

Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs

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This section lists the drug products and units of measure for over-the-counter (OTC) contract drugs. OTC drugs are included in the per-diem rate for beneficiaries in nursing facilities, including subacute patients. Except for insulin, providers cannot separately bill any OTC drugs for beneficiaries in these facilities. For additional help, refer to the *Drugs: Contract Drugs List Introduction* section of this manual.

On March 24, 2011, legislation was passed in California eliminating OTC cough and cold products as a covered pharmacy benefit. As a result of this legislation, effective March 1, 2012, OTC cough and cold products are not a benefit of the Medi-Cal program. Early Periodic Screening, Diagnosis and Treatment (EPSDT) eligible beneficiaries are exempt from this benefit elimination.

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

ACETAMINOPHEN

Tablets or capsules	325 mg		ea
	500 mg		ea
<u>Tablets, extended release</u>	650 mg		ea †
<u>Tablets, chewable</u>	<u>160 mg</u>		<u>ea †</u>
— Restricted to claims with dates of service from March 1, 1994, through March 31, 2011, for the tablets and capsules only. †			
* Liquid	160 mg/5 ml	60 ml	ml
		120 ml	ml
		240 ml	ml
		480 ml	ml
* Drops	100 mg/ml		ml
* Restricted to individuals younger than 21 years of age for the liquid and drops only.			

ALUMINUM ACETATE

Tablets			ea
Liquid solution – not lotion			ml
Powder packets		12s	ea
		100s	ea

† Effective May 13, 2020

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ALU

ALUMINUM AND MAGNESIUM
HYDROXIDE GEL

Tablets		ea
Tablets double strength		ea
Liquid		ml

ALUMINUM CARBONATE GEL, BASIC

Capsules equivalent to 500 mg aluminum hydroxide		ea
Tablets equivalent to 500 mg aluminum hydroxide		ea
Suspension equivalent to 400 mg aluminum hydroxide per 5cc		ml

Note: These products are no longer manufactured or available. †

ALUMINUM HYDROXIDE AND
MAGNESIUM TRISILICATE GEL

Tablets	80 mg-20 mg	ea
	160 mg-40 mg	ea
Liquid		ml

ALUMINUM HYDROXIDE GEL

Tablets or capsules	325 mg	ea
	475-500 mg	ea
	650 mg	ea
Liquid		ml

† **Effective March 1, 2017**

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ALU

ALUMINUM HYDROXIDE,
MAGNESIUM HYDROXIDE, AND
SIMETHICONE

Tablets	200 mg-200 mg-20 mg	ea
	200 mg-200 mg-25 mg	ea
	240 mg-240 mg-20 mg	ea
	300 mg-200 mg-25 mg	ea
	400 mg-400 mg-30 mg	ea
Liquid	200 mg-200 mg-20 mg/5 ml	ml
	200 mg-200 mg-25 mg/5 ml	ml
	225 mg-200 mg-25 mg/5 ml	ml
	240 mg-240 mg-20 mg/5 ml	ml
	300 mg-200 mg-25 mg/5 ml	ml
	400 mg-400 mg-30 or 40 mg/5 ml	ml
	500 mg-450 mg-40 mg/5 ml	ml

ASPIRIN

Tablets or capsules	325 mg	ea
	650 mg	ea
Tablets or capsules, buffered	325 mg	ea
	81 mg	ea
E.C. tablets	81 mg	ea
	325 mg	ea
	650 mg	ea
<u>Chewable tablet</u>	<u>81 mg</u>	<u>ea †</u>

BACITRACIN or BACITRACIN ZINC

Topical ointment	15 gm	gm
	30 gm	gm
	120 gm	gm

BENZOYL PEROXIDE

Gel	5 %	gm
	10 %	gm

BISACODYL

+ Suppositories	10 mg	ea
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† Effective November 1, 2020

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BIS

BISMUTH SUBSALICYLATE

Tablets	262 mg	ea
Tablets, chewable	262 mg	ea
Liquid	262 mg/15ml	ml
	524 mg/15ml	ml
	525 mg/15ml	ml

*** BROMPHENIRAMINE MALEATE †**

*** Restricted to individuals 2 years of age and older. †**

Liquid

ml †

BUTOCONAZOLE NITRATE

Vaginal cream (prefilled applicator)	2 %	5 gm	gm
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CALAMINE LOTION

ml

CALCIUM CARBONATE

Tablets or capsules	650 mg	ea
	1250 mg	ea

CALCIUM CARBONATE AND MAGNESIUM CARBONATE

Tablets		ea
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CALCIUM GLUCONATE

