazole/Sodium Bicarbonate is restricted to claims with dates of service from August 1, 2005, through September 30, 2009, only.

Dosage Form	Size and/or Strength	Billing Unit
Powder packet	20 mg	each
Powder packet	40 mg	each
Capsules	20 mg	each
Capsules	40 mg	each

Ondansetron

‹‹The 4 mg/5 mL liquid in the table below is effective November 1, 2020 ››

Dosage Form	Size and/or Strength	Billing Unit
Injection +	2 mg/ml, 2 ml	milliliter
Tablets +	4 mg	each
Tablets +	8 mg	each
Tablets, orally disintegrating +	4 mg	each
Tablets, orally disintegrating +	8 mg	each
‹‹Liquid	4 mg/5mL	milliliter››

The 2 mg/ml, 2 ml injection is restricted to a maximum of 16 mg per dispensing.

Oprelvekin

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	5 mg/vial	each

Note: This product is no longer manufactured or available.

Oseltamivir Phosphate ‡

Dosage Form	Size and/or Strength	Billing Unit
Capsules	30 mg	each
Capsules	45 mg	each
Capsules	75 mg	each
Oral suspension	6 mg/ml, 60 ml	milliliter

Osimertinib ‡ *

Osimertinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 (AstraZeneca LP) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	40 mg	each
Tablets	80 mg	each

Oxaliplatin ‡ *

‹‹Oxaliplatin is›› restricted to use in the treatment of cancer only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	5 mg/ml	milliliter

Oxandrolone

Dosage Form	Size and/or Strength	Billing Unit
Tablets	2.5 mg	each
Tablets	10 mg	each

‹‹The 2.5 mg tablets are›› restricted to use in patients with AIDS wasting for claims submitted with dates of service from March 1, 2001, through May 31, 2003.

‹‹The 10 mg tablets require authorization›› for claims submitted with dates of service on or after September 1, 2002.

Oxcarbazepine *

Use ‹‹of Oxcarbazepine›› in beneficiaries less than 2 years of age requires treatment authorization approval.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	150 mg	each
Tablets	300 mg	each
Tablets	600 mg	each

Oxiconazole Nitrate *

‹‹Oxiconazole Nitrate is›› restricted to NDC labeler code 00462 (PharmaDerm) only with dates of service through November 30, 2012, for all dosage forms.

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

Oxybutynin *

‹‹Oxybutynin is›› restricted to NDC labeler codes 52544 (Watson Laboratories, Inc.) and 00023 (Allergan, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Transdermal system	3.9 mg	each

Oxybutynin Chloride

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	5 mg	each
Tablets, extended release +	5 mg	each
Tablets, extended release +	10 mg	each
Tablets, extended release +	5 mg	each

‹‹Extended release tablets are›› restricted to NDC labeler code 17314 (Alza Corporation) and to claims submitted with dates of service from December 1, 1998, through December 31, 2008, only.

Oxycodone and Acetaminophen *

‹‹The following text is removed effective August 1, 2020**:** Oxycodone and Acetaminophen›› are restricted to a maximum quantity per dispensing of 20 tablets or capsules and a maximum of three (3) dispensings in any 75-day period.

Note: 5 mg to 500 mg is no longer manufactured or available.››

Dosage Form	Size and/or Strength	Billing Unit
Tablets or capsules	5 mg to 500 mg	each

‹‹Removed text ends here. The following text is effective August 1, 2020:›› Oxycodone and Acetaminophen›› are restricted to a maximum quantity per dispensing of ‹‹ninety (90) tablets›› and a maximum of three (3) dispensings in any 75-day period.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	5 mg to 325 mg	each
Tablets	7.5 mg to 325 mg	each
Tablets	10 mg to 325 mg	each

Oxycodone HCL

Dosage Form	Size and/or Strength	Billing Unit
Tablets or capsules	5 mg	each
Tablets or capsules	15 mg	each
Tablets or capsules	30 mg	each
Tablets, controlled release	10 mg	each
Tablets, controlled release	20 mg	each
Tablets, controlled release	40 mg	each
Tablets, controlled release	80 mg	each
Tablets, controlled release	160 mg	each
Solution	‹‹Blank››	milliliter
Concentrate	‹‹Blank››	milliliter

‹‹The 5 mg, 15 mg, and 30 mg tablets or capsules are›› restricted to a maximum of 90 tablets or capsules per dispensing and one dispensing every 25 days. Exceptions to this restriction require authorization.

‹‹The controlled release tablets are›› restricted to a maximum of 90 tablets per dispensing and a maximum of three (3) dispensings of any strength in a 75-day period and restricted to claims with dates of service from July 1, 1996, through August 31, 2008, only. Exceptions to this restriction require authorization.

Oxycodone HCL and Aspirin

Dosage Form	Size and/or Strength	Billing Unit
Tablets	4.8355 mg to 325 mg	each

‹‹The tablets are›› restricted to a maximum dispensing quantity of 120 tablets and a maximum of three (3) dispensings in any 75-day period.

Oxycodone HCL with Oxycodone Terephthalate and Aspirin *

‹‹Oxycodone HCL with Oxycodone Terephthalate and Aspirin is›› restricted to a maximum dispensing quantity of 120 tablets and a maximum of three (3) dispensings in any 75-day period.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	2.25 mg to 0.19 mg to 325 mg	each
Tablets	4.5 mg to 0.38 mg to 325 mg	each

Note: These products are no longer manufactured or available.

Oxymorphone

Dosage Form	Size and/or Strength	Billing Unit
Ampule	1 mg/ml, 1 ml	milliliter
Ampule	1.5 mg/ml, 1 ml	each
Ampule	1.5 mg/ml, 10 ml	milliliter
Suppositories	5 mg	each

Paclitaxel, Semi-Synthetic ‡

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

Palbociclib ‡ *

Palbociclib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 (Pfizer, Inc.) only. ‹‹The addition of tablets to the table is effective April 1, 2020››

Dosage Form	Size and/or Strength	Billing Unit
Capsules ‹‹and tablets››	75 mg	each
Capsules ‹‹and tablets››	100 mg	each
Capsules ‹‹and tablets››	125 mg	each

Palonosetron HCL

Dosage Form	Size and/or Strength	Billing Unit
Injection +	0.25 mg/5 ml	milliliter

The 0.25 mg/5 ml injection is restricted to a maximum of 5 ml per dispensing and to NDC labeler code 62856 (Eisai, Inc.) only.

Pamidronate Disodium ‡

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	Blank	each

‹‹Pancrelipase *

* Added effective January 1, 2021. The following strengths are restricted to NDC labeler code 00032 only.

