Drugs: Contract Drugs List Part 1 – Prescription Drugs (S through Z)

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.

Salmeterol Xinafoate

Dosage Form	Strength and/or Size	Billing Unit
Inhalation aerosol *	13 gm	gram
Aerosol refill *	13 gm	gram
Inhalation powder *	60s	each

* The inhalation aerosol and aerosol refill dosage forms are restricted to claims submitted with dates of service from February 1, 1999, through July 31, 2005.

* The inhalation powder is restricted to NDC labeler code 00173 (GalxoSmithKline) for inhalation powder only.

Salsalate

‹‹The following text is removed effective November 1, 2020:›› Salsalate is restricted to use for arthritis. ‹‹Removed text ends here.››

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

Saquinavir Mesylate ‡ *

* Saquinavir Mesylate is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Effective July 1, 2017, Saquinavir Mesylate is also restricted to NDC labeler code 0004 (Hoffman-LaRoche Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Capsules	200 mg	each
Tablets	500 mg	each

Saxagliptin *

* ‹‹Saxagliptin is›› restricted to labeler codes 00003 (E.R. Squibb & Sons, Inc.) and 00310 (AstraZeneca LP), only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	2.5 mg	each
Tablets	5 mg	each

Saxagliptin/Metformin HCL Extended Release *

* ‹‹Saxagliptin/Metformin HCL Extended Release is›› restricted to labeler codes 0003 (E.R. Squibb & Sons, Inc.) and 00310 (AstraZeneca LP), only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	2.5 mg /1,000 mg	each
Tablets	5 mg /500 mg	each
Tablets	5 mg /1,000 mg	each

Scopolamine HBr

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic solution	0.25%	milliliter

Note: This product is no longer manufactured or available.

Secnidazole

Dosage Form	Strength and/or Size	Billing Unit
Oral granules	2 gm	gram

Segesterone Acetate and Ethinyl Estradiol *

* Effective November 1, 2020: use of Segesterone Acetate and Ethinyl Estradiol is restricted to NDC labeler code 50261 (TherapeuticsMD) and restricted to a maximum quantity of 1 ring per dispensing. The maximum quantity is intended for beneficiaries on a continuous cycle. Restricted to a maximum of 2 dispensings in a 12-month period. A *Treatment Authorization Request* (TAR) is required for a third dispensing of the same product requested within a 12-month period.

Dosage Form	Strength and/or Size	Billing Unit
Vaginal ring	103mg – 17.4 mg	each

Selegiline HCL *

* Use of Selegiline HCL in beneficiaries less than 18 years of age requires treatment authorization approval.

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

Selpercatinib ‡ *

* Effective July 1, 2020: Selpercatinib is restricted to use in the treatment of cancer only. Selpercatinib is also restricted to NDC labeler code 00002 (Eli Lilly and Company) only.

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

‹‹Semaglutide *

* Semaglutide is added effective January 1, 2021. It is restricted to use in improving glycemic control in patients with type II Diabetes Mellitus. Also, restricted to NDC labeler code 00169 only.

Dosage Form	Strength and/or Size	Billing Unit
Prefilled Pen	0.25-0.5 mg/1.5 ml	milliliter
Prefilled Pen	1 mg/1.5 ml	milliliter
Tablets	3 mg	each
Tablets	7 mg	each
Tablets	14 mg	each››

Sertraline HCL *

* Use of Sertraline HCL in beneficiaries less than 6 years of age requires treatment authorization approval.

Dosage Form	Strength and/or Size	Billing Unit
Concentrate	20 mg/ml	milliliter
Tablets	25 mg	each
Tablets	50 mg	each
Tablets	100 mg	each

Sevelamer Hydrochloride

* Sevelamer Hydrochloride is restricted to use in patients with end-stage renal disease on dialysis. Also restricted to NDC labeler code 58468 (Genzyme Corporation) for the 800 mg tablet only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	400 mg	each
Tablets	800 mg	each

‹‹Sildenafil Citrate *

* **Effective March 1, 2021, Sildenafil Citrate is added and restricted to use for pulmonary arterial hypertension.**

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

Silver Sulfadiazine

Dosage Form	Strength and/or Size	Billing Unit
Cream	1%, 20 gm	gram
Cream	1%, 50 gm	gram
Cream	1%, 85 gm	gram
Cream	1%, 400 gm	gram
Cream	1%, 1000 gm	gram

Simvastatin

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	5 mg	each
Tablets +	10 mg	each
Tablets +	20 mg	each
Tablets +	40 mg	each
Tablets +	80 mg *	each

* The 80 mg tablets are restricted to Medi-Cal beneficiaries who have been taking the 80 mg dose long term (e.g. for 12 months or longer) without evidence of muscle toxicity.

Simvastatin/Sitagliptin *

* Simvastatin/Sitagliptin is restricted to NDC labeler code 00006 (Merck & Co. Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	10 mg/50 mg	each
Tablets	20 mg/50 mg	each
Tablets	40 mg/50 mg	each
Tablets	10 mg/100 mg	each
Tablets	20 mg/100 mg	each
Tablets	40 mg/100 mg	each

Note: These products are no longer manufactured or available.

Sirolimus

The following text is effective August 1, 2020:

Dosage Form	Strength and/or Size	Billing Unit
Tablets	0.5 mg	each
Tablets	2 mg	each

Sitagliptin *

* ‹‹Sitagliptin is›› restricted to NDC labeler code 00006 (Merck & Co. Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	25 mg	each
Tablets	50 mg	each
Tablets	100 mg	each

Sitagliptin/Metformin HCL *

* ‹‹Sitagliptin/Metformin HCL is›› restricted to NDC labeler code 00006 (Merck & Co. Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	50 mg/500 mg	each
Tablets	50 mg/1000 mg	each
Tablets, extended release	50 mg/500 mg	each
Tablets, extended release	50 mg/1000 mg	each
Tablets, extended release	100 mg/1000 mg	each

Sodium Chloride Injection *

* ‹‹Sodium Chloride Injection is›› for use alone or in combination with Heparin Lock Flush Solution for flushing intravenous tubing, heparin locks, and central or peripheral catheters.

