



Medi-Cal Rx Phased Reinstatement Frequently Asked Questions (FAQs)

Version 1.0

March 22, 2023

Table of Contents

Introduction	3
Navigation.....	3
General Reinstatement FAQs	4
Phase I FAQs	5
General Phase I.....	5
Phase I, Wave 1 (P1/W1).....	6
Phase I, Wave 2 (P1/W2).....	7
Phase I, Wave 3 (P1/W3).....	8
Phase II FAQs.....	9
General Phase II.....	9
Phase II, Wave 1 (P2/W1).....	9
Phase II, Wave 2 (P2/W2).....	10
Preparing for Phase III: Retirement of the Transition Policy FAQs.....	13
General Phase III Preparation.....	13
Phase III FAQs.....	15
General Phase III	15
Phase III, Lift 1 (P3/L1).....	15
Phase IV FAQs	16
General Phase IV.....	16
Reinstatement Resources.....	16
Glossary	18

[Back to Top](#)

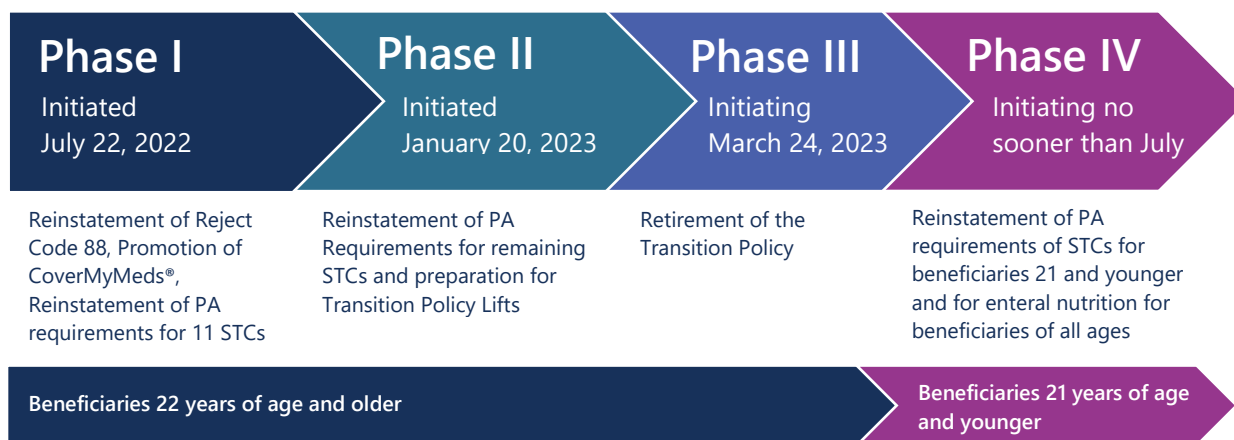
Introduction

On June 1, 2022, the California Department of Health Care Services (DHCS), in collaboration with Magellan Medicaid Administration, LLC (MMA), released the Medi-Cal Rx Reinstatement Plan. DHCS set forth a phased approach to restore select claim edits and prior authorization (PA) requirements by therapeutic drug class, while phasing out the [Transition Policy](#). To facilitate incremental implementation, the Medi-Cal Rx Reinstatement Plan design employs a series of “waves” and “lifts” or sequenced events within each phase to introduce change.

The following Frequently Asked Questions (FAQs) document provides guidance and clarification regarding Medi-Cal Rx Phased Reinstatement. Additionally, this document includes information to assist pharmacy providers and prescribers to prepare for retirement of the Transition Policy for beneficiaries ages 22 and older that will occur in Phase III beginning March 24, 2023.

Navigation

- Select a phase in the graphic below to jump to FAQs associated with that phase or use the [Table of Contents](#) to jump to specific phases, waves, or topics.
- Simultaneously press the **Ctrl** key + **F** key to prompt the search box and type the keyword or phrase to search for that content within this document.
- This document is equipped with a [Glossary](#) to provide more detail about complex topics referenced in the questions and answers. Select blue hyperlinked text to quickly jump to the Glossary for expanded details on that topic.