Dosage Form	Size and/or Strength	Billing Unit
Capsules, delayed release	3,000 USP units of lipase 9,500 USP units of protease 15,000 USP units of amylase	each
Capsules, delayed release	6,000 USP units of lipase 19,000 USP units of protease 30,000 USP units of amylase	each
Capsules, delayed release	12,000 USP units of lipase 38,000 USP units of protease 60,000 USP units of amylase	each
Capsules, delayed release	24,000 USP units of lipase 76,000 USP units of protease 120,000 USP units of amylase	each
Capsules, delayed release	36,000 USP units of lipase 114,000 USP units of protease 180,000 USP units of amylase	each››

‹‹Pancrelipase (continued) *

* Effective January 1, 2021: the following strengths are restricted to NDC labeler code 00023 only.

Dosage Form	Size and/or Strength	Billing Unit
Capsules, delayed release	3,000 USP units of lipase; 10,000 USP units of protease; 14,000 USP units of amylase	each
Capsules, delayed release	5,000 USP units of lipase; 17,000 USP units of protease; 24,000 USP units of amylase	each
Capsules, delayed release	10,000 USP units of lipase; 32,000 USP units of protease; 42,000 USP units of amylase	each
Capsules, delayed release	15,000 USP units of lipase; 47,000 USP units of protease; 63,000 USP units of amylase	each
Capsules, delayed release	20,000 USP units of lipase; 63,000 USP units of protease; 84,000 USP units of amylase	each
Capsules, delayed release	25,000 USP units of lipase; 79,000 USP units of protease; 105,000 USP units of amylase	each
Capsules, delayed release	40,000 USP units of lipase; 126,000 USP units of protease; 168,000 USP units of amylase	each››

Pancrelipase (Amylase/Lipase/Protease)

Dosage Form	Size and/or Strength	Billing Unit
Tablets	Blank	each
Capsules	Blank	each
Capsules with enteric coated granules	Blank	each
Powder	Blank	gram

Panitumumab *

The following text is effective October 1, 2020: Panitumumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 (Amgen USA, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	20 mg/ml, 5 ml	milliliter
Injection	20 mg/ml, 10 ml	milliliter
Injection	20 mg/ml, 20 ml	milliliter

The following text is removed ‹‹effective October 1, 2020:›› Panitumumab is restricted to use in the treatment of cancer and to and to claims submitted with dates of service from October 13, 2006, through February 28, 2010, only. Continuing care with a date of service on or after March 1, 2010, is available when the following conditions are met:

1) The beneficiary had a paid fee-for-service claim for this drug on or before February 28, 2010; 2) A claim has been submitted and paid within the past 100 days; and 3) The claim being submitted is within 100 days of the date of service of the last paid claim. End of removed text.

Panobinostat ‡ *

Panobinostat is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) or 00173 (GlaxoSmithKline) only.

Dosage Form	Size and/or Strength	Billing Unit
Capsules	10 mg	each
Capsules	15 mg	each
Capsules	20 mg	each

Pantoprazole Sodium

Dosage Form	Size and/or Strength	Billing Unit
Tablets, delayed release +	20 mg	each
Tablets, delayed release +	40 mg	each

Papain and Urea *

Papain and Urea is restricted to NDC labeler codes 50484 (Smith & Nephew, Inc.) and 58980 (Stratus Pharmaceuticals) only and with dates of service on or before February 28, 2009.

Dosage Form	Size and/or Strength	Billing Unit
Ointment	Blank	gram

Papain-Urea-Chlorophyllin Copper Complex Sodium

Dosage Form	Size and/or Strength	Billing Unit
Ointment	30 gm	gram
Spray	33 ml	milliliters

The 30 gm ointment is restricted to NDC labeler codes 00064 (Healthpoint, Ltd.) 50484 (Smith & Nephew, Inc.) and 58980 (Stratus Pharmaceuticals) only until April 30, 2006.

Effective May 1, 2006, the 30 gm ointment is restricted to NDC labeler codes 50484 (Smith & Nephew, Inc.) and 58980 (Stratus Pharmaceuticals) only and with dates of service on or before February 28, 2009.

The 33 ml spray is restricted to claims submitted with dates of service from January 1, 2004, through April 30, 2006.

Paregoric

Dosage Form	Size and/or Strength	Billing Unit
Liquid	Blank	Blank

Paregoric and Protective

Dosage Form	Size and/or Strength	Billing Unit
Liquid	Blank	milliliters

Paromomycin Sulfate ‡

Dosage Form	Size and/or Strength	Billing Unit
Capsules	Blank	each

Paroxetine HCL *

Use of Paroxetine HCL is in beneficiaries less than 18 years of age requires treatment authorization approval.

Dosage Form	Size and/or Strength	Billing Unit
Suspension, oral	10 mg/5 ml	milliliters
Tablets	10 mg	each
Tablets	20 mg	each
Tablets	30 mg	each
Tablets	40 mg	each
Tablets, controlled release	12.5 mg	each
Tablets, controlled release	25 mg	each
Tablets, controlled release	37.5 mg	each

The controlled release tablets are restricted to dates of service from October 1, 2002, through December 31, 2011, only. Continuing care with a date of service on or after December 31, 2011, is available when the following conditions are met: 1) The beneficiary had a paid fee-for-service claim for this drug on or before December 31, 2011; 2) A claim has been submitted and paid within the past 100 days; and 3) The claim being submitted is within 100 days of the date of service of the last paid claim.

Paroxetine Mesylate *

Paroxetine Mesylate is restricted to claims with dates of service from September 1, 2004, through May 31, 2009 only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	10 mg	each
Tablets	20 mg	each
Tablets	30 mg	each
Tablets	40 mg	each

Pazopanib Hydrochloride ‡ *

Pazopanib Hydrochloride is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation).

Dosage Form	Size and/or Strength	Billing Unit
Tablets	200 mg	each

Pegaspargase ‡

Dosage Form	Size and/or Strength	Billing Unit
Injection	750 units/ml	milliliter

Peginterferon Alfa-2A *

Peginterferon Alfa-2A is restricted to use in the treatment of chronic viral Hepatitis B or C infection. Also restricted to therapy lasting up to 48 weeks from the dispensing date of the first prescription for all dosage forms and strengths and to labeler code 00004 (Roche Laboratories Inc.).

Dosage Form	Size and/or Strength	Billing Unit
Injection kit with alcohol pads	180 mcg/0.5 ml	each kit
Syringes, package of four, without alcohol pads	180 mcg/0.5 ml	milliliter
Pen injector, package of four	180 mcg/0.5 ml	milliliter
Pen injector, package of four	135 mcg/0.5 ml	milliliter
Injection	180 mcg/ml	milliliter

The 180 mcg/0.5 ml injection kit with alcohol pads is restricted to a maximum of one injection kit per dispensing for the 180 mcg/0.5 ml injection kit. Injection kit with alcohol pads 180 mcg/0.5 ml is currently no longer manufactured or available and will not be payable after June 30, 2012.

The syringes are restricted to a maximum of 2 ml per dispensing for the 180 mcg/0.5 ml syringes, package of four, without alcohol pads.

The pen injectors are restricted to a maximum of 2 ml per dispensing, package of four, for both strengths of the auto injector pens only.