Dosage Form	Strength and/or Size	Billing Unit
Vial	0.9%, 10 ml	milliliter
Vial	0.9%, 30 ml	milliliter

Note: Sodium chloride/normal saline flush syringes are classified as medical supplies. Refer to the *Medical Supplies* section of the provider manual for more information.

Sodium Chloride Irrigating Solution

Dosage Form	Strength and/or Size	Billing Unit
Solution	0.9%	milliliter

Sodium Fluoride

Sodium Fluoride is not subject to the 100 maximum calendar day supply limitation.

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	2.2 mg	each
Chewable tablets +	0.25 (0.55) mg	each
Chewable tablets +	0.50 (1.1) mg	each
Chewable tablets +	1.0 (2.2) mg	each
Drops	Blank	milliliter
Solution (does not include rinses)	Blank	milliliter

Note: Refer to the *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs* section in this manual for more information.

Sodium Polystyrene Sulfonate

Dosage Form	Strength and/or Size	Billing Unit
Powder	Blank	gram
Suspension	15 g/60 ml	milliliter

Sofosbuvir *

* ‹‹Effective January 1, 2021: Sofosbuvir requires Prior Authorization. Restricted to 1) use in the treatment of chronic Hepatitis C Virus (HCV) infection in patients with hepatocellular carcinoma awaiting liver transplantation; 2) a maximum quantity of 28 tablets or packets per dispensing; and 3) duration of therapy lasting up to 48 weeks from the dispensing date of the first prescription.››

‹‹The following text is removed effective January 1, 2021: Sofosbuvir requires a *Treatment Authorization Request* (TAR). Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection as a component of a combination antiviral treatment regimen. Also restricted to 1) a maximum quantity of 28 tablets per dispensing; and 2) duration of therapy lasting up to 12 or 24 weeks from the dispensing date of the first prescription or duration of therapy lasting up to 48 weeks in patients with hepatocellular carcinoma awaiting liver transplantation. End of removed text.››

Sofosbuvir * (continued)

Dosage Form	Strength and/or Size	Billing Unit
‹‹Pellet packets	150 mg	each››
‹‹Pellet packets	200 mg	each››
Tablets	200 mg	each
Tablets	400 mg	each

Note: ‹‹Effective January 1, 2021: when applicable, failure to submit supporting documentation may delay authorization.››

Sofosbuvir/Ledipasvir

Note: Please see Ledipasvir/Sofosbuvir in *Drugs: Contract Drugs List Part 1 - Prescription Drugs (E through M)*.

Sofosbuvir/Velpatasvir *

* ‹‹Effective January 1, 2021: Sofosbuvir/Velpatasvir is restricted to 1) use in the treatment of chronic Hepatitis C Virus (HCV) infection; 2) a maximum quantity of 28 tablets per dispensing; 3) duration of therapy lasting up to 12 weeks from the dispensing date of the first prescription; and 4) a maximum of three dispensings in any 12-month period.››

‹‹The following text is removed effective January 1, 2021: Sofosbuvir/Velpatasvir 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 28 tablets per dispensing; and 2) duration of therapy lasting up to 12 weeks from the dispensing date of the first prescription. Also restricted to NDC labeler code 72626 (Asegua Therapeutics LLC). End of removed text.››

Dosage Form	Strength and/or Size	Billing Unit
‹‹Tablets	200 mg/50 mg	each››
Tablets	400 mg/100 mg	each

Note: ‹‹Effective January 1, 2021: when applicable, failure to submit supporting documentation may delay authorization.››

Solifenacin Succinate

‹‹The following text is removed effective December 1, 2020:›› Solifenacin Succinate is restricted to NDC labeler code 51248 (Astellas) only. ‹‹Removed text ends here.››

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

Somatropin (rDNA Origin) *

* Somatropin (rDNA Origin) is restricted to NDC labeler code 44087 [Serostim brand] only and: 1) Use in the treatment of AIDS wasting or cachexia for claims submitted with dates of service from October 21, 1996, through December 31, 1996; or 2) Use in the treatment of AIDS wasting or cachexia associated with AIDS for claims submitted with dates of service from January 1, 1997, through February 28, 2001; or 3) Use in the treatment of AIDS wasting or cachexia associated with AIDS. These restrictions apply to therapy lasting up to 12 weeks, after which an 8-week break in therapy must occur. These restrictions apply to claims submitted for dates of service from March 1, 2001, through July 31, 2001; or 4) Use in treatment of AIDS wasting or cachexia associated with AIDS. These restrictions apply to therapy lasting 12 weeks. Also restricted to a maximum of thirty (30) vials per dispensing and to one (1) dispensing in any 25-day period. These restrictions apply to claims submitted for dates of service from August 1, 2001, through May 31, 2003.

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

Sonidegib ‡ *

* ‹‹Sonidegib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00078 (Novartis Pharmaceuticals Corporation) and 47335 (Sun Pharma Global FZE) only.

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

Sorafenib ‡ *

* ‹‹Sorafenib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 (Bayer HealthCare Pharmaceuticals, Inc.) only.

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

Sotalol HCL

Dosage Form	Strength and/or Size	Billing Unit
Tablets	80 mg	each
Tablets	120 mg	each
Tablets	160 mg	each
Tablets	240 mg	each

Sotalol HCL AF

Dosage Form	Strength and/or Size	Billing Unit
Tablets	80 mg	each
Tablets	120 mg	each
Tablets	160 mg	each

Spinosad *

* ‹‹Spinosad is›› restricted to labeler code 52246 (ParaPRO, LLC) only.