[Back to Top](#)

General Reinstatement FAQs

1. **Where can I locate information about Medi-Cal Rx Reinstatement?**

For information about Medi-Cal Rx Reinstatement, visit the [Medi-Cal Rx Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) and select **Medi-Cal Rx Reinstatement**. Links to specific resources can be located in the [Reinstatement Resources](#) section in this FAQ.

2. **How are [Standard Therapeutic Classes \(STCs\)](#) selected for phases and waves?**

Selection of STCs has been based on aggregate analyses with the aim that prior authorization (PA) volume and adjudication turnaround time (TAT) are both manageable and sustainable over time.

3. **During which phase of Medi-Cal Rx Reinstatement will [NCPDP Reject Code 80 \(Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria\)](#) be reinstated?**

At this time, Medi-Cal Rx has not announced a date or phase during which Code I requirements will be reinstated. Claims submitted to Medi-Cal Rx will not reject for Reject Code 80 at this time. Providers will receive advance notice as to when the Reject Code 80 system functionality will be reinstated and Code I documentation, or an approved Prior Authorization (PA), will be required. Refer to the [NCPDP Reject Code 80 and Diagnosis Documentation of Code 1 Restriction: Status Update](#) alert for additional information.

4. **When will beneficiaries 21 years of age and younger be impacted by Medi-Cal Rx Reinstatement?**

Beneficiaries 21 years of age and younger (including beneficiaries enrolled in the [Genetically Handicapped Persons Program \[GHPP\]](#), [California Children's Services \[CCS\]](#), and/or Medi-Cal fee-for-service), are excluded from Medi-Cal Rx Reinstatement during Phases I, II, and III. These beneficiaries will be included in Medi-Cal Rx Reinstatement during Phase IV which will begin no sooner than July of 2023.

[Back to Top](#)

5. When will beneficiaries receiving enteral nutrition products be impacted by Medi-Cal Rx Reinstatement?

Enteral nutrition products for beneficiaries of any age are excluded from Medi-Cal Rx Reinstatement during Phases I, II, and III. These beneficiaries will be included in Medi-Cal Rx Reinstatement during Phase IV which will begin no sooner than July of 2023.

6. Will the 14-day emergency override still be applicable during Medi-Cal Rx Reinstatement?

Yes. Products will continue to be available for emergency dispensing provided they are benefits of Medi-Cal Rx. Refer to the *Emergency Fills* section of the [Medi-Cal Rx Provider Manual](#) for more information.

Phase I FAQs

General Phase I

7. What occurred during Phase I?

Claim edits for [Drug Use Review \(DUR\) Reject Code 88](#) were reintroduced during Phase I, Wave 1 (P1/W1). Promotion of CoverMyMeds® as the preferred submission method channel for prior authorizations (PAs) occurred during Phase I, Wave 2 (P1/W2). PA Requirements for 11 [Standard Therapeutic Classes \(STCs\)](#) were reinstated for [new start](#) prescriptions for beneficiaries 22 years of age and older during Phase I, Wave 3 (P1/W3).

8. When did Phase I occur?

Phase I started on July 22, 2022, with the last wave implemented on September 16, 2022. This phase included three sequential waves during that time period.

[Back to Top](#)

Phase I, Wave 1 (P1/W1)

9. What is a Prospective Drug Use Review (ProDUR)?

A ProDUR is a set of clinical, safety, and/or utilization criteria using First DataBank (FDB) (drug information vendor) modules and Department of Health Care Services (DHCS) policies to ensure safe and effective drug use.

10. Can [Reject Code 88](#) be overridden by the pharmacist at Point of Sale (POS)?

A pharmacist can override Reject Code 88 at POS. If a claim is rejected with Reject Code 88 only, the pharmacist should evaluate the conflict and determine whether the prescription should be filled and then resubmit the claim using appropriate drug use review (DUR) service codes.