Tablets or wafers	325 mg	ea
	500 mg	ea
	650 mg	ea
	1 gm	ea

CALCIUM LACTATE

Tablets	325 mg	ea
	650 mg	ea

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CET

CETIRIZINE HCL †

<u>Tablets</u>	<u>5 mg</u>	<u>ea †</u>
	<u>10 mg</u>	<u>ea †</u>
<u>Liquid</u>	<u>1 mg/1 ml</u>	<u>ml †</u>

* CHLORPHENIRAMINE MALEATE

* Restricted to individuals 2 years of age and older.

Liquid, syrup		ml
Tablets	4 mg	ea

CLOTRIMAZOLE

‡ Vaginal cream	1 %	45 gm		gm
‡ Vaginal cream	2 %	21 gm		gm
‡ Vaginal tablets		100 mg	7s	ea
Topical cream	1 %	15 gm		gm
		30 gm		gm
		45 gm		gm
		90 gm		gm
Topical lotion	1 %	30 ml		ml
Topical solution	1 %	10 ml		ml
		30 ml		ml

COAL TAR

Cream or ointment		gm
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Note: These products are no longer manufactured or available.

* DEXBROMPHENIRAMINE MALEATE

* Restricted to individuals 2 years of age and older.

Tablets		ea
Tablets, chewable		ea
Liquid		ml

† **Effective May 1, 2019**

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drugs cdl p2**6****DEX***** DEXBROMPHENIRAMINE MALEATE/PHENYLEPHRINE**

* Restricted to individuals 2 years of age and older.

Tablets		ea
Liquid		ml

DICALCIUM PHOSPHATE WITH OR WITHOUT VITAMIN D

Capsules, tablets or wafers	105 mg	ea
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Note: These products are no longer manufactured or available.*** DIPHENHYDRAMINE HYDROCHLORIDE**

* Restricted to use in the treatment of allergies or allergic conditions only and to individuals 2 years of age and older.

Capsules	25 mg	ea
	50 mg	ea
Liquid or syrup	12.5 mg/5 ml	ml
Tablets	25 mg	ea
	50 mg	ea

DOCUSATE SODIUM

+ Capsules	100 mg	ea
	250 mg	ea

*** DOXYLAMINE SUCCINATE/PHENYLEPHRINE**

* Restricted to individuals 2 years of age and older.

Tablets		ea
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*** DOXYLAMINE SUCCINATE/PSEUDOEPHEDRINE**

* Restricted to individuals 2 years of age and older.

Liquid		ml
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ELE

ELECTROLYTES, ORAL MAINTENANCE

Composition:	Sodium – 40 to 60 mEq/L		
	Potassium – 20 mEq/L		
	Anions		
	Carbohydrate – Glucose/dextrose 2.0% (20 gm/L) to 2.5% (25 gm/L)		
Liquid, ready-to-use	480 ml and above		ml

EPINEPHRINE

Inhalation	1:44 to 1:50	15 ml	ml
		30 ml	ml
	1:100	7.5 ml	ml

FERROUS SULFATE

Tablets	200 mg		ea
	325 mg		ea
Drops	15 mg/0.6 ml	50 ml	ml
	15 mg	50 ml	ml
Liquid			ml
* Suspension drops	15 mg/1.5 ml	118 ml	ml
* Suspended until further notice.			

FLUTICASONE FUROATE

~~Restricted to NDC labeler code 00135 (GlaxoSmithKline) for the nasal spray. †~~

Nasal spray	27.5 mcg/actuation	9.9 ml	ml
		15.8 ml	ml

FLUTICASONE PROPIONATE

~~Restricted to NDC labeler code 00135 (GlaxoSmithKline) for the nasal spray. †~~

Nasal spray	50 mcg/actuation	9.9 ml	ml
		15.8 ml	ml

† **Effective August 1, 2020**

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FOL

* FOLIC ACID

* Restricted to females, ages 14 through 45 years, to prevent neural tube defects in current and future pregnancies only.