Dosage Form	Strength and/or Size	Billing Unit
Topical Suspension	0.9%	milliliter

Spironolactone

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	25 mg	each
Tablets +	50 mg	each
Tablets +	100 mg	each

Spironolactone with Hydrochlorothiazide

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	25 mg/25 mg, 500s ɣ	each
Tablets +	50 mg/50 mg, 500s ɣ	each

Stavudine ‡ *

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

Dosage Form	Strength and/or Size	Billing Unit
Capsules	15 mg	each
Capsules	20 mg	each
Capsules	30 mg	each
Capsules	40 mg	each
Powder for oral solution	1 mg/ml	milliliter

Streptomycin

Dosage Form	Strength and/or Size	Billing Unit
Injection	1 gm dry	each

Streptozocin ‡

Dosage Form	Strength and/or Size	Billing Unit
Powder for injection	1 gm/vial	each

Succimer

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

Sucralfate

Dosage Form	Strength and/or Size	Billing Unit
Tablets	1 gm	each
Liquid	1 gm/10 ml	milliliter

Sulfacetamide Sodium

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic ointment	10%	gram
Ophthalmic solution	10%, 5 ml	milliliter
Ophthalmic solution	10%, 15 ml	milliliter
Ophthalmic solution	15%, 5 ml	milliliter
Ophthalmic solution	15%, 15 ml	milliliter
Ophthalmic solution	30%, 5 ml	milliliter
Ophthalmic solution	30%, 15 ml	milliliter

Sulfadiazine ‡

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

Sulfasalazine

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	0.5 gm	each

Sulfathiazole/Sulfacetamide/Sulfabenzamide (Triple Sulfa)

Dosage Form	Strength and/or Size	Billing Unit
Vaginal cream with or without applicator	‹‹Blank››	gram
Vaginal tablets	‹‹Blank››	each

Note: These products are no longer manufactured or available.

Sulfinpyrazone

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules +	100 mg	each
Tablets or capsules +	200 mg	each

Note: These products are no longer manufactured or available.

Sulfisoxazole

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	0.5 gm	each
Liquid	0.5 gm/5 ml	milliliter

Note: These products are no longer manufactured or available.

Sulindac *

‹‹The following text is removed effective November 1, 2020:›› Sulindac 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	Strength and/or Size	Billing Unit
Tablets or capsules +	150 mg	each
Tablets or capsules +	200 mg	each

Sumatriptan *

* Sumatriptan is restricted to a maximum quantity per dispensing of six (6) spray containers and a maximum of three (3) dispensings in any 12-month period.

Dosage Form	Strength and/or Size	Billing Unit
Nasal spray	5 mg	each
Nasal spray	20 mg	each

Sumatriptan Succinate

Dosage Form	Strength and/or Size	Billing Unit
Injection (kit or refill)	4 mg *	milliliter
Injection (kit or refill)	6 mg *	milliliter
Tablets	25 mg *	each
Tablets	50 mg *	each
Tablets	100 mg *	each

* The 4 mg and 6 mg injections (kit or refill) are restricted to a maximum quantity per dispensing of two (2) 0.5 milliliter injections (that is, one *kit* or one *refill* unit totaling 1 milliliter) and a maximum of ten (10) dispensings per patient in any 12-month period.

* The 25 mg, 50 mg, and 100 mg tablets are restricted to a maximum quantity per dispensing of nine (9) tablets.

Sumatriptan Succinate/Naproxen Sodium *

* ‹‹Sumatriptan Succinate/Naproxen Sodium is›› restricted to NDC labeler code 00173 (GlaxoSmithKline) only, and to a maximum quantity per dispensing of nine (9) tablets and a maximum of three (3) dispensings in any 12-month period. Also restricted to claims submitted with dates of service from October 1, 2008, through October 31, 2011.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	85 mg/500 mg	each

Sunitinib Malate ‡ *

* ‹‹Sunitinib Malate is›› restricted to use in the treatment of cancer and also restricted to labeler code 00069 (Pfizer Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Capsules	12.5 mg	each
Capsules	25 mg	each
Capsules	37.5 mg	each
Capsules	50 mg	each

Tacrolimus

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

Dosage Form	Strength and/or Size	Billing Unit
‹‹Capsules	0.5 mg	each››
‹‹Capsules	1 mg	each››

Talazoparib ‡ *

* Talazoparib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 (Pfizer Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Capsules	0.25 mg	each
Capsules	1 mg	each

Talimogene Laherparepvec ‡ *

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

Dosage Form	Strength and/or Size	Billing Unit
Injection	10^{6} (1 million) PFU/ml	each
Injection	10^{8} (100 million) PFU/ml	each

Tamoxifen Citrate ‡ *

‹‹The following text is removed effective March 1, 2021: Tamoxifen Citrate is restricted to use in the treatment of cancer only. **End of removed text.››**

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules	Blank	each
Oral Solution	10 mg/5 ml *	milliliter

* Restricted to claims with dates of service prior to January 1, 2018, for the oral solution only.

Tamsulosin HCL ‡

Dosage Form	Strength and/or Size	Billing Unit
Capsules +	0.4 mg	each

Tazarotene *

* Tazarotene is restricted to use in the treatment of psoriasis.

Dosage Form	Strength and/or Size	Billing Unit
Topical cream or gel	0.05%	gram
Topical cream or gel	0.1%	gram

Tazemetostat ‡ *

* Tazemetostat is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72607 (Epizyme, Inc.) only.

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

Tegaserod *

* Tegaserod is restricted to use in women with irritable bowel syndrome whose primary bowel symptom is constipation with dates of service on or between March 1, 2003, and April 1, 2007.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	2 mg	each
Tablets	6 mg	each

Telaprevir

Dosage Form	Strength and/or Size	Billing Unit
Tablets	375 mg *	each

* The 375 mg tablets require a *Treatment Authorization Request* (TAR). Restricted to use in combination with peginterferon alfa and ribavirin for the treatment of genotype 1 chronic hepatitis C virus infection in adult patients (≥18 years of age) with compensated liver disease. In addition, patients must not have previously failed therapy with a treatment regimen that includes telaprevir or other HCV NS3/4A protease inhibitors. Also restricted to a maximum quantity of 168 tablets per dispensing and therapy lasting up to 12 weeks from the dispensing date of the first prescription and to claims submitted with dates of service from January 1, 2013, through December 31, 2015.