Service codes include:

- Reason for Service Code
- Professional Service Code
- Result of Service Code

If the claim rejects for multiple Reason for Service Codes, each service code must be addressed independently. If a claim does not meet one or more DUR alerts, the system will either reject the claim or send a message to the provider informing them of the specific conflict(s). If a paid claim is sent with a DUR message for specific conflicts, a pharmacist should evaluate the conflict and determine whether the prescription should be dispensed. For questions or concerns about adjudicating claims for Reject Code 88, contact the Medi-Cal Rx Customer Service Center (CSC). A prior authorization (PA) should not be submitted for Reject Code 88.

11. Will [Reject Code 88](#) return a Next Fill Date in the Additional Message Qualified field?

Yes. For overutilization (early refill), the previous date of fill is returned in NCPDP Field ID: 530-FU (Previous Date of Fill), and the next date of fill will be returned in NCPDP Field ID: 544-FY (DUR Free Text Message). For the previous date of fill, the pharmacy name and phone number also will be returned in NCPDP Field ID: 526-FQ

[Back to Top](#)

(Additional Message Information) Additional Message Qualified field. The additional message returned will state, "Last filled on YYYYMMDD at Pharmacy Name (555) 555-5555."

Phase I, Wave 2 (P1/W2)

12. What is CoverMyMeds®?

CoverMyMeds® is the preferred platform for electronic prior authorization (PA) submission to Medi-Cal Rx.

13. What are the benefits to using CoverMyMeds®?

The benefits to using CoverMyMeds® include:

- Requests interact in real time, lowering administrative burden.
- The system gathers the specific clinical information required by asking the questions and minimizing the need for additional outreach.
- Covered alternatives are often presented in real time to assist prescribers.
- Clinical information submitted may allow for real-time prior authorization (PA) approvals.
- PA requests for controlled substances scheduled II, III, IV, and V may be submitted through CoverMyMeds® utilizing a digital signature. The PA request does not require a "wet"/physical signature.
- If a PA request is not required for the beneficiary and drug, messaging will be returned in real time to inform the submitter.
- For PA requests submitted via CoverMyMeds®, the status of the PA request is available via CoverMyMeds® and the [Medi-Cal Rx Provider Portal](#).

[Back to Top](#)

Phase I, Wave 3 (P1/W3)

14. When did the reinstatement of prior authorization (PA) requirements go into effect for the first wave of 11 [Standard Therapeutic Classes \(STCs\)](#)?

Phase I, Wave 3 (P1/W3) went into effect on September 16, 2022. Refer to the [Now Active – Reinstatement of Limited Prior Authorization Requirements for 11 Drug Classes](#) alert for more information.

15. Which 11 [Standard Therapeutic Classes \(STCs\)](#) were identified for Phase I, Wave 3 (P1/W3)?

Prior authorization (PA) requirements for the following 11 STCs were reinstated during P1/W3:

Anticoagulants and antiplatelets (STC 77)	Cardiovascular agents (including antiarrhythmics and inotropes) (STC 76, 74)	Hypoglycemics and glucagon (STC 58)
Antihypertensives (STC 71)	Coronary vasodilators (nitrates and pulmonary arterial hypertension agents) (STC 72)	Niacin, Vitamin B, and Vitamin C products (STC 81)
Antilipemic agents (including statins and omega-3 fatty acids) (STC 65, 66)	Diuretics (STC 79, 53)	

[Back to Top](#)

Phase II FAQs

General Phase II

16. Did the prior authorization (PA) requirements for the [Standard Therapeutic Classes \(STCs\)](#) identified in Phase II apply to beneficiaries on an existing therapy?

No. Reinstatement of PA requirements for STCs identified for Phase II only applied to [new start](#) prescriptions for beneficiaries 22 years of age and older.

Phase II, Wave 1 (P2/W1)

17. When did the reinstatement of prior authorizations (PAs) for the Phase II, Wave 1 (P2/W1) [39 Standard Therapeutic Classes \(STCs\)](#) go into effect?

P2/W1 went into effect on January 20, 2023.