Peginterferon Alfa-2A *(continued)

The injection is restricted to a maximum of four vials per dispensing for the 180 mcg/ml injection only.

Note: Previously, the injection kit (NDC 00004-0352-39) was billed in units of each kit (four 0.5 ml syringes as one kit). As recently as October 2011, new packaging (NDC 00004-0357-30) was released without alcohol pads and therefore is no longer designated as a kit by NCPDP standards. Bill NDC 00004-0357-30 in units of ml (four 0.5 ml syringes, totaling two ml per package).

Peginterferon Alfa-2B *

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection kit	50 mcg/0.5 ml	each
Powder for injection kit	80 mcg/0.5 ml	each
Powder for injection kit	120 mcg/0.5 ml	each
Powder for injection kit	150 mcg/0.5 ml	each
Powder for injection, single dose delivery system	50 mcg/0.5 ml	each
Powder for injection, single dose delivery system	80 mcg/0.5 ml	each
Powder for injection, single dose delivery system	120 mcg/0.5 ml	each
Powder for injection, single dose delivery system	150 mcg/0.5 ml	each
Lyophilized powder for injection ‡	296 mcg (200 mcg deliverable)	each
Lyophilized powder for injection ‡	444 mcg (300 mcg deliverable)	each
Lyophilized powder for injection ‡	888 mcg (600 mcg deliverable)	each

The powder for injection kits and powder for injection, single dose delivery system are restricted to use in the treatment of Hepatitis C. Also restricted to a maximum of four injection kits or single dose delivery systems per dispensing and therapy lasting up to 48 weeks from the dispensing date of the first prescription for the powder for injection, single dose delivery system only. Also restricted to labeler code 00085 (Schering Corporation) only.

The lyophilized powder for injection is restricted to use in the treatment of cancer only.

Pembrolizumab ‡ *

Pembrolizumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006 (Merck & Company, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	50 mg/vial	each
Solution for injection	100 mg/4 ml	milliliter

Pemetrexed ‡ *

Pemetrexed is restricted to use in the treatment of cancer only. Also restricted to NDC code 00002 (Eli Lilly and Company) only.

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	100 mg/vial	each
Powder for injection	500 mg/vial	each

Pemirolast Potassium *

Pemirolast Potassium is restricted to claims with dates of service from December 1, 2000, through September 30, 2010, only.

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	0.1 %, 10 ml	milliliter

Pemoline *

Pemoline is restricted to use in Attention Deficit Disorder in individuals from 4 years through 16 years of age with a Medi-Cal fee-for-service paid claim for this drug prior to December 1, 2005, and with the claim being submitted within 100 days of the date of service of the last paid claim submitted.

Dosage Form	Size and/or Strength	Billing Unit
Tablets or capsules	18.75 mg	each
Tablets or capsules	37.5 mg	each
Tablets or capsules	75 mg	each
Tablets (chewable)	37.5 mg	each

Penbutolol Sulfate

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	20 mg	each

Penicillin G

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	1,000,000 units/vial	each
Powder for injection	5,000,000 units/vial	each
Powder for injection	10,000,000 units/vial	each
Powder for injection	20,000,000 units/vial	each

Penicillin G Benzathine

Dosage Form	Size and/or Strength	Billing Unit
Injection	300,000 U/ml, 10 ml	milliliter
Injection	600,000 U/ml, 1 ml	milliliter
Injection	600,000 U/ml, 2 ml	milliliter
Injection	600,000 U/ml, 4 ml	milliliter

Penicillin G Procaine

Dosage Form	Size and/or Strength	Billing Unit
Injection	Blank	milliliter

Penicillin V (K)

Dosage Form	Size and/or Strength	Billing Unit
Tablets	125 mg	each
Tablets	250 mg	each
Tablets	500 mg	each
Liquid	125 mg/5 ml, 100 ml	milliliter
Liquid	125 mg/5 ml, 150 ml	milliliter
Liquid	125 mg/5 ml, 200 ml	milliliter
Liquid	250 mg/5 ml, 100 ml	milliliter
Liquid	250 mg/5 ml 150 ml	milliliter
Liquid	250 mg/5 ml, 200 ml	milliliter

Pentamidine ‡ *

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	300 mg/vial	each
Powder for aerosolized administration	300 mg/vial	each

The powder for aerosolized administration is restricted to the prevention of pneumocystis carinii pneumonia (PCP) and must meet all of the following criteria: 1) Patient is HIV-infected, with a history of PCP or with a CD4 (T4) lymphocyte count less than or equal to 200 cells/mm3. 2) Nebulizer system must comply with the specifications in the package insert for the drug product.

Pentobarbital

Dosage Form	Size and/or Strength	Billing Unit
Suppositories	30 mg	each
Suppositories	60 mg	each
Suppositories	120 mg	each
Suppositories	200 mg	each

Pentosan Polysulfate Sodium

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

Pentostatin ‡

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	10 mg/vial	each

Pentoxifylline *

Pentoxifylline is restricted to use for patients 65 years of age or older diagnosed with intermittent claudication, or for diabetic patients of any age diagnosed with intermittent claudication.

Dosage Form	Size and/or Strength	Billing Unit
Tablets or capsules +	400 mg	each

Pergolide Mesylate

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.05 mg	each
Tablets	0.25 mg	each
Tablets	1.0 mg	each

The 0.05 and 0.25 mg tablets are restricted to NDC labeler codes 59075 (Elan Pharmaceuticals, Inc./Athena Neuroscience) and 65234 (Valeant Pharmaceuticals North America).

Note: These products are no longer manufactured or available.

Permethrin

Dosage Form	Size and/or Strength	Billing Unit
Cream	5 %, 60 gm	gram

Perphenazine *

‹‹Perphenazine is›› restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires treatment authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

Dosage Form	Size and/or Strength	Billing Unit
Injection	5 mg/ml, 1 ml	milliliter
Tablets +	2 mg	each
Tablets +	4 mg	each
Tablets +	8 mg	each
Tablets +	16 mg	each
Liquid	16 mg/5 ml	milliliter

Pertuzumab ‡ *

‹‹Pertuzumab is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 (Genentech USA, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	420 mg/14 ml	milliliter

Pertuzumab, Trastuzumab and Hyaluronidase-Zzxf ‡

‹‹Effective, April 1, 2019**,** restricted to use in the treatment of cancer only.›› Also restricted to NDC labeler code 50242 (Genentech, Inc.) only.››

Dosage Form	Size and/or Strength	Billing Unit
Subcutaneous Injection	600 mg/600 mg/ 20,000 units/ 10 ml	milliliter
Subcutaneous Injection	1200 mg/600 mg/ 30,000 units/ 15 ml	milliliter

Pexidartinib ‡ *

‹‹Effective, October 1, 2019, Pexidartinib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 65597 (Daiichi Sankyo, Inc.) only.