Note: Product is no longer manufactured or available.

Telmisartan

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

Telmisartan and Hydrochlorothiazide

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	40 mg/12.5 mg	each
Tablets +	80 mg/12.5 mg	each
Tablets +	80 mg/25 mg	each

Temazepam *

* Temazepam is restricted to use in the treatment of insomnia. Use in beneficiaries less than 18 years of age requires treatment authorization approval. ‹‹The following text is effective December 1, 2020: Temazepam is restricted to a maximum quantity per dispensing of 60 capsules in 30 days.››

Dosage Form	Strength and/or Size	Billing Unit
Capsules +	7.5 mg	each
Capsules +	15 mg	each
Capsules +	30 mg	each

Temozolomide ‡ *

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

Dosage Form	Strength and/or Size	Billing Unit
Capsules	5 mg	each
Capsules	20 mg	each
Capsules	100 mg	each
Capsules	140 mg	each
Capsules	180 mg	each
Capsules	250 mg	each
Powder for injection	100 mg/vial	each

Temsirolimus ‡ *

* ‹‹Temozolomide is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00008 (Wyeth Laboratories) only.

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

Teniposide ‡

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

Tenofovir Alafenamide *

* ‹‹Tenofovir Alafenamide is›› restricted to the use in the treatment of chronic Hepatitis B virus infection only.

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

Tenofovir Disoproxil Fumarate ‡ *

* ‹‹Tenofoxir Disoproxil Fumarate is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection and for the treatment of Chronic Hepatitis B Virus infection. Also restricted to labeler code 61958 (Gilead Sciences, Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	150 mg	each
Tablets	200 mg	each
Tablets	250 mg	each
Tablets	300 mg	each
Oral Powder	40 mg/1 gm oral powder	gram

Terazosin Hydrochloride

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules +	1 mg	each
Tablets or capsules +	2 mg	each
Tablets or capsules +	5 mg	each
Tablets or capsules +	10 mg	each

Terbinafine HCL

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

Terbutaline

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	2.5 mg	each
Tablets +	5 mg	each
Injection	1 mg/ ml	milliliter
Aerosol inhaler with adapter	7.5 ml	milliliter
Aerosol inhaler without adapter	7.5 ml	milliliter

Terconazole ‡

Dosage Form	Strength and/or Size	Billing Unit
Vaginal cream	0.4%, 45 gm	gram
Vaginal cream	0.8%, 20 gm	gram
Vaginal suppositories	80 mg, 3s	each

Testolactone ‡

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

Note: This product is no longer manufactured or available.

Testosterone ‡ *

* ‹‹Testosterone is›› restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty or metastatic mammary cancer in females.

Dosage Form	Strength and/or Size	Billing Unit
Injection in aqueous susp.	25 mg/ ml	milliliter
Injection in aqueous susp.	50 mg/ ml	milliliter
Injection in aqueous susp.	100 mg/ ml	milliliter
Injection in oil	25 mg/ ml	milliliter
Injection in oil	50 mg/ ml	milliliter
Injection in oil	100 mg/ ml	milliliter
Injection in oil	200 mg/ ml, 1 ml /vial	milliliter
Injection in oil	200 mg/ ml, 10 ml /vial	milliliter

Tetanus and Diphtheria Toxoids Adsorbed Vaccine *

* ‹‹Tetanus and Diphtheria Toxoids Adsorbed 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	Strength and/or Size	Billing Unit
Injection	1 dose/vial	milliliter

Tetracycline

Dosage Form	Strength and/or Size	Billing Unit
Injection	250 mg	each
Injection	500 mg	each
Tablets or capsules	250 mg, 1,000s ¥	each
Tablets or capsules	500 mg	each
Liquid	125 mg/5 ml	milliliter

Thalidomide *

* Thalidomide is restricted to use in the treatment of Multiple Myeloma and to claims submitted with dates of service from May 26, 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.

Dosage Form	Strength and/or Size	Billing Unit
Capsules	50 mg	each
Capsules	100 mg	each
Capsules	200 mg	each

Theophylline

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules +	‹‹Blank››	each
Long-acting tablets or capsules +	‹‹Blank››	each
Liquid	‹‹Blank››	milliliter

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

Thiabendazole

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules	500 mg	each
Liquid	500 mg/5 ml	milliliter

Note: These products are no longer manufactured or available.

Thiamine Hydrochloride

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

Thioguanine ‡ *

* ‹‹Thioguanine is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76388 (Aspen Global Inc.) only.

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

Thioridazine *

* Thioridazine 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	Strength and/or Size	Billing Unit
Tablets +	10 mg	each
Tablets +	15 mg	each
Tablets +	25 mg	each
Tablets +	50 mg	each
Tablets +	100 mg	each
Tablets +	150 mg	each
Tablets +	200 mg	each
Liquid	30 mg/ ml	milliliter
Concentrate	100 mg/ ml	milliliter

Thiotepa ‡

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

Thiothixene *

* ‹‹Thiothixene 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	Strength and/or Size	Billing Unit
Capsules +	1 mg	each
Capsules +	2 mg	each
Capsules +	5 mg	each
Capsules +	10 mg	each
Capsules +	20 mg	each
Liquid	5 mg/ ml, 30 ml	milliliter
Liquid	5 mg/ ml, 120 ml	milliliter
Powder for injection *	5 mg	each

* Restricted to claims submitted with dates of service through February 28, 2010, for the powder for injection 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.