18. Which [39 Standard Therapeutic Classes \(STCs\)](#) were identified for Phase II, Wave 1 (P2/W1)?

Prior authorization (PA) requirements for the following 39 STCs were reinstated during P2/W1 as listed in the [30-Day Countdown – Reinstatement of Prior Authorization Requirements for 39 Drug Classes](#) alert:

All Other Dermatologicals (STC 95)	Corticotropins (STC 50)	Other Antibiotics (STC 27)
Anabolics (STC 59)	Emollients Protectives (STC 93)	Other Hormones (STC 64)
Androgens (STC 60)	Erythromycins (STC 25)	Penicillins (STC 22)
Anesthetic Local, Topical (STC 45)	Estrogens (STC 61)	Progesterone (STC 62)
Antiarthritics (STC 42)	Fat Soluble Vitamins (STC 80)	Streptomycins (STC 23)

[Back to Top](#)

Antifungals (STC 94)	Folic Acid Preparations (STC 83)	Sulfonamides (STC 24)
Antimalarials (STC 32)	General Antibacterials and Antiseptics (STC 38)	Systemic Contraceptives (STC 63)
Antiparasitics (STC 31)	Glucocorticoids (STC 51)	TB Preparations (STC 34)
Anti-Parkinson's (STC 09)	Iodine Therapy (STC 57)	Tetracyclines (STC 21)
Anti-Ulcer Preps/ Gastrointestinal Preps (STC 01)	Multivitamins (STC 82)	Thyroid Preps (STC 55)
Antivirals (STC 33)	Muscle Relaxants (STC 08)	Topical Nasal and Otic Preparations (STC 19)
Biologicals (STC 90)	Non-Opioid Analgesics (STC 41)	Urinary Antibacterials (STC 28)
Cephalosporins (STC 26)	Ophthalmic Preparations (STC 20)	Vitamin K (STC 85)

Phase II, Wave 2 (P2/W2)

19. What occurred during Phase II, Wave 2 (P2/W2)?

During P2/W2, the remaining [Standard Therapeutic Classes \(STCs\)](#), with the exclusion of enteral nutrition products (for any age), were reinstated for [new start](#) prescriptions for beneficiaries 22 years of age and older.

[Back to Top](#)

20. When did the reinstatement of prior authorizations (PAs) for Phase II, Wave 2 (P2/W2) 46 [Standard Therapeutic Classes \(STCs\)](#) including medical supplies go into effect?

P2/W2 went into effect on February 24, 2023.

21. Which [Standard Therapeutic Classes \(STCs\)](#) were identified for Phase II, Wave 2 (P2/W2)?

Prior authorization (PA) requirements for the following 46 STCs, including medical supplies, were reinstated during P2/W2:

Adrenergics (STC 18)	B Complex with Vitamin C (STC 84)	Laxatives (STC 06)
All Other Antiobesity Preps (STC 13)	Bile Therapy (STC 05)	Mineralocorticoids (STC 52)
Allergens (STC 89)	Bronchodilators (STC 15)	Oxytocics (STC 97)
Amphetamine Preparations (STC 12)	Chloramphenicol (STC 29)	Parasympathetic Agents (STC 98)
Anesthetics Gen Inhalant (STC 43)	CNS Stimulants (STC 10)	Psychostimulants- Antidepressant (STC 11)
Anesthetics Gen Inject (STC 44)	Coal Tar (STC 92)	Rauwolfias (STC 70)
Anticonvulsants (STC 48)	Cold and Cough Preparations (STC 17)	Sedative Barbiturate (STC 46)
Antidiarrheals (STC 03)	Contraceptives, Non-Systemic (STC 36)	Sedative Non-Barbiturate (STC 47)

[Back to Top](#)

Antidotes (STC 54)	Cough Preparations/ Expectorants (STC 16)	Trimethoprim (STC 35)
Antihistamines (STC 14)	Diagnostics (STC 39)	Vaginal Cleansers (STC 37)
Antinauseants (STC 49)	Digestants (STC 67)	Vasodilators Peripheral (STC 73)
Antineoplastics (STC 30)	Emetics (STC 02)	Xanthine Derivatives (STC 75)
Antipruritics (STC 91)	Enzymes (STC 69)	Medical Supplies *
Antispasmodic and Anticholinergic Agents (STC 04)	Hematinics and Blood Cell Stimulators (STC 88)	Miscellaneous ** (STC 99)
Antithyroid Preps (STC 56)	Hemorrhoidal Preparations (STC 96)	
Ataractics-Tranquilizers (STC 07)	Hemostatics (STC 78)	