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

Phenazopyridine HCL

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.1 gm	each
Tablets	0.2 gm	each

Phenobarbital

Dosage Form	Size and/or Strength	Billing Unit
Injection	120 to 130 mg/ml, 1 ml	milliliter
Tablets +	15 mg	each
Tablets +	16.2 mg	each
Tablets +	30 mg	each
Tablets +	32.4 mg	each
Tablets +	60 mg	each
Tablets +	65 mg	each
Tablets +	97.2 mg	each
Tablets +	100 mg	each
Liquid	20 mg/5 ml	milliliter

Phenylephrine

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	0.12 %, 15 ml	milliliter
Ophthalmic solution	2.5 % ,15 ml	milliliter
Ophthalmic solution	10 %, 5 ml	milliliter
Ophthalmic solution	10 %, 15 ml	milliliter

Phenytoin

Dosage Form	Size and/or Strength	Billing Unit
Tablets, chewable +	50 mg	each
Capsules, extended release +	30 mg	each
Capsules, extended release +	100 mg, 1,000's ¥	each
Capsules, extended release +	200 mg, 1,000's ¥	each
Capsules, extended release +	300 mg, 1000's ¥	each
Capsules, prompt +	100 mg, 1,000's ¥	each
Suspension	125 mg/5 ml	milliliter
Suspension	30 mg/5 ml	milliliter

Phenytoin with Phenobarbital

Dosage Form	Size and/or Strength	Billing Unit
Tablets, or capsules +	100 mg/15 mg	each
Tablets, or capsules +	100 mg/30 mg	each

Note: These products are no longer manufactured or available.

Phytonadione

Dosage Form	Size and/or Strength	Billing Unit
Injection	10 mg/ml, 1 ml	milliliter
Injection	10 mg/ml, 2.5 ml	milliliter
Injection	10 mg/ml, 5 ml	milliliter
Tablets	5 mg	each

Pilocarpine

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic gel	4 %, 3.5 gm	gram
Ophthalmic gel	4 %, 5 gm	gram
Ophthalmic solution	¼ %, 15 ml	milliliter
Ophthalmic solution	½ %, 15 ml	milliliter
Ophthalmic solution	½ %, 30 ml	milliliter
Ophthalmic solution	1 %, 15 ml	milliliter
Ophthalmic solution	1 %, 30 ml	milliliter
Ophthalmic solution	2 %, 15 ml	milliliter
Ophthalmic solution	2 %, 30 ml	milliliter
Ophthalmic solution	3 %, 15 ml	milliliter
Ophthalmic solution	3 %, 30 ml	milliliter
Ophthalmic solution	4 %, 15 ml	milliliter
Ophthalmic solution	4 %, 30 ml	milliliter
Ophthalmic solution	5 %, 15 ml	milliliter
Ophthalmic solution	6 %, 15 ml	milliliter
Ophthalmic solution	6 %, 30 ml	milliliter
Ophthalmic solution	8 % or 10 %, 30 ml	milliliter
Tablets	5 mg	each
Tablets	7.5 mg	each

‹‹The 5 mg and 7.5 mg tablets are›› restricted to NDC labeler code 58063 (MGI Pharma) and to claims with dates of service from November 1, 2000, through April 30, 2010, for tablets only.

Pilocarpine with Epinephrine

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	1 %, 10 ml	milliliter
Ophthalmic solution	1 %, 15 ml	milliliter
Ophthalmic solution	2 %, 10 ml	milliliter
Ophthalmic solution	2 %, 15 ml	milliliter
Ophthalmic solution	3 %, 10 ml	milliliter
Ophthalmic solution	3 %, 15 ml	milliliter
Ophthalmic solution	4 %, 10 ml	milliliter
Ophthalmic solution	4 %, 15 ml	milliliter
Ophthalmic solution	6 %, 10 ml	milliliter
Ophthalmic solution	6 %, 15 ml	milliliter

Note: These products are no longer manufactured or available.

Pindolol

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	5 mg	each
Tablets +	10 mg	each

Pioglitazone HCL

Dosage Form	Size and/or Strength	Billing Unit
Tablets	15 mg	each
Tablets	30 mg	each
Tablets	45 mg	each

Pioglitazone HCL/Glimepiride

Dosage Form	Size and/or Strength	Billing Unit
Tablets	30 mg/2 mg	each
Tablets	30 mg/4 mg	each

Pioglitazone HCL/Metformin HCL

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	15 mg/500 mg	each
Tablets +	15 mg/850 mg	each

Piperacillin Sodium

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	‹‹Blank››	each

Pipobroman ‡

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

Note: These products are no longer manufactured or available.

Pirbuterol Acetate

Dosage Form	Size and/or Strength	Billing Unit
Aerosol inhaler with adapter	14 gm	gram
Aerosol inhaler with adapter	25.6 gm	gram

‹‹The aerosol inhaler with adapter is›› restricted to dates of service from March 1, 1994, to January 31, 2007.

Piroxicam *

‹‹The following text is removed effective November 1, 2020.›› Piroxicam is restricted to use for arthritis. **Note:** Subject to Step Therapy edits. See Drugs: Contract Drugs List Part 8 – Step Therapy for more information. ‹‹Removed text ends here››

Dosage Form	Size and/or Strength	Billing Unit
Tablets or capsules +	10 mg	each
Tablets or capsules +	20 mg	each

Pitavastatin Calcium *

Pitavastatin Calcium is restricted to claims submitted with dates of service from October 1, 2011, through October 31, 2014, only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	1 mg	each
Tablets	2 mg	each
Tablets	4 mg	each

Plicamycin ‡

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	2.5 mg/vial	each

Note: This product is no longer manufactured or available.

Pneumococcal Vaccine, 13-Valent, Conjugated *

‹‹Pneumococcal Vaccine, 13-Valent, Conjugated is›› restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) One dose of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Dosage Form	Size and/or Strength	Billing Unit
Injection	1-dose syringe	milliliter

Pneumococcal Vaccine, 23-Valent, Non-Conjugated *

‹‹Pneumococcal Vaccine, 13-Valent, Non-Conjugated is›› restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Dosage Form	Size and/or Strength	Billing Unit
Injection	1-dose vial	milliliter
Injection	1-dose syringe	milliliter

Podofilox

Dosage Form	Size and/or Strength	Billing Unit
Topical solution	0.5 %	milliliter
Topical gel	0.5 %	gram

Polatuzumab Vedotin-Piiq ‡ *

‹‹Effective June 11, 2019**,** Polatuzumab Vedotin-Piiq is›› restricted to use in the treatment of cancer only. Also restricted to labeler codes 50242 (Genentech, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	140 mg	each

Polyestradiol Phosphate ‡

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	40 mg/vial	each

Note: This product is no longer manufactured or available.