Tablets	400 µg (0.4 mg)		ea
HYDROCORTISONE			
Cream	0.5 %	15 gm	gm
		30 gm	gm
		120 gm	gm
		454 gm	gm
	1 %	15 gm	gm
		20 gm	gm
		30 gm	gm
		60 gm	gm
		120 gm	gm
		454 gm	gm
Ointment	0.5 %	30 gm	gm
		15 gm	gm
	1 %	20 gm	gm
		30 gm	gm
		120 gm	gm
		454 gm	gm
Lotion	0.5 %	30 ml	ml
		60 ml	ml
		120 ml	ml
	1 %	60 ml	ml
		120 ml	ml
		120 ml	ml

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INS

INSULIN

(A separately payable benefit for beneficiaries in nursing facilities, including subacute patients.)

Injection

Lente, NPH, Protamine Zinc, Semilente, Ultralente

	40 Units/ml	10 ml	ml
	80 Units/ml	10 ml	ml
	100 Units/ml	10 ml	ml
Lente, NPH, Protamine Zinc (purified pork)	100 Units/ml	10 ml	ml
Regular	40 Units/ml	10 ml	ml
	80 Units/ml	10 ml	ml
	100 Units/ml	10 ml	ml
Regular (purified pork)	100 Units/ml	10 ml	ml
Globin	40 Units/ml	10 ml	ml
	80 Units/ml	10 ml	ml
	100 Units/ml	10 ml	ml

INSULIN (HUMAN)

(A separately payable benefit for beneficiaries in nursing facilities, including subacute patients.)

Injection

Regular	100 Units/ml	10 ml	ml
Lente	100 Units/ml	10 ml	ml
NPH	100 Units/ml	10 ml	ml
NPH 50% and Regular 50%	100 Units/ml	10 ml	ml
NPH 70% and Regular 30%	100 Units/ml	10 ml	ml
Ultralente	100 Units/ml	10 ml	ml

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LEV

LEVONORGESTREL

Tablets	* 0.75 mg	ea
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- * Restricted to NDC labeler code 52544 (Watson Pharma, Inc.), to a maximum quantity of two tablets per dispensing with a maximum of six dispensings in any 12-month period for the 0.75 mg tablets and for females only. Restricted to claims with dates of service through September 30, 2015.

	* 1.5 mg	ea
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- * ~~Restricted to NDC labeler codes 52544 (Watson Pharma, Inc.); and 51285 (Teva Women's Health Inc) brand name Plan B One Step only. Also r~~ Restricted to a maximum quantity of one tablet per dispensing with a maximum of six dispensings in any 12-month period and to use in females only. †

LIQUOR CARBONIS DETERGENS		ml
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Note: This product is no longer manufactured or available.

* LORATADINE

- * Restricted to individuals 2 years of age and older.

Tablets	10 mg	ea
Liquid	5 mg/5 ml	ml

MECLIZINE

Tablets		ea
Tablets, chewable		ea

† Effective January 1, 2019

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MIC

‡ MICONAZOLE NITRATE

Topical cream	2 %		gm
Vaginal suppositories	100 mg	7's	ea
Vaginal cream	2 %	45 gm	gm
Dual package (15 gm topical cream 2% and 3 vaginal suppositories 200 mg)			ea package

NAPHAZOLINE HCL AND ANTAZOLINE PHOSPHATE

Ophthalmic solution	0.05 % – 0.5%		ml
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Note: This product is no longer manufactured or available. †

* NIACIN

* Restricted to claims submitted with dates of service from March 1, 1994, through August 31, 2005.

Tablets	25 mg		ea
	50 mg		ea
	100 mg		ea
	500 mg		ea

† Effective March 1, 2017

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NIC

* NICOTINE

- * To be part of comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to (1) a maximum quantity of 28 patches per dispensing; (2) one dispensing in any 25-day period; and (3) eight dispensings within a 12-month period.

Transdermal system	7 mg/24 hr		ea
	14 mg/24 hr		ea
	21 mg/24 hr		ea

Note: Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing.

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

* NICOTINE POLACRILEX

- * To be part of comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to (1) a maximum quantity of 220 lozenges or pieces of gum per dispensing; (2) one dispensing in any 25-day period; **and** (3) therapy lasting up to 28 weeks from the dispensing date of the first prescription; ~~and (4) NDC labeler code 00135 (GlaxoSmithKline) only.~~ †

Gum	2 mg	100s, 110s	ea †
	4 mg	100s, 110s	ea †
Lozenges	2 mg	72s, 81s	ea †
	4 mg	72s, 81s	ea †

Note: Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing.