* **Note:** Diabetic supplies, including testing supplies and insulin syringes, are included with Medical Supplies. Diabetic supplies also include Continuous Glucose Monitoring (CGM) Systems and Disposable Insulin Delivery Devices (DIDDs), both of which require an approved Medi-Cal Rx PA for a paid claim. For more information regarding Medi-Cal Rx coverage of Medical Supplies, refer to the *Medical Supplies* section in the [Medi-Cal Rx Provider Manual](#) and [Covered Products Lists](#) on the [Medi-Cal Rx Web Portal](#).

** All other drugs not otherwise listed except for enteral nutrition products.

[Back to Top](#)

Preparing for Phase III: Retirement of the Transition Policy FAQs

General Phase III Preparation

22. What is Phase III: Retirement of the Transition Policy?

As announced on December 20, 2022, in the alert titled [90-Day Countdown – Phase III: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older](#), Medi-Cal Rx will begin phasing out the Transition Policy in a series of lifts beginning March 24, 2023.

23. What can pharmacy providers and prescribers do to prepare for Phase III: Retirement of the Transition Policy?

On January 12, 2023, Medi-Cal Rx published the [How to Prepare for Retirement of the Transition Policy](#) alert. Pharmacy providers and prescribers should consider transitioning beneficiaries 22 years of age and older to covered alternatives that may not require a prior authorization (PA). If a covered alternative is not appropriate, providers may submit a PA to Medi-Cal Rx beginning February 24, 2023.

24. Where can pharmacy providers and prescribers locate a list of covered alternative therapies that may not require a prior authorization (PA)?

Pharmacy providers and prescribers can review the [Medi-Cal Rx Contract Drugs and Covered Products Lists](#) and the [Medi-Cal Rx Approved National Drug Code \(NDC\) List](#). Prescribers can also refer to ePrescribing applications.

[Back to Top](#)

25. If a prior authorization (PA) will be required for renewal, and no covered alternatives are clinically appropriate for a beneficiary 22 years of age and older, when and how can a PA be submitted in advance of Phase III: Retirement of the Transition Policy?

Medi-Cal Rx began accepting PAs in advance of the retirement of the Transition Policy on February 24, 2023. Medi-Cal Rx will accept PA submissions using the established Medi-Cal Rx PA submission methods: Provider Portal, CoverMyMeds®, NCPDP P4 Transaction, fax, and mail.

26. What message do pharmacies receive when a claim is paying under the Transition Policy?

If a claim pays with the following supplemental message, this claim is eligible for prior authorization (PA) submission as of February 24, 2023: "The existing Medi-Cal Transition Policy for claims coverage has been extended beyond 6/30/22. A prior authorization for this benefit/drug is not required at this time. A provider notice will be published 90 days before the Medi-Cal Rx Transition Policy is phased out." These drugs/products are eligible for PA submission, in advance of Phase III: Retirement of the Transition Policy for beneficiaries 22 years of age and older.

27. Are there any exclusions to prior authorization (PA) submission that started February 24, 2023?

Yes. Submission of PA requests for beneficiaries 21 years of age and younger or enteral nutrition products for beneficiaries of any age are not accepted at this time. These claims will continue to be covered under the Transition Policy beyond Phase III, and more information will be provided as it becomes available.

[Back to Top](#)

Phase III FAQs

General Phase III

28. When will more information about Phase III transition lifts be available?

In anticipation of each transition lift in Phase III, Medi-Cal Rx will publish a 30-day alert detailing information regarding [Standard Therapeutic Classes \(STCs\)](#) that are impacted by that respective lift.

Phase III, Lift 1 (P3/L1)

29. What [Standard Therapeutic Classes \(STCs\)](#) and [Hierarchical Ingredient Code 3 \(HIC3s\)](#) items are impacted during Phase III, Lift 1 (P3/L1)?