Polethylene Glycol 3350

‹‹The following text is removed effective June 1, 2020.››

Dosage Form	Size and/or Strength	Billing Unit
Powder	17 gm	gram

‹‹Removed text ends here. The following text is effective June 1, 2020.››

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

Polethylene Glycol 3350 and Electrolytes

Dosage Form	Size and/or Strength	Billing Unit
Solution	4000 ml	milliliter

Polymyxin, Bacitracin

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic ointment	‹‹Blank››	gram

Ponatinib ‡ *

‹‹Ponatinib is›› restricted to use in the treatment of cancer only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	15 mg	each
Tablets	45 mg	each

Porfimer Sodium ‡

Dosage Form	Size and/or Strength	Billing Unit
Powder for injection	‹‹Blank››	each

Potassium Bicarbonate/Citric Acid

Dosage Form	Size and/or Strength	Billing Unit
Tablets, effervescent +	10 meq	each
Tablets, effervescent +	20 meq	each
Tablets, effervescent +	25 meq	each

‹‹The effervescent tablets›› exclude NDC labeler codes 00245 (Upsher-Smith Laboratories, Inc.) and 66758 (Parenta Pharmaceuticals, Inc.)

Potassium Chloride

Dosage Form	Size and/or Strength	Billing Unit
Tablets, long acting +	8 meq	each
Injection	‹‹Blank››	milliliters
Liquid	10 %	milliliters
Liquid	20 %	milliliters

‹‹The following text is effective May 1, 2020››

Dosage Form	Size and/or Strength	Billing Unit
Capsules, long acting +	8 meq››	each
Capsules, long acting + ››	10 meq	each
Tablets, long acting +	10 meq	each
Tablets, long acting +	20 meq	each

‹‹Effective May 1**,** 2020, the 8 meq, 10 meq, and 20 meq long acting tablets exclude NDC labeler codes 00074 (Abbvie, Inc.), 00245 (Upsher-Smith Laboratories, Inc.) and 66758 (Parenta Pharmaceuticals, Inc.).››

Note: Payment for oral liquid limited to a minimum dispensing quantity of 480 ml. See *California Code of Regulations* (CCR), Title 22, Section 51513(b)(5) regarding exceptions.

‹‹Potassium Citrate››

‹‹The following text is effective May 1, 2020.››

Dosage Form	Size and/or Strength	Billing Unit
‹‹Tablets, extended release + ››	‹‹5 meq››	‹‹each››
‹‹Tablets, extended release + ››	‹‹10 meq››	‹‹each››

Potassium Iodide Saturated Solution

Dosage Form	Size and/or Strength	Billing Unit
Liquid	Blank	milliliters

Pralatrexate ‡ *

Pralatrexate is restricted to use in the treatment of cancer and restricted to claims submitted with dates of service from October 28, 2009, through September 30, 2014, only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	20 mg/1 ml	milliliters
Injection	40 mg/2 ml	milliliters

‹‹Pralsetinib ‡ *

Effective September 14, 2020, Pralsetinib is restricted to use in the treatment of cancer. Also restricted to NDC labeler code 72064 (Blueprint Medicines Corporation) only.

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

Pramipexole Dihydrochloride *

Use of Pramipexole Dihydrochloride in beneficiaries less than 18 years of age requires treatment authorization approval.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.125 mg	each
Tablets	0.25 mg	each
Tablets	0.5 mg	each
Tablets	1.0 mg	each
Tablets	1.5 mg	each
Tablets, extended-release	0.375 mg	each
Tablets, extended-release	0.75 mg	each
Tablets, extended-release	1.5 mg	each
Tablets, extended-release	3.0 mg	each
Tablets, extended-release	4.5 mg	each

‹‹**Effective April 1, 2021, the following text is removed: The extended-release tablets are restricted to NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals) only. End of removed text**.››

Pramlintide Acetate *

Pramlintide Acetate is restricted to use in the treatment of Type 2 diabetes and labeler code 00310 (AstraZeneca LP) only.

Dosage Form	Size and/or Strength	Billing Unit
60 Pen injector	1.5 ml	milliliter
120 Pen injector	2.7 ml	milliliter

Prasugrel *

Prasugrel is restricted to NDC labeler code 00002 (Eli Lilly and Company) and to claims with dates of service from April 1, 2011, through May 31, 2017, only. Continuing care with a date of service on or after June 1, 2017, is available when the following conditions are met: 1) The beneficiary had a paid fee-for-service claim for this drug on or before May 31, 2017; 2) A claim has been submitted and paid within the past 100 days; and 3) The claim being submitted is within 100 days of the date of service of the last paid claim.

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

Pravastatin

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	10 mg	each
Tablets +	20 mg	each
Tablets +	40 mg	each
Tablets +	80 mg	each

Prazosin HCL

Dosage Form	Size and/or Strength	Billing Unit
Capsules +	1 mg	each
Capsules +	2 mg	each
Capsules +	5 mg	each

Prednicarbate

Dosage Form	Size and/or Strength	Billing Unit
Cream	0.1 %, 15 gm	gram
Cream	0.1 %, 60 gm	gram

Prednisolone

Dosage Form	Size and/or Strength	Billing Unit
Injection	20 mg/ml, 2 ml	milliliter
Injection	20 mg/ml, 5 ml	milliliter
Injection	20 mg/ml, 10 ml	milliliter
Injection	25 mg/ml, 10 ml	milliliter
Injection	25 mg/ml, 30 ml	milliliter
Tablets	5 mg	each
Ophthalmic solution	0.12 % - 0.125 %, 5 ml	milliliter
Ophthalmic solution	0.12 % - 0.125 %, 10 ml	milliliter
Ophthalmic solution	1.0 %, 5 ml	milliliter
Ophthalmic solution	1.0 %, 10 ml	milliliter
Ophthalmic solution	1.0 %, 15 ml	milliliter
Liquid	5 mg/5 ml	milliliter
Liquid	15 mg/5 ml	milliliter

Prednisolone, Neomycin, Polymyxin B

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic suspension	5 mg/5 mg/10,000 U/ml, 5 ml	milliliter
Ophthalmic suspension	5 mg/5 mg/10,000 U/ml, 10 ml	milliliter

Note: These products are no longer manufactured or available.

Prednisolone Sodium Phosphate

Dosage Form	Size and/or Strength	Billing Unit
Oral solution	20.2 mg/5 ml	milliliter
Orally disintegrating tablets	10 mg	each
Orally disintegrating tablets	15 mg	each
Orally disintegrating tablets	30 mg	each

The oral solution is restricted to labeler code 68135 (Biomarin Pharmaceuticals, Inc.) only and to claims with dates of service from April 1, 2005, through September 30, 2008, only.

