



## Medi-Cal Code 1 Drug List

Code 1 drugs are restricted to certain medical conditions or specific circumstances. If the prescribed medication meets the Code 1 description, Providers are encouraged to document the Code 1 description on the prescription. If the Provider does not submit appropriate documentation on the prescription, the dispensing Pharmacist is responsible for verifying that Code 1 requirements are met prior to dispensing the drug. The pharmacist must document that applicable Code 1 requirements have been satisfied and make available all such records for on-site audits. If Code 1 requirements are not met, Provider will need to submit a “Prescription Drug Prior Authorization Form” for the prescribed medication for review.

IEHP is a generic-mandatory plan and requires dispensing of FDA-approved, equivalent generics of brand-name products.

Brand Name	Generic Name	Strength/Dosage Form	Code 1 Descriptions
Amino Acids	Parenteral Amino Acid 15% No.1	15 % IV solution	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.
Clinisol	Parenteral Amino Acid 15% No.5	15 % IV solution	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.
Compazine	Prochlorperazine	5 mg/mL vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.
Dextrose 5%-0.45% Nacl-Kcl	Dextrose 5%-0.45% Nacl-Kcl	20 mEq/L IV solution	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.
Eliquis	Apixaban	2.5 mg tablet	Confirmed diagnosis of 1) deep venous thrombosis (DVT) and/or pulmonary



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			embolism (PE) OR 2) DVT thromboprophylaxis following hip or knee replacement surgery.
Eliquis	Apixaban	5 mg tablet	Confirmed diagnosis of 1) deep venous thrombosis (DVT) and/or pulmonary embolism (PE) OR 2) DVT thromboprophylaxis following hip or knee replacement surgery.
Eliquis	Apixaban	5 mg tablet dose pack	Confirmed diagnosis of deep venous thrombosis (DVT) and/or pulmonary embolism (PE)
Emend	Aprepitant	125 mg capsule	Reserved for use if prescribed by oncologists or hematologists.
Emend	Aprepitant	40 mg capsule	Reserved for use if prescribed by oncologists or hematologists.
Emend	Aprepitant	80 mg capsule	Reserved for use if prescribed by oncologists or hematologists.
Emend Tripack	Aprepitant	125 mg - 80 mg capsule dose pack	Reserved for use if prescribed by oncologists or hematologists.
Epogen	Epoetin Alfa	2000/mL vial	Restricted to use for the treatment of anemia due to: zidovudine therapy, cancer chemotherapy or chronic renal failure.
Epogen	Epoetin Alfa	3000/mL vial	Restricted to use for the treatment of anemia due to: zidovudine therapy, cancer chemotherapy or chronic renal failure.
Epogen	Epoetin Alfa	4000/mL vial	Restricted to use for the treatment of anemia due to: zidovudine therapy, cancer chemotherapy or chronic renal failure.
Epogen	Epoetin Alfa	10000/mL vial	Restricted to use for the treatment of anemia due to: zidovudine therapy, cancer chemotherapy or chronic renal failure.
Epogen	Epoetin Alfa	20000/mL vial	Restricted to use for the treatment of anemia due to: zidovudine therapy, cancer chemotherapy or chronic renal failure.
Epogen	Epoetin Alfa	20000/2 mL vial	Restricted to use for the treatment of anemia due to: zidovudine therapy, cancer chemotherapy or chronic renal



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			failure.
Fortaz	Ceftazidime	1 g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Fortaz	Ceftazidime	2 g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Fortaz	Ceftazidime	6 g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Garamycin	Gentamicin	40 mg/mL vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Granix	Tbo-Filgastrim	300 mcg/0.5 mL syringe	Restricted to hematologist, oncologist or HIV/infectious disease specialist.
Granix	Tbo-Filgastrim	480 mcg/0.8 mL syringe	Restricted to hematologist, oncologist or HIV/infectious disease specialist.
Humatin	Paromomycin	250 mg capsule	Restricted to use in acute and chronic intestinal amebiasis.
Kefzol	Cefazolin	1g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.



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Kefzol	Cefazolin	10 g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Levaquin	Levofloxacin/D5W	500 mg/0.1 L piggyback	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Levaquin	Levofloxacin/D5W	750 mg/.15 L piggyback	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Metro IV	Metronidazole	500 mg/0.1 L piggyback	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Mycobutin	Rifabutin	150 mg capsule	Restricted to use in the prevention of disseminated Mycobacterium Avium Complex (MAC) disease in patients with advanced HIV infection.
Nutrilipid	Fat Emulsions	20% emulsion	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.
Penicillin G Potassium	Penicillin G Potassium	5 MMU vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started



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			before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Penicillin G Sodium	Penicillin G Sodium	5 MMU vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Parlodel	Bromocriptine	2.5 mg tablet	Reserved for the treatment of amenorrhea, galactorrhea and acromegaly.
Parlodel	Bromocriptine	5 mg capsule	Reserved for the treatment of amenorrhea, galactorrhea and acromegaly.
Patanol	Olopatadine	0.1 % eye drops	Restricted to use after first line therapy failure or prescribed by an ophthalmologist or optometrist (first line therapy include naphazoline/pheniramine drops, cromolyn drops).
Rocephin	Ceftriaxone	10 g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Rocephin	Ceftriaxone	250 g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Rocephin	Ceftriaxone	500 g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within



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			the 10-day period.
Suprax	Cefixime	100 mg/5 mL oral suspension	Restricted to use after failure of first line antibiotic therapy.
Suprax	Cefixime	200 mg/5 mL oral suspension	Restricted to use after failure of first line antibiotic therapy.
Unasyn	Ampicillin /Sulbactam	3 g vial	Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
Xarelto	Rivaroxaban	10 mg tablet	Confirmed diagnosis of 1) deep venous thrombosis (DVT) and/or pulmonary embolism (PE) OR 2) DVT thromboprophylaxis following hip or knee replacement surgery.
Xarelto	Rivaroxaban	15 mg tablet	Confirmed diagnosis of 1) deep venous thrombosis (DVT) and/or pulmonary embolism (PE) OR 2) DVT thromboprophylaxis following hip or knee replacement surgery.
Xarelto	Rivaroxaban	20 mg tablet	Confirmed diagnosis of 1) deep venous thrombosis (DVT) and/or pulmonary embolism (PE) OR 2) DVT thromboprophylaxis following hip or knee replacement surgery.
Xarelto Starter Pack	Rivaroxaban	15 mg-20 mg tablet dose pack	Confirmed diagnosis of 1) deep venous thrombosis (DVT) and/or pulmonary embolism (PE) OR 2) DVT thromboprophylaxis following hip or knee replacement surgery.
Zarxio	Filgrastim-Sndz	300 mcg/0.5 mL syringe	Restricted to hematologist, oncologist or HIV/infectious disease specialist.
Zarxio	Filgrastim-Sndz	480 mcg/0.8 mL syringe	Restricted to hematologist, oncologist or HIV/infectious disease specialist.