The following STCs * and HIC3s ** are impacted during P3/L1:

Diuretics (STC 79, 53)	Anti-Lipemic Agents (STC 65, 66)	Hypoglycemics (STC 58)
Antihypertensives (STC 71)	Coronary Vasodilators (STC 72)	Cardiovascular Agents (STC 76, 74)
Anticoagulants and Antiplatelets (STC 77)	Niacin, Vitamin B and Vitamin C (STC 81)	Opioids (STC 40)
		Benzodiazepines (HIC3: H20, H21, H22, H4A, H8G, H8K)

* STC refers to the Standard Therapeutic Classification number. HIC3 refers to the Specific Therapeutic Classification per First DataBank (FDB).

** Listed HIC3s fall within STCs 07, 47, and 48; other drugs within these STCs are not impacted by this transition lift. Refer to the [Medi-Cal Rx Approved NDC List](#) for additional details.

Refer to the [30-Day Countdown – Phase III, Lift I: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older](#) alert for more information.

[Back to Top](#)

Phase IV FAQs

General Phase IV

30. When will providers receive more information regarding Phase IV of Medi-Cal Rx Reinstatement?

Phase IV impacts beneficiaries 21 years of age and younger and enteral nutrition products for beneficiaries of all ages. Phase IV will begin no sooner than July 2023. A 90-day alert will be published prior to Phase IV.

31. Can providers submit prior authorizations (PAs) in anticipation of Phase IV for beneficiaries 21 years of age and younger?

PA requests submitted in anticipation of Phase IV, for beneficiaries 21 years and younger are not accepted at this time.

32. Can providers submit prior authorizations (PAs) in anticipation of Phase IV for enteral nutrition products for beneficiaries of any age?

PA requests submitted in anticipation of Phase IV for enteral nutrition products for beneficiaries of any age are not accepted at this time.

Reinstatement Resources

- In addition to the resources linked within this FAQ, Medi-Cal Rx offers a **Medi-Cal Rx Reinstatement** web page, which is available by selecting [Medi-Cal Rx Education & Outreach](#) from the [Medi-Cal Rx Web Portal](#), and then selecting **Medi-Cal Rx Reinstatement**.
- Medi-Cal Rx publishes a *Reinstatement Spotlight* every Friday to keep stakeholders informed. *Reinstatement Spotlights* are available on the [Medi-Cal Rx Bulletins & News](#) page, as well as the Medi-Cal Rx Reinstatement tab on the [Medi-Cal Rx Education & Outreach](#) page.
- The Medi-Cal Rx team also hosts a weekly Reinstatement Webinar. The [Medi-Cal Rx Reinstatement Webinar recording](#) is available on YouTube.

[Back to Top](#)

- Pharmacy providers and prescribers can stay up to date with all that is happening at Medi-Cal Rx by signing up for the [Medi-Cal Rx Subscription Service](#) to receive notification of future alerts.
- You can also call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.
- Pharmacy providers and prescribers can also seek assistance via the Medi-Cal Rx Education & Outreach team by emailing MediCalRxEducationOutreach@magellanhealth.com.

[Back to Top](#)

Glossary

Term	Definition
Approved NDC List	The Medi-Cal Rx Approved NDC List is a spreadsheet that contains NDCs eligible for coverage and reimbursement under Medi-Cal Rx. This list is updated monthly and includes drugs listed on the Medi-Cal Rx Contract Drugs List (CDL), as well as drugs not listed on the CDL requiring a prior authorization (PA). Code I restrictions for drugs listed on the CDL are not included on the NDC List, but can be found on the CDL.
CCS	The California Children’s Services (CCS) program provides health care services, including diagnostic, treatment, dental, administrative case management, physical therapy, and occupational therapy services, to children from birth up to 21 years of age with CCS-eligible medical conditions.
CDL	The Medi-Cal Rx Contract Drugs List (CDL) is a list of drugs that have been reviewed and are generally available without a prior authorization (PA). The CDL is searchable by generic names only, and some drugs on the CDL may have utilization controls referred to as a Code I. Any labeler restriction (LR) for a drug will be notated with a five-digit LR number.
GHPP	The Genetically Handicapped Persons Program (GHPP) is a health care program for adults with specific genetic diseases. GHPP helps beneficiaries with their health care costs.
HIC3	Hierarchical Ingredient Code 3 (HIC3) refers to the Specific Therapeutic Classification per First DataBank (FDB).