Prednisolone with Sulfacetamide

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic ointment	0.25 %	gram
Ophthalmic ointment	0.5 %	gram
Ophthalmic solution	0.2 % - 0.25 %, 5 ml	milliliter
Ophthalmic solution	0.2 % - 0.25 %, 10 ml	milliliter
Ophthalmic solution	0.2 % - 0.25 %, 15 ml	milliliter
Ophthalmic solution	0.5 %, 5 ml	milliliter
Ophthalmic solution	0.5 %, 15 ml	milliliter

Prednisone

Dosage Form	Size and/or Strength	Billing Unit
Tablets	1 mg	each
Tablets	2.5 mg	each
Tablets	5 mg	each
Tablets	10 mg	each
Tablets	20 mg	each
Tablets	50 mg	each

‹‹Pregabalin››

The following text is effective September 1, 2020:

Dosage Form	Size and/or Strength	Billing Unit
‹‹Capsules››	‹‹25 mg››	‹‹each››
‹‹Capsules››	‹‹50 mg››	‹‹each››
‹‹Capsules››	‹‹75 mg››	‹‹each››
‹‹Capsules››	‹‹100 mg››	‹‹each››
‹‹Capsules››	‹‹150 mg››	‹‹each››

‹‹Pregabalin (continued)››

The following text is effective September 1, 2020:

Dosage Form	Size and/or Strength	Billing Unit
‹‹Capsules››	‹‹200 mg››	‹‹each››
‹‹Capsules››	‹‹225 mg››	‹‹each››
‹‹Capsules››	‹‹300 mg››	‹‹each››

Primaquine ‡

Dosage Form	Size and/or Strength	Billing Unit
Tablets	26.3 mg	each

Primidone

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	50 mg	each
Tablets +	250 mg	each
Liquid	0.25 gm/5 ml	milliliter

Probenecid

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	500 mg	each

Probenecid with Colchicine

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

Procainamide

Dosage Form	Size and/or Strength	Billing Unit
Injection	100 mg/ml, 10 ml	milliliter
Capsules or tablets +	250 mg	each
Capsules or tablets +	375 mg	each
Capsules or tablets +	500 mg	each
Capsules or tablets, long-acting +	250 mg	each
Capsules or tablets, long-acting +	500 mg	each
Capsules or tablets, long-acting +	750 mg	each
Capsules or tablets, long-acting +	1000 mg	each

Procarbazine ‡

Dosage Form	Size and/or Strength	Billing Unit
Capsules	50 mg	each

Prochlorperazine

Dosage Form	Size and/or Strength	Billing Unit
Injection	5 mg/ml	milliliter
Injection, prefilled syringe	‹‹Blank››	milliliter
Tablets +	5 mg	each
Tablets +	10 mg	each
Tablets +	25 mg	each
Liquid	5 mg/5 ml	
Capsules, sustained release +	10 mg	each
Capsules, sustained release +	15 mg	each

Prochlorperazine (continued)

Dosage Form	Size and/or Strength	Billing Unit
Capsules, sustained release +	30 mg	each
Suppositories	2.5 mg	each
Suppositories	5 mg	each
Suppositories	25 mg	each

Procyclidine

Dosage Form	Size and/or Strength	Billing Unit
Tablets	5 mg	each

Note: This product is no longer manufactured or available.

Progesterone

Dosage Form	Size and/or Strength	Billing Unit
Injection	50 mg/ml, 10 ml	milliliter

Promethazine *

‹‹Promethazine is›› restricted to individuals 2 years of age or older.

Dosage Form	Size and/or Strength	Billing Unit
Injection	25 mg/ml, 1 ml	milliliter
Injection	25 mg/ml, 10 ml	milliliter
Injection	50 mg/ml	milliliter
Tablets +	12.5 mg	each
Tablets +	25 mg	each
Tablets +	50 mg	each
Liquid	6.25 mg/5 ml	milliliter
Liquid Fortis	25 mg/5 ml	milliliter

Promethazine* (continued)

‹‹Promethazine is›› restricted to individuals 2 years of age or older.

Dosage Form	Size and/or Strength	Billing Unit
Suppositories	12.5 mg	each
Suppositories	25 mg	each
Suppositories	50 mg	each

Promethazine with Codeine *

‹‹Promethazine with Codeine is›› restricted to individuals 2 years of age and older. Also restricted to a maximum dispensing quantity of 360 ml and a maximum of three (3) dispensings in any 75-day period.

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

Promethazine with Dextromethorphan *

‹‹Promethazine with Dextromethorphan is›› restricted to individuals 2 years of age and older.

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

Promethazine with Phenylephrine *

‹‹Promethazine with Phenylephrine is›› restricted to individuals 2 years of age and older.

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

Promethazine with Phenylephrine and Codeine *

‹‹Promethazine with Phenylephrine and Codeine is›› restricted to individuals 2 years of age and older. Also restricted to a maximum dispensing quantity of 360 ml and a maximum of three (3) dispensings in any 75-day period.

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

Propantheline Bromide

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	7.5 mg	each
Tablets +	15 mg	each

Proparacaine HCL *

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic solution	0.5 %, 2 ml	milliliter
Ophthalmic solution	0.5 %, 15 ml	milliliter

Propranolol

Dosage Form	Size and/or Strength	Billing Unit
Injection	1 mg/ml, 1 ml	milliliter
Tablets +	10 mg	each
Tablets +	20 mg	each
Tablets +	40 mg	each
Tablets +	60 mg	each
Tablets +	80 mg	each
Tablets +	90 mg	each
Liquid	4 mg/ml	milliliter
Liquid	8 mg/ml	milliliter

Propylthiouracil

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	50 mg	each

Protriptyline HCL

Use ‹‹of Protriptyline HCL›› in beneficiaries less than 12 years of age requires treatment authorization approval.

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

Pyrantel Pamoate

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

Pyrazinamide

Dosage Form	Size and/or Strength	Billing Unit
Tablets or capsules	500 mg	each

Pyridostigmine

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	60 mg	each
Tablets, long acting +	180 mg	each
Liquid	‹‹Blank››	milliliter

Pyridoxine

Dosage Form	Size and/or Strength	Billing Unit
Injection	100 mg/ml, 10 ml	milliliter
Injection	100 mg/ml, 30 ml	milliliter

Pyrimethamine ‡

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

Quetiapine Fumarate *

‹‹Quetiapine Fumarate is›› restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires treatment authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	25 mg	each
Tablets	50 mg	each
Tablets	100 mg	each
Tablets	200 mg	each
Tablets	300 mg	each
Tablets	400 mg	each
Extended-release tablets	50 mg	each
Extended-release tablets	150 mg	each
Extended-release tablets	200 mg	each
Extended-release tablets	300 mg	each
Extended-release tablets	400 mg	each

Quinapril HCL *

Authorization is always required for ‹‹Quinapril HCL.››

Dosage Form	Size and/or Strength	Billing Unit
Tablets	5 mg	each
Tablets	10 mg	each
Tablets	20 mg	each
Tablets	40 mg	each

‹‹Quinapril HCL is›› suspended until further notice.