Thyroid

Dosage Form	Strength and/or Size	Billing Unit
Tablets, plain +	15 mg	each
Tablets, plain +	30 mg	each
Tablets, plain +	65 mg	each
Tablets, plain +	98 mg	each
Tablets, plain +	120 mg	each
Tablets, plain +	200 mg	each
Tablets, plain +	250 mg	each
Tablets, plain +	325 mg	each

Tiagabine HCL *

* ‹‹Tiagabine HCL is›› restricted to use as adjunctive therapy in adults and children 12 years and older in the treatment of partial seizures.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	2 mg	each
Tablets	4 mg	each
Tablets	12 mg	each
Tablets	16 mg	each

Ticagrelor *

* ‹‹The following text is effective March 1, 2019: Ticagrelor is restricted to NDC labeler code 00186 (AstraZeneca Pharmaceuticals LP) only.››

Dosage Form	Strength and/or Size	Billing Unit
Tablets	60 mg	each
Tablets	90 mg	each

Timolol Hemihydrate *

* ‹‹Timolol Hemihydrate is›› is restricted to claims with dates of service from October 1, 1996, through September 30, 2010, only.

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic solution	0.25%	milliliter
Ophthalmic solution	0.5%	milliliter

Timolol Maleate

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic drops	0.25%, single use	each
Ophthalmic drops	0.25%, single use	milliliter
Ophthalmic drops	0.5%, single use	each
Ophthalmic drops	0.5%, single use	milliliter
Ophthalmic drops (formulated with potassium sorbate) *	0.5%	milliliter
Ophthalmic gel	0.25%	milliliter
Ophthalmic gel	0.5%	milliliter
Tablets +	5 mg	each
Tablets +	10 mg	each
Tablets +	20 mg	each

* ‹‹The ophthalmic drops formulated with potassium sorbate are›› restricted to NDC labeler code 67425 (Ista Pharmaceuticals) only and to dates of service from May 1, 2005, through June 30, 2011.

‹‹Tinidazole ‡ ››

‹‹The following text is effective October 1, 2019:››

Dosage Form	Strength and/or Size	Billing Unit
‹‹Tablets	250 mg	each››
‹‹Tablets	500 mg	each››

Tinzaparin Sodium *

* ‹‹Tinzaparin Sodium is›› restricted to a maximum of five (5) vials per dispensing and a maximum of two (2) dispensings per patient in any 12-month period and restricted to claims submitted with dates of service from November 1, 2001, through December 31, 2008, only.

Dosage Form	Strength and/or Size	Billing Unit
Injection	20,000 IU/ ml, 2 ml vial	milliliter

Tiotropium Bromide *

* ‹‹Effective October 1, 2020, Tiotropium Bromide is restricted to NDC labeler code 00597 (Boehringer Ingelheim Pharmaceuticals) only.››

Dosage Form	Strength and/or Size	Billing Unit
Capsules for inhalation with inhalation device	Package containing 30 or 90 capsules and one inhalation device	each capsule

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

Dosage Form	Strength and/or Size	Billing Unit
‹‹Inhaler	1.25 mcg, 4 gm	gram››
‹‹Inhaler	2.5 mcg, 4 gm	gram››

‹‹Tiotropium Bromide and Olodaterol HCL *››

* ‹‹ Effective October 1, 2020, Tiotropium Bromide and Olodaterol HCL is restricted to NDC labeler code 00597 (Boehringer-Ingelheim Pharmaceuticals) only.››

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

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

Tipranavir ‡ *

* ‹‹Tipranavir is›› restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC code 00597 (Boehringer Ingelheim Pharmaceuticals) only.

Dosage Form	Strength and/or Size	Billing Unit
Capsules	250 mg	each
Oral solution	100 mg/ ml	milliliter

Tizanidine HCL

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

Tobramycin

Dosage Form	Strength and/or Size	Billing Unit
Injection	10 mg/ ml, 2 ml vial	milliliter
Injection	10 mg/ ml, 6 ml vial	milliliter
Injection	10 mg/ ml, 8 ml vial	milliliter
Injection	40 mg/ ml, 2 ml vial	milliliter
Injection	40 mg/ ml, 30 ml vial	milliliter
Injection	40 mg/ ml, 1.5 ml syringe	milliliter
Injection	40 mg/ ml, 2 ml syringe	milliliter
Ophthalmic solution	0.3%, 5 ml	milliliter
Powder for injection	1.2 gm/vial	each

Tolazamide

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	100 mg	each
Tablets +	250 mg	each
Tablets +	500 mg	each

Tolbutamide

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	250 mg	each
Tablets +	500 mg, 500s	each

Tolcapone *

* Tolcapone is restricted to claims submitted with dates of service from October 1, 1998, through July 31, 2005, only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	100 mg	each
Tablets	200 mg	each

Tolmetin

‹‹The following text is removed effective November 1, 2020:›› Tolmetin 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	Strength and/or Size	Billing Unit
Tablets or capsules +	200 mg	each
Tablets or capsules +	400 mg	each
Tablets or capsules +	600 mg	each

Tolterodine Tartrate

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	1 mg	each
Tablets +	2 mg	each
Capsules, extended release +	2 mg	each
Capsules, extended release +	4 mg	each

Topiramate *

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

Dosage Form	Strength and/or Size	Billing Unit
Tablets	25 mg	each
Tablets	100 mg	each
Tablets	200 mg	each
Capsules, sprinkle	15 mg	each
Capsules, sprinkle	25 mg	each

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

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

Topotecan HCL ‡ *

* ‹‹Effective October 1, 2020, Topotecan HCL is restricted to use in the treatment of cancer only.››

Dosage Form	Strength and/or Size	Billing Unit
Capsules	0.25 mg *	each
Capsules	1 mg *	each

‹‹The following text is effective October 1, 2020:
* Topotecan HCL capsules are restricted to labeler code 00078 (Novartis Pharmaceuticals Corporation) only.››

Dosage Form	Strength and/or Size	Billing Unit
Powder for injection	4 mg/vial	each

Toremifene Citrate *

* ‹‹Toremifene Citrate is›› restricted to use in the treatment of cancer and to claims submitted with dates of service from May 29, 1997, 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.

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

Trabectedin ‡ *

* ‹‹Trabectedin is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 59676 (Janssen Products, LP.) only.