[Back to Top](#)

Term	Definition
Medi-Cal Rx Reinstatement	<p>On June 1, 2022, the California Department of Health Care Services (DHCS), in collaboration with Magellan Medicaid Administration, LLC (MMA), released the Medi-Cal Rx Reinstatement Plan (the Plan) for a phased approach to restore select claim edits and prior authorizations (PAs) by therapeutic drug class, while phasing out the Transition Policy. The Plan reflects a methodical, data-driven, and iterative approach to support rapid cycle improvements by incorporating feedback from stakeholders and lessons learned from each phase to facilitate alignment with the objective to reduce disruption as well as ensure timely delivery of the pharmacy benefit. Reinstatement will be gradual with intense focus on stakeholder preparedness and performance monitoring. This will be refined as necessary over time based on data analytics, operational experience, and stakeholder feedback.</p> <p>To facilitate incremental implementation, the Plan design employs a series of “waves” or sequenced events within each phase to introduce change. This allows DHCS to evaluate for change impact, identify opportunities for process improvement, and assess readiness for the next set of changes.</p>
New Start	<p>A “new start” is defined as a new therapy or medication not previously prescribed to the beneficiary during the 15-month lookback period.</p>
Reject Code 80	<p>Reject Code 80 alerts pharmacists when a diagnosis code submitted does not meet drug coverage criteria. See the following resource for additional information:</p> <ul style="list-style-type: none"> • NCPDP Reject Code 80 and Diagnosis Documentation of Code 1 Restriction: Status Update

[Back to Top](#)

Term	Definition
Reject Code 88	<p>Reject Code 88 alerts pharmacists when optimal therapy is not reflected in the beneficiary’s claim history. This alert may present itself in the form of a rejection or an informational message. See the following resources for additional information:</p> <ul style="list-style-type: none"> • NCPDP Reject Code 88 DUR Reference Guide • Appendix A: Reject Code 88 DUR: Service Codes Scenarios
STC	<p>Medi-Cal Rx has established a set of Standard Therapeutic Classes (STCs) that are used to guide the selection and coverage of medications within the program.</p> <p>Therapeutic classes are typically defined by a combination of factors, such as the medication's mechanism of action, its intended use, and its chemical structure. These therapeutic classes are used to help ensure that appropriate medications are prescribed for the medical condition being treated, and to promote the use of clinically effective and cost-effective medications. The use of STCs also allows for consistent coverage decisions and helps to ensure that beneficiaries receive appropriate care.</p> <p>Medi-Cal Rx covers medications within each STC that are clinically appropriate and cost-effective, based on recommendations from clinical guidelines, expert opinion, and other sources of evidence.</p>
Transition Policy	<p>The Medi-Cal Rx Pharmacy Transition Policy ensures smooth and effective transition for beneficiaries to Medi-Cal Rx with existing prescriptions. The Transition Policy is a process that ensures Medi-Cal beneficiaries with existing prescriptions, with or without approved prior authorizations (PAs), will have continued coverage for covered Medi-Cal pharmacy benefits through historical claims data and “look-back” system logic. This policy includes a 180-day period where the Department of Health Care Services (DHCS) will not require PA for existing prescriptions without previously</p>

[Back to Top](#)

Term	Definition
	<p>approved PAs from their applicable Medi-Cal managed care plans (MCPs) (or for prescriptions that have a previously approved PA that expires prior to the end of the transition period), for drugs not on the Medi-Cal Contract Drug List (CDL), or that otherwise have PA requirements under Medi-Cal Rx. This policy does not apply to new prescriptions or drugs that do not have PA requirements under Medi-Cal Rx.</p> <p>Visit the Medi-Cal Rx Education & Outreach page and select Medi-Cal Rx Pharmacy Transition Policy from the menu to view the Medi-Cal Rx Pharmacy Transition Policy.</p>

[Back to Top](#)