Quinidine Gluconate

Dosage Form	Size and/or Strength	Billing Unit
Injection	80 mg/ml, 10 ml	milliliter
Tablets, long acting +	324 mg	each

Quinidine Sulfate

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	100 mg	each
Tablets +	200 mg, 1,000's ɣ	each
Tablets +	300-325 mg	each
Tablets or capsules	‹‹Blank››	each

Quinine Sulfate *

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

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

Rabies Vaccine *

‹‹Rabies Vaccine is›› restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

Dosage Form	Size and/or Strength	Billing Unit
Injection	1-dose vial	each

Raloxifene HCL *

‹‹Raloxifene HCL is›› restricted to use for the treatment and prevention of osteoporosis and reduction in the risk of invasive breast cancer in postmenopausal women with osteoporosis or postmenopausal women at high risk of invasive breast cancer and to claims submitted with dates of service from October 1, 1998, through June 30, 2009, only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	60 mg	each

Raltegravir ‡ *

‹‹Raltegravir is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00006 (Merck & Company, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	400 mg	each
Tablets	600 mg	each
Chewable tablets	25 mg	each
Chewable tablets	100 mg	each
Oral Suspension packets	100 mg	each

Ramelteon *

Ramelteon is restricted to use in the treatment of insomnia.

The following text is effective December 1, 2020: Ramelteon is restricted to a maximum quantity per dispensing of 60 tablets in 30 days. Use in beneficiaries less than 18 years of age requires treatment authorization approval.

The following text is removed ‹‹effective December 1, 2020:›› and to a maximum dispensing quantity of thirty (30) tablets. and a maximum of three (3) dispensings in any seventy-five (75) day period and to claims with dates of service from November 1, 2006, through March 31, 2010, only. End of removed text.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	8 mg	each

Ramipril

Dosage Form	Size and/or Strength	Billing Unit
Capsules +	1.25 mg	each
Capsules +	2.5 mg	each
Capsules +	5 mg	each
Capsules +	10 mg	each

Ramucirumab ‡ *

Ramucirumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 (Eli Lilly and Company) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	100 mg/10 ml	milliliter
Injection	500 mg/50 ml	milliliter

Ranitidine HCL

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	150 mg	each
Tablets +	300 mg	each

The following text is effective April 1, 2020:

Dosage Form	Size and/or Strength	Billing Unit
Syrup	15 mg/ml	milliliters

Regorafenib ‡ *

Regorafenib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 (Bayer HealthCare Pharmaceuticals) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	40 mg	each

Repaglinide*

Repaglinide is restricted to claims submitted with dates of service from April 1, 1999, through July 31, 2005.

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	0.5 mg	each
Tablets +	1.0 mg	each
Tablets +	2.0 mg	each

Ribavirin *

‹‹Ribavirin is›› restricted to use as combination therapy in the treatment of Hepatitis C. Also restricted to therapy lasting up to 48 weeks from the dispensing date of the first prescription.

Dosage Form	Size and/or Strength	Billing Unit
Capsules	200 mg	each
Tablets	200 mg	each
Dose Pack Tablets (56 tablets per pack)	600 mg Dose Pack (200 mg x 28, 400 mg x 28)	each
Dose Pack Tablets (56 tablets per pack)	800 mg Dose Pack (400 mg x 56)	each
Dose Pack Tablets (56 tablets per pack)	1000 mg Dose Pack (400 mg x 28, 600 mg x 28)	each
Dose Pack Tablets (56 tablets per pack)	1200 mg Dose Pack (500 mg x 56)	each

‹‹The Dose Pack Tablets is›› restricted to brand name Ribasphere RibaPak labeler code 66435 (Kadmon Pharmaceuticals, LLC) for Dose Pack (tablets) only. Also restricted to claims with dates of service from July 1, 2012, through June 30, 2015. Continuing care with a date of service on or after July 1, 2015, is available when the following conditions are met: 1) The beneficiary had a paid fee-for-service claim for this drug on or before June 30, 2015; 2) A claim has been submitted and paid within the past 100 days; and 3) The claim being submitted is within 100 days of the date of service of the last paid claim.

Note: “each” means tablet. Bill using outer package NDCs ending in -99 for proper reimbursement.

Ribavirin and Interferon Alfa-2B *

‹‹Ribavirin and Interferon Alfa-2B are›› restricted to use in the treatment of Hepatitis C. Also restricted to a maximum quantity of two kits per dispensing, to therapy lasting up to 48 weeks from the dispensing date of the first prescription and to dates of service from July 1, 1999, through June 30, 2005.

Dosage Form	Size and/or Strength	Billing Unit
Capsules and injection, multi-dose pen	‹‹Blank››	each kit

Note: Product is no longer manufactured or available.

Ribociclib ‡ *

‹‹Ribociclib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	600 mg daily dose (3 x 21 tablet blister packs)	each
Tablets	400 mg daily dose (3 x 14 tablet blister packs)	each
Tablets	200 mg daily dose (1 x 21 tablet blister packs)	each

Note: “each” means number of tablets per box of either 63, 42 or 21.

Ribociclib and Letrozole ‡ *

‹‹Ribociclib and Letrozole is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 (Novartis Pharmaceuticals Corporation) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	600 mg daily dose (3 x 21 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	each
Tablets	400 mg daily dose (3 x 14 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	each
Tablets	200 mg daily dose (1 x 21 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	each

Note: “each” means total number of tablets carton of either 91, 70 or 49.

Rifabutin ‡ *

‹‹Rifabutin is›› restricted to use in the prevention of disseminated Mycobacterium Avium Complex (MAC) disease in patients with advanced HIV infection.

Dosage Form	Size and/or Strength	Billing Unit
Capsules	150 mg	each

Rifampin

Dosage Form	Size and/or Strength	Billing Unit
Capsules	150 mg	each
Capsules	300 mg	each

Rifampin and Isoniazid

Dosage Form	Size and/or Strength	Billing Unit
Capsules	300 mg/150 mg	each

Rifampin and Isoniazid and Pyrazinamide

Dosage Form	Size and/or Strength	Billing Unit
Tablets	120 mg/50 mg/300 mg	each

Rifapentine

Dosage Form	Size and/or Strength	Billing Unit
Tablets	150 mg	each

Rilpivirine ‡ *

‹‹Rilpivirine is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 (Janssen Products, LP.) only.

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

Riluzole *

‹‹Riluzole is›› restricted to use in the treatment of amyotrophic lateral sclerosis.

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

Rimegepant *

‹‹The following text is effective August 1, 2020:››

‹‹Rimegepant›› requires a *Treatment Authorization Request* (TAR). Rimegepant is restricted to 1) Use in patients who have failed or are unable to tolerate a drug in the triptan class of medication; 2) Acute treatment of migraine headache; 3) Maximum fill quantity of 8 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 72618 (Biohaven Pharmaceuticals, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets, orally disintegrating	75 mg	each››

Rimexolone *

Rimexolone is restricted to NDC labeler code 00065 (Alcon Laboratories, Inc.) only and to claims submitted with dates of service through September 29, 2018, only.