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

† Effective July 1, 2019

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NON

NONOXYNOL 9 CONTRACEPTIVE PRODUCTS

Cream with applicator	gm
Refill	gm
Foam with applicator	gm
Refill	gm
Jelly with applicator	gm
Refill	gm
Suppositories	ea
With applicator	ea
Without applicator	ea

OCTOXYNOL 9 CONTRACEPTIVE PRODUCTS

Cream with applicator	gm
Refill	gm
Foam with applicator	gm
Refill	gm
Jelly with applicator	gm
Refill	gm

Note: These products are no longer manufactured or available. †

† Effective March 1, 2017

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OCT

OCTOXYNOL 9 CONTRACEPTIVE PRODUCTS (continued)

Suppositories			ea
With applicator			ea
Without applicator			ea

Note: These products are no longer manufactured or available. †

* OMEPRAZOLE MAGNESIUM

* Restricted to package quantity 28 and 42 count and to NDC labeler code 37000 (Procter & Gamble Distributing LLC) only. Restricted to claims with dates of service through April 30, 2016.

+ Tablets	20.6 mg		ea
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PERMETHRIN

Cream rinse	1 %	60 ml	ml
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* PHENYLEPHRINE HYDROCHLORIDE

* Restricted to individuals 2 years of age and older.

Solution			ml
Tablets	10 mg		ea

* PHENYLEPHRINE HYDROCHLORIDE/BROMPHENIRAMINE MALEATE

* Restricted to individuals 2 years of age and older.

Solution			ml
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PHE

* PHENYLEPHRINE HYDROCHLORIDE/CHLORPHENIRAMINE MALEATE

* Restricted to individuals 2 years of age and older.

Liquid		ml
Tablets		ea

* PHENYLEPHRINE HYDROCHLORIDE/DIPHENHYDRAMINE HYDROCHLORIDE

* Restricted to individuals 2 years of age and older.

Liquid, solution		ml
Tablets		ea

* PHENYLEPHRINE HYDROCHLORIDE/PYRILAMINE MALEATE

* Restricted to individuals 2 years of age and older.

Tablets		ea
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* PHENYLEPHRINE HYDROCHLORIDE/TRIPROLIDINE

* Restricted to individuals 2 years of age and older.

Liquid, Solution	10 – 2.5 mg/5 ml	ml
Tablets	10 mg/2.5 mg	ea

POLYETHYLENE GLYCOL 3350 †

<u>Powder</u>	<u>238 gm</u>	<u>gm †</u>
	<u>510 gm</u>	<u>gm †</u>

POLYMYXIN, B SULFATE AND BACITRACIN ZINC

Ointment	10,000U-500U/gm	15 gm	gm
		30 gm	gm

† Effective June 1, 2020

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PRO

PROPYLENE GLYCOL

Liquid		ea
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* PSEUDOEPHEDRINE HYDROCHLORIDE

* Restricted to individuals 2 years of age and older.

Liquid, syrup	15 mg/5 ml	ml
	30 mg/5 ml	ml
Tablets, immediate release	30 mg	ea
	60 mg	ea

* PSEUDOEPHEDRINE HYDROCHLORIDE/BROMPHENIRAMINE MALEATE

* Restricted to individuals 2 years of age and older.

Liquid		ml
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* PSEUDOEPHEDRINE HYDROCHLORIDE/CHLORPHENIRAMINE MALEATE

* Restricted to individuals 2 years of age and older.

Liquid, syrup		ml
Tablets		ea

* PSEUDOEPHEDRINE HYDROCHLORIDE/DEXBROMPHENIRAMINE MALEATE

* Restricted to individuals 2 years of age and older.

Solution		ml
Tablets		ea

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- * 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.

PSE

* PSEUDOEPHEDRINE HYDROCHLORIDE/DIPHENHYDRAMINE HYDROCHLORIDE

* Restricted to individuals 2 years of age and older.

Liquid		ml
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Note: This product is no longer manufactured or available. †

* PSEUDOEPHEDRINE HYDROCHLORIDE/TRIPROLIDINE HYDROCHLORIDE

* Restricted to individuals 2 years of age and older.