Dosage Form	Strength and/or Size	Billing Unit
Vial	1 mg	each

Tramadol HCL *

* ‹‹Tramadol HCL is›› restricted to: 1) a maximum quantity of 240 tablets per dispensing and a maximum of a 90-day duration of therapy. 2) The use of tramadol for Medi-Cal beneficiaries younger than 17 years of age requires treatment authorization approval.

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

Trametinib ‡ *

* ‹‹Trametinib 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	Strength and/or Size	Billing Unit
Tablets	0.5 mg	each
Tablets	2 mg	each

Trandolapril *

* ‹‹Trandolapril is›› restricted to claims with dates of services from March 1, 2001, through May 31, 2008.

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

Trandolapril and Verapamil Hydrochloride *

* ‹‹Trandolapril and Verapamil Hydrochloride are›› restricted to claims with dates of services from August 1, 2004, through November 30, 2007.

Dosage Form	Strength and/or Size	Billing Unit
Tablets, extended release +	1 mg/240 mg	each
Tablets, extended release +	2 mg/180 mg	each
Tablets, extended release +	2 mg/240 mg	each
Tablets, extended release +	4 mg/240 mg	each

Trastuzumab ‡ *

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

Dosage Form	Strength and/or Size	Billing Unit
Powder for injection	150 mg	each
Powder for injection	440 mg	each

Trastuzumab and Hyaluronidase-Oysk ‡ *

* ‹‹Trastuzumab and Hyaluronidase-Oysk are›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 (Genentech, Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Injection	600 mg/10,000 units	milliliter

Trastuzumab-dttb ‡ *

* ‹‹Trastuzumab-dttb›› is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006 (Merck & Co., Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Injection	150 mg	each
Injection	420 mg	each

Trastuzumab-pkrb ‡ *

* ‹‹The following text is effective July 1, 2020: Trastuzumab-pkrb is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63459 (Teva Pharmaceuticals USA, Inc.) only.››

Dosage Form	Strength and/or Size	Billing Unit
‹‹Injection	150 mg	each››
‹‹Injection	20 mg	each››

Travoprost *

* Travoprost is restricted to NDC labeler code 00065 (Alcon Laboratories, Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic solution	0.004%, 2.5 ml	milliliter
Ophthalmic solution	0.004%, 5.0 ml	milliliter
Ophthalmic solution with Sofzia preservative	0.004%, 2.5 ml	milliliter
Ophthalmic solution with Sofzia preservative	0.004%, 5.0 ml	milliliter

Trazodone *

* Use of trazodone in beneficiaries less than 18 years of age requires treatment authorization approval.

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

Tretinoin ‡

Dosage Form	Strength and/or Size	Billing Unit
Capsules	Blank	each
‹‹Cream	**0.025%**	**gram**
Cream	**0.05%**	**gram**
Cream	**0.1%**	**gram**
Gel	**0.01%**	**gram**
Gel	**0.025%**	**gram››**

‹‹Cream and Gel dosage forms added effective March 1, 2021.››

Triamcinolone

Dosage Form	Strength and/or Size	Billing Unit
Intralesional	25 mg/ ml	milliliter
Parenteral	10 mg/ ml, 5 ml	milliliter
Parenteral	40 mg/ ml, 1 ml	milliliter
Parenteral	40 mg/ ml, 5 ml	milliliter
Cream (low-sensitizing base excluded)	0.025%	gram
Cream (low-sensitizing base excluded)	0.1%	gram
Cream (low-sensitizing base excluded)	0.5%	gram
Ointment (low-sensitizing base excluded)	0.025%	gram
Ointment (low-sensitizing base excluded)	0.1%	gram
Ointment (low-sensitizing base excluded)	0.5%	gram
Lotion	0.025%, 60 ml	milliliter
Aerosol inhaler with adapter	20 gm	gram
Nasal spray	50 mcg/actuation, 15 ml	milliliter
Nasal spray	55 mcg/actuation, 16.5 gm *	gram

* Restricted to NDC labeler code 00075 (Sanofi-Aventis U.S. LLC) for the 55 mcg/actuation, 16.5 gram nasal spray only and to claims submitted with dates of service from June 1, 1996, through January 31, 2014.

Triamterene

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

Triamterene with Hydrochlorothiazide

Dosage Form	Strength and/or Size	Billing Unit
Capsules +	37.5 mg/25 mg	each
Capsules +	50 mg/25 mg	each
Tablets +	75 mg/50 mg	each

Triazolam *

* Triazolam is restricted to use in the treatment of insomnia. Use in beneficiaries less than 18 years of age requires treatment authorization approval. Effective December 1, 2020: Triazolam is restricted to a maximum quantity per dispensing of 60 tablets in 30 days.

‹‹The following text is effective January 1, 2021: Restricted to claims with dates of service before February 1, 2021.››

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	0.125 mg	each
Tablets +	0.25 mg	each

The following text is removed effective December 1, 2020: (Maximum of 15 tablets per dispensing). End of removed text.

Trifluoperazine *

* ‹‹Trifluoperazine 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	Strength and/or Size	Billing Unit
Injection	2 mg/ ml	milliliter
Tablets +	1 mg	each
Tablets +	2 mg	each
Tablets +	5 mg	each
Tablets +	10 mg	each
Liquid	10 mg/ ml	milliliter

Trifluridine

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic solution	1%, 7.5 ml	milliliter

Trihexyphenidyl Hydrochloride *

* Use ‹‹of Trihexyphenidyl Hydrochloride›› in beneficiaries less than 6 years of age requires treatment authorization approval.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	2 mg	each
Tablets	5 mg	each
Liquid	2 mg/5 ml	milliliter

Trimethoprim

Dosage Form	Strength and/or Size	Billing Unit
Tablets	100 mg	each
Tablets	200 mg	each
Solution	50 mg/5 ml	milliliter

Trimethoprim and Sulfamethoxazole

Dosage Form	Strength and/or Size	Billing Unit
Tablets ‡	80/400 mg	each
Double strength tablets ‡	160/800 mg	each
Suspension ‡	40/200 mg per 5 ml	milliliter
Injection	‹‹Blank››	milliliter

Trimethoprim Sulfate and Polymyxin B Sulfate

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

Trimetrexate Glucuronate ‡

Dosage Form	Strength and/or Size	Billing Unit
Powder for injection	25 mg	each

Note: This product is no longer manufactured or available.