Dosage Form	Size and/or Strength	Billing Unit
Ophthalmic suspension	1 %	milliliter

Ripretinib ‡ *

‹‹Ripretinib is added effective October 1, 2020:›› it is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 73207 (Deciphera Pharmaceuticals, LLC) only.

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

Risedronate Sodium

Dosage Form	Size and/or Strength	Billing Unit
Tablets	5 mg	each
Tablets	30 mg	each
Tablets	35 mg	each
Tablets	150 mg	each

Restricted to claims with dates of service from January 1, 2009, through April 30, 2012, for the 150 mg tablets only.

Risperidone *

Risperidone is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires treatment authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.25 mg	each
Tablets	0.5 mg	each
Tablets	1 mg	each
Tablets	2 mg	each
Tablets	3 mg	each
Tablets	4 mg	each
Solution	1 mg/ml	milliliter

Ritonavir ‡ *

Ritonavir is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00074 (AbbVie Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Capsules	100 mg	each
Tablets	100 mg	each
Solution	80 mg/ml	milliliter
Oral powder packets	100 mg	each

Rituximab ‡ *

Rituximab is restricted to use in the treatment of cancer. Also restricted to NDC labeler code 50242 (Genentech, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	10 mg/ml	milliliter

Rituximab-ABBS ‡ *

Rituximab is restricted to use in the treatment of cancer. Also restricted to NDC labeler 63459 (Teva Pharmaceuticals USA, Inc.) only. Drug addition and dosages effective July 1, 2020.

Dosage Form	Size and/or Strength	Billing Unit
Injection	100 mg/10 ml	each
Injection	500 mg/50 ml	each

Rituximab and Hyaluronidase Human ‡ *

Rituximab and Hyaluronidase Human is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 (Genentech, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Injection	1400 mg/23400 units/11.7 ml	milliliter
Injection	1600 mg/26800 units/13.4 ml	milliliter

Rivaroxaban *

Rivaroxaban is restricted to NDC labeler code 50458 (Janssen Pharmaceuticals, Inc.) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	10 mg	each
Tablets	15 mg	each
Tablets	20 mg	each
Starter Pack Tablets	15 mg to 20 mg Tablets from 51-tablet pack	each

Rivastigmine *

Rivastigmine is restricted to treatment of dementia of the Alzheimer's type and to treatment of mild to moderate dementia associated with Parkinson's disease. Use in beneficiaries less than 18 years of age requires treatment authorization approval.

Dosage Form	Size and/or Strength	Billing Unit
Transdermal system	4.6 mg/24 hr	each
Transdermal system	9.5 mg/24 hr	each
Transdermal system	13.3 mg/24 hr	each

Rivastigmine Tartrate *

Rivastigmine Tartrate is restricted to treatment of mild to moderate dementia of the Alzheimer's type and to treatment of mild to moderate dementia associated with Parkinson's disease. Use in beneficiaries less than 18 years of age requires treatment authorization approval.

Dosage Form	Size and/or Strength	Billing Unit
Capsules	1.5 mg	each
Capsules	3.0 mg	each
Capsules	4.5 mg	each
Capsules	6.0 mg	each
Solution, oral	2 mg/ml	milliliter

Restricted to claims with dates of service from November 1, 2002, through June 30, 2014, for the oral solution only.

Rizatriptan *

The following text is effective August 1, 2020: Rizatriptan is restricted to a maximum quantity per dispensing of nine (9) tablets.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	5 mg	each
Tablets	10 mg	each
Tablets, orally disintegrating	5 mg	each
Tablets, orally disintegrating	10 mg	each

Ropinirole HCL *

Use ‹‹of Ropinirole HCL›› in beneficiaries less than 18 years of age requires treatment authorization approval.

Dosage Form	Size and/or Strength	Billing Unit
Tablets	0.25 mg	each
Tablets	0.5 mg	each
Tablets	1 mg	each
Tablets	2 mg	each
Tablets	3 mg	each
Tablets	4 mg	each
Tablets	5 mg	each
Tablets, extended-release	2 mg	each
Tablets, extended-release	4 mg	each
Tablets, extended-release	6 mg	each
Tablets, extended-release	8 mg	each
Tablets, extended-release	12 mg	each

‹‹Extended-release tablets are restricted to›› NDC labeler code 00007 (GlaxoSmithKline) and to claims with dates of service from January 1, 2009, through June 30, 2012, only. Continuing care with a date of service on or after June 30, 2012, is available when the following conditions are met: 1) The beneficiary had a paid fee-for-service claim for this drug on or before June 30, 2012; 2) A claim had been submitted and paid within the past 100 days; 3) The claim being submitted is within 100 days of the date of service of the last paid claim.

Rosiglitazone Maleate *

‹‹Rosiglitazone Maleate is›› restricted to NDC labeler code 00029 (GalxoSmithKline) and to claims with dates of service through November 18, 2011, only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	2 mg	each
Tablets +	4 mg	each
Tablets +	8 mg	each

Rosiglitazone Maleate/Glimepiride *

‹‹Rosiglitazone Maleate/Glimepiride is›› restricted to NDC labeler code 00007 (GlaxoSmithKline) only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	4 mg/1 mg	each
Tablets +	4 mg/2 mg	each
Tablets +	4 mg/4 mg	each
Tablets +	8 mg/2 mg	each
Tablets +	8 mg/4 mg	each

Note: These products are no longer manufactured or available.

Rosiglitazone Maleate/Metformin HCL *

‹‹Rosiglitazone Maleate/Metformin HCL is›› restricted to NDC labeler code 00007 (GlaxoSmithKline) and to claims with dates of service through November 18, 2011, only.

Dosage Form	Size and/or Strength	Billing Unit
Tablets +	1 mg/500 mg	each
Tablets +	2 mg/500 mg	each
Tablets +	4 mg/500 mg	each
Tablets +	2 mg/1000 mg	each
Tablets +	4 mg/1000 mg	each

Rosuvastatin Calcium

Dosage Form	Size and/or Strength	Billing Unit
Tablets	5 mg	each
Tablets	10 mg	each
Tablets	20 mg	each
Tablets	40 mg	each

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Code I. See paragraph (2) of “General Provisions” in the Drugs: Contract Drugs List Introduction section of this manual regarding authorization and prescription documentation requirements.
+	Frequency of billing requirement. See paragraph (3) of “General Provisions” in the Drugs: Contract Drugs List Introduction section regarding information and exceptions.
¥	Cost is based on this package size. See paragraph (4) of “General Provisions” in the Drugs: Contract Drugs List Introduction section for more information.
§	Authorization not needed for continuing care. See paragraph (6) of “General Provisions” in the Drugs: Contract Drugs List Introduction section for more information.
‡	Drug is exempt from the monthly drug claim line limit. See paragraph (7) of “General Provisions” in the Drugs: Contract Drugs List Introduction section for more information.