Liquid, syrup		ml
Tablets		ea

PYRANTEL PAMOATE

Liquid		ml
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PYRETHRINS, PIPERONYL BUTOXIDE,
PETROLEUM DISTILLATE

Liquid	60 ml	ml
	120 ml	ml

PYRIDOXINE

Tablets	10 mg	ea
	25 mg	ea
	50 mg	ea
	100 mg	ea

* QUININE

* Restricted to claims submitted with dates of service prior to May 1, 2007.

Capsules or tablets	200 mg	ea
	325 mg	ea

† Effective March 1, 2017

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SOD

SODIUM CHLORIDE FOR INHALATION

Solution	0.9 %	3 ml	ml
		5 ml	ml
Aerosol solution	0.9 %	240 ml	ml

SODIUM CHLORIDE OPHTHALMIC

Ophthalmic ointment	5 %		gm
Ophthalmic solution	2 %	15 ml	ml
	5 %	15 ml	ml
		30 ml	ml

* **SODIUM FLUORIDE †**

* **Not subject to the 100 maximum calendar day supply limitation. †**

+ <u>Tablets</u>	<u>2.2 mg</u>		<u>ea †</u>
+ <u>Chewable tablets</u>	<u>0.25 (0.55) mg</u>		<u>ea †</u>
	<u>0.50 (1.1) mg</u>		<u>ea †</u>
	<u>1.0 (2.2) mg</u>		<u>ea †</u>
<u>Drops</u>			<u>ml †</u>
<u>Solution (does not include rinses)</u>			<u>ml †</u>

TOLNAFTATE

Liquid	1 %		ml
Cream	1 %		gm

* TRIPROLIDINE

* Restricted to individuals 2 years of age and older.

Drops			ml
Syrup			ml

* TRIPROLIDINE/PHENYLEPHRINE

* Restricted to individuals 2 years of age and older.

Tablets			ea
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† **Effective June 7, 2018**

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TRI

* TRIPROLOLIDINE/PSEUDOEPHEDRINE

* Restricted to individuals 2 years of age and older.

Tablets			ea
Syrup			ml

TYLOXAPOL WITH BENZALKONIUM CHLORIDE

Ophthalmic solution	0.25 %-0.02%	15 ml	ml
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VITAMINS A, D AND C WITH SODIUM FLUORIDE †

+ <u>Chewable tablets</u>	<u>100's</u>		<u>ea †</u>
<u>Drops</u>	<u>50 ml</u>		<u>ml †</u>
<u>(Reimbursable for children up to the 5th birthday only.) †</u>			

VITAMINS A, D, C

Drops		30 ml	ml
		50 ml	ml
Chewable tablets			ea
(Reimbursable for children up to the 5th birthday only.)			

VITAMINS A, D, C, WITH IRON

Drops		50 ml	ml
(Reimbursable for children up to the 5th birthday only.)			

† Effective June 7, 2018

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- †† 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.
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VIT

* VITAMINS – MINERAL

* Restricted to use by an expectant female with confirmed positive pregnancy test conducted by her physician.

Combination product, prenatal
 Nonprescription only
 Tablets or capsules

ea

- (1) The nonprescription prenatal product tablet or capsule shall contain the following:
 - (A) Not less than one-half nor more than the U.S. Recommended Dietary Allowance for pregnant women based on dietary standards established by the National Academy of Sciences, Washington, D.C., 1980 of vitamins A (e.g., 5,000 IU) and vitamin D (e.g., 400 IU).
 - (B) Not less than one-half nor more than twice the U.S. Recommended Dietary Allowance for pregnant women as established by the National Academy of Sciences, Washington, D.C., 1980, of vitamins B₁, (e.g., 1.5 mg), B₂ (e.g., 1.6 mg), B₆ (e.g., 2.6 mg), B₁₂ (e.g., 4 mcg), C (e.g., 80 mg) and B₃ Niacin (e.g., 16 mg).
 - (C) Not less than the equivalent of 200mg elemental Calcium, and 30 mg elemental Iron.
- (2) The nonprescription prenatal product may contain the following:
 - (A) Up to the U.S. Recommended Dietary Allowance for pregnant women based on dietary standards established by the National Academy of Sciences, Washington, D.C., 1980 of vitamin E (e.g., 15 IU), Folic Acid (e.g., 0.8 mg), Phosphorus (e.g., 1200 mg), Magnesium (e.g., 450 mg), except for Iodine (200 mcg), and Zinc (25 mg).

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+ 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.