Triprolidine HCL with Pseudoephedrine HCL and Codeine

Dosage Form	Strength and/or Size	Billing Unit
Liquid	1.25 mg – 30 mg – 10 mg/5 ml	milliliter

Note: This product is no longer manufactured or available.

Triptorelin Pamoate ‡ *

* ‹‹Triptorelin Pamoate is›› restricted to use in the treatment of cancer only.

Dosage Form	Strength and/or Size	Billing Unit
Powder for injection	3.75 mg/vial	each
Powder for injection	11.25 mg/vial	each
Powder for injection	22.5 mg/vial	each
Syringe	3.75 mg	each
Syringe	11.25 mg	each
Syringe	22.5 mg	each

Note: All Triptorelin Pamoate dosage forms should be billed in units of “each” and package quantities of “1”.

Tropicamide

Dosage Form	Strength and/or Size	Billing Unit
Ophthalmic solution	0.5%	milliliter
Ophthalmic solution	1%, 2 ml	milliliter
Ophthalmic solution	15 ml	milliliter

Trospium Chloride *

* ‹‹Trospium Chloride is›› restricted to NDC labeler codes 15456 (Esprit Pharma, Inc.) and 00023 (allergan, Inc.) only and restricted to dates of service from January 1, 2006, to October 31, 2016.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	20 mg	each
Extended release capsules	60 mg	each

Ubrogepant *

* Effective November 1, 2020: Ubrogepant is restricted to NDC labeler codes 00023 (Allergan USA, Inc.) only. Also requires a Treatment Authorization Request (TAR). 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 10 tablets per dispensing and one dispensing in 30 days.

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

Ulipristal Acetate *

* Ulipristal Acetate is restricted to a maximum quantity of one tablet per dispensing with a maximum of six dispensings in any 12-month period and for females only. Effective March 1, 2020, Ulipristal Acetate is restricted to NDC labeler code 50102 (Afaxys, Inc.) only.

‹‹Effective October 1, 2020: Ulipristal Acetate is also restricted to NDC labeler code 73302.››

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

Uracil Mustard ‡

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

Note: This product is no longer manufactured or available.

Ursodiol

Dosage Form	Strength and/or Size	Billing Unit
Capsules	300 mg	each
Tablets	250 mg	each
Tablets	500 mg	each

Valacyclovir HCL

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

‹‹The following text is removed effective December 1, 2020, Valacyclovir HCL is restricted to use in herpes genitalis and herpes zoster (shingles). Removed text ends here.››

Valdecoxib *

* Valdecoxib is restricted to use for arthritis only.

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

Note: Claims for BExtra with dates of service on or after April 8, 2005, will not be reimbursed due to the product being recalled. For dates of service prior to April 8, 2005, subject to Step Therapy edits. See *Drugs: Contract Drugs List Part 8 – Step Therapy* for more information.

Valganciclovir HCL ‡ *

* Valganciclovir HCL is restricted to use in the treatment of AIDS-related conditions only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	450 mg	each

Valproic Acid *

* Use of Valproic Acid in beneficiaries less than 10 years of age requires treatment authorization approval.

Dosage Form	Strength and/or Size	Billing Unit
Tablets or capsules	250 mg	each
Liquid	250 mg/5 ml	milliliter

Valrubicin *

* Valrubicin is restricted to use in the treatment of cancer and to claims submitted with dates of service from January 1, 1999, through April 30, 2010, only. Continuing care with a date of service on or after May 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 April 30, 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.

Dosage Form	Strength and/or Size	Billing Unit
Solution for intravesical instillation	40 mg/ ml	milliliter

Valsartan

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	40 mg	each
Tablets +	80 mg	each
Tablets +	160 mg	each
Tablets +	320 mg	each

Valsartan/Hydrochlorothiazide

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	80 mg – 12.5 mg	each
Tablets +	160 mg – 12.5 mg	each
Tablets +	160 mg – 25 mg	each
Tablets +	320 mg – 12.5 mg	each
Tablets +	320 mg – 25 mg	each

Vancomycin

Dosage Form	Strength and/or Size	Billing Unit
Powder for injection	500 mg vial	each
Powder for injection	1 gm vial	each
Powder for injection	5 gm vial	each
Powder for injection	10 gm vial	each

Vandetanib ‡ *

* ‹‹Vandetanib is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00310 (AstraZeneca LP) and 58468 (Genzyme Corporation) only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	100 mg	each
Tablets	300 mg	each

Varenicline Tartrate *

* ‹‹Varenicline Tartrate is restricted›› To be part of a comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to a maximum quantity of 56 tablets per dispensing and therapy lasting up to 12 weeks from the dispensing date of the first prescription with a maximum of two courses of therapy per 12-month period (no break mandated). Pharmacies do not need to obtain or verify a letter or certificate prior to dispensing. In addition, restricted to NDC labeler code 00069 (Pfizer, Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	0.5 mg	each
Tablets	1.0 mg	each
Tablets from Continuing Month Box (56 tablets/box)	1.0 mg	each
Tablets, Starting Month Box (53 tablets/box)	11 x 0.5 mg	each
Tablets, Starting Month Box (53 tablets/box)	42 x 1.0 mg	each

Note: Refer to the *Reimbursement* section in this manual for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.

Varicella Virus Vaccine *

* ‹‹The Varicella Virus Vaccine 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	Strength and/or Size	Billing Unit
Injection	1 dose/vial	each

Varicella Zoster Vaccine *

* ‹‹The Varicella Zoster Vaccine is›› restricted to: 1) Medi-Cal beneficiaries 50 years of age and older. 2) Use of this vaccine must be based on the guidelines by the Centers for Disease Control and Prevention (CDC).

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

Vemurafenib ‡ *

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

Dosage Form	Strength and/or Size	Billing Unit
Film-coated Tablets	240 mg	milligram

Venlafaxine HCL *

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

Dosage Form	Strength and/or Size	Billing Unit
Capsules, extended release	37.5 mg	each
Capsules, extended release	75 mg	each
Capsules, extended release	150 mg	each
Tablets, extended release	37.5 mg	each
Tablets, extended release	75 mg	each
Tablets, extended release	150 mg	each
Tablets, extended release	225 mg	each

Venetoclax ‡ *

* ‹‹Venetoclax is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00074 (AbbVie Inc.) only.

Dosage Form	Strength and/or Size	Billing Unit
Tablets	10 mg	each
Tablets	50 mg	each
Tablets	100 mg	each
Tablets, Starting Pack (42 tablets/pack)	14 x 10 mg	each
Tablets, Starting Pack (42 tablets/pack)	7 x 50 mg	each
Tablets, Starting Pack (42 tablets/pack)	21 x 100 mg	each

Verapamil HCL *

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	80 mg	each
Tablets +	120 mg	each
Tablets or capsules, long acting +	120 mg	each
Tablets or capsules, long acting +	180 mg	each
Tablets or capsules, long acting +	240 mg	each
Capsules, long acting + *	100 mg	each
Capsules, long acting + *	200 mg	each
Capsules, long acting + *	300 mg	each
Injection	5 mg/2 ml ampule	milliliter
Injection	10 mg/4 ml ampule	milliliter
Injection	5 mg/2 ml vial	milliliter
Injection	10 mg/4 ml vial	milliliter

* Restricted to NDC labeler code 00091 (Schwarz Pharma, LLC) and Medi-Cal fee-for-service paid claims for this drug prior to September 30, 2009, for the long acting capsules only.

Vinblastine Sulfate ‡

Dosage Form	Strength and/or Size	Billing Unit
Injection	1 mg/ml, 10 ml	milliliter
Powder for injection	10 mg/vial	each

Vincristine Sulfate ‡

Dosage Form	Strength and/or Size	Billing Unit
Injection	1 mg/ ml, 1 ml	milliliter
Injection	1 mg/ ml, 2 ml	milliliter
Injection	1 mg/ ml, 5 ml	milliliter

Vinorelbine Tartrate ‡

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

Vismodegib ‡ *

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

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

Vitamins A, D and C with Sodium Fluoride ‡

Dosage Form	Strength and/or Size	Billing Unit
Chewable tablets +	100s	each
Drops	50 ml	milliliter

(Reimbursable for children up to the 5th birthday only.)

Note: Refer to the *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs* section in this manual for more information.

Vorinostat ‡ *

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

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

Vortioxetine

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

Warfarin Sodium

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

Water for Injection

Dosage Form	Strength and/or Size	Billing Unit
‹‹Blank››	10 ml	milliliter
‹‹Blank››	30 ml	milliliter

Zalcitabine ‡ *

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

Dosage Form	Strength and/or Size	Billing Unit
Tablets	0.375 mg	each
Tablets	0.750 mg	each

Note: These products are no longer manufactured or available.

Zaleplon *

* ‹‹Zaleplon is›› restricted to use in the treatment of insomnia for claims submitted with dates of service from January 1, 2000, through January 31, 2006.

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

Zanamivir ‡

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

Note: “each” means one blister of drug.

‹‹Zanubrutinib ‡ *››

* ‹‹Effective January 1, 2020, Zanubrutinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72579 (BeiGene USA, Inc.) only.››

Dosage Form	Strength and/or Size	Billing Unit
‹‹Capsules	80 mg	each››

Zidovudine ‡ *

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

Dosage Form	Strength and/or Size	Billing Unit
Tablets	300 mg	each
Capsules	100 mg	each
Liquid	50 mg/5 ml	milliliter
Injection	10 mg/ ml	milliliter

Restricted to NDC labeler codes 00173 (GlaxoSmithKline) and 49702 (ViiV Healthcare) for capsules, liquid and injection only.

Ziprasidone HCL *

* ‹‹Ziprasidone HCL 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	Strength and/or Size	Billing Unit
Capsules	20 mg	each
Capsules	40 mg	each
Capsules	60 mg	each
Capsules	80 mg	each

Ziv-Aflibercept ‡ *

* ‹‹Ziv-Aflibercept is›› restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 (Sanofi-aventis, US LLC.) only.

Dosage Form	Strength and/or Size	Billing Unit
Injection	100 mg/4 ml	milliliter
Injection	200 mg/8 ml	milliliter

Zoledronic Acid ‡

Dosage Form	Strength and/or Size	Billing Unit
Injection	4 mg/5 ml	milliliter
Powder for injection	‹‹Blank››	each

Zolpidem Tartrate *

* Zolpidem Tartrate is restricted to use in the treatment of insomnia only. Use in beneficiaries less than 18 years of age requires treatment authorization approval. ‹‹The following text is effective December 1, 2020: Zolpidem Tartrate is restricted to a maximum quantity per dispensing of 60 tablets in 30 days.››

Dosage Form	Strength and/or Size	Billing Unit
Tablets +	5 mg	each
Tablets +	10 mg	each
Tablets, extended-release + *	6.25 mg	each
Tablets, extended-release + *	12.5 mg	each

* Restricted to dates of service from August 1, 2006, through April 30, 2013, for the extended-release tablets only.

Zonisamide

Effective September 1, 2020, the 25 mg and 50 mg capsules are added to the following table.

Dosage Form	Strength and/or Size	Billing Unit
Capsules	25 mg	each
Capsules	50 mg	each
Capsules	100 mg	each

Zoster Vaccine *

* The Zoster Vaccine is restricted to 1) Medi-Cal beneficiaries 50 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	Strength and/or Size	Billing Unit
Injection	1 dose/vial	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. Refer to 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.
ɣ	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.
♦	Suspended until further notice