



# Changes to Medi-Cal Rx, Effective January 1, 2026

January 1, 2026

## Background

As previously announced in the alert titled [30-Day Countdown: Upcoming Changes to Medi-Cal Rx](#) and pursuant to the enacted [2025-26 State Budget](#), the Department of Health Care Services (DHCS) has implemented a series of Medi-Cal Rx policy updates to reduce pharmacy spending, improve program integrity, and ensure continued, equitable access to quality pharmacy benefits and services.

## What Pharmacy Providers and Prescribers Need to Know

Effective today, DHCS has implemented the following Medi-Cal Rx policy updates:

### GLP-1 Drugs

#### **Wegovy®, Zepbound®, and Saxenda®**

The following drugs have been removed from the [Medi-Cal Rx Contract Drugs List](#) (CDL) and are no longer eligible for coverage for **weight loss** or **weight loss-related indications**:

- Wegovy
- Zepbound
- Saxenda

Claims for these three drugs will deny with **Reject Code 70 – Product/ Service Not Covered** regardless of indication, and previously approved prior authorizations (PAs) are deemed expired. PA requests for these drugs will be considered in the following situations, on a case-by-case basis:

- Wegovy when used for noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) or cardiovascular disease
- Zepbound when used for obstructive sleep apnea (OSA)

## Other GLP-1 Drugs

The following GLP-1 drugs on the [CDL](#) have a Code I diagnosis restriction of type 2 diabetes and are not eligible for coverage for **weight loss** or **weight loss-related indications**:

- Ozempic®
- Rybelsus®
- Mounjaro®
- Victoza®
- Byetta
- Bydureon®
- Trulicity®

Claims for these seven drugs will continue to deny with **Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria** when the Code I diagnosis restriction is not met. PA requests submitted for non-weight loss indications will be reviewed for coverage consideration based on medical necessity.

**Note:** PA requests submitted for weight loss or weight loss-related indications will be reviewed for medical necessity for members younger than 21 years of age pursuant to the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

## Over-the-Counter (OTC) COVID-19 Antigen Tests

OTC COVID-19 antigen tests require a PA request for all Medi-Cal members unless written by a California Children's Services (CCS) Paneled Provider for a pediatric member younger than 21 years of age (refer to the [Now Available: CCS Panel Authority Policy Exclusions on the Medi-Cal Rx Approved NDC List](#) alert for more information). Pharmacy claims for these tests may be approved on a case-by-case basis with medical justification demonstrating the need for suspected COVID-19 exposure or infection. Providers must include the following information with the PA request:

- *International Classification of Diseases – 10<sup>th</sup> Revision* (ICD-10) diagnosis code
- Signs and symptoms exhibited
- Date of most recent COVID-19 test taken
- Documentation of medical necessity, such as recent exposure, active signs and symptoms, previous diagnosis, or suspected ongoing infection

**Note:** PAs are only approved for a one-time override and cannot be renewed. A new PA request is required for each pharmacy claim for an OTC COVID-19 antigen test. Additionally, approvals are limited to up to four tests per month, per Medi-Cal member. It is important to remind Medi-Cal members that there may be additional alternative COVID-19 testing coverage options available through their pharmacy provider, prescriber, or Medi-Cal managed care plan (MCP). Refer to the [Medi-Cal Rx Provider Manual](#) for additional information regarding OTC COVID-19 antigen test coverage.

## Continuing Care

The following drugs and products require an approved PA demonstrating medical necessity. This policy applies to all Medi-Cal members.

- Chlorpromazine 25 mg/ml and 50 mg/2 ml ampules and vials
- Fluphenazine 2.5 mg/ml vial
- Haloperidol deconate 50 mg/ml and 100 mg/ml ampules
- Haloperidol lactate 5 mg/ml ampules, vials, and syringes
- Timolol 0.25% and 0.5% gel-solution
- Timolol maleate 0.25% and 0.5% eye solution
- Bimatoprost 0.03% eye drops
- Adhansia XR (methylphenidate) 25 mg, 35 mg, 45 mg, 55 mg, 70 mg, and 85 mg capsules

**Note:** Approval of select noncovered drugs as a paid benefit first requires use of a therapeutic alternative drug listed on the [CDL](#).

DHCS issued letters in late October to only those Medi-Cal members who have been receiving one or more of these medications, as identified from a claim within the last 100 days.

## Coverage Policies for Select OTC Products

**Note:** The following OTC coverage policy updates do not impact members when the prescription is written by a CCS Paned Provider under the CCS Panel Authority policy.

### Select OTC Products

Coverage policies for select OTC products for Medi-Cal members 21 years of age and older under Medi-Cal Rx have been updated as follows:

- Multivitamin combination products are no longer covered.
- Certain single-ingredient vitamins and dry eye products require a PA request demonstrating medical necessity.
- First- and second-generation antihistamines coverage are restricted to generic formulations.
- Single-ingredient vitamins and antihistamines are restricted to a 90- to 100-day supply per fill for all Medi-Cal members 21 years of age and older.

### OTC Prenatal Vitamins

OTC prenatal vitamins are limited to use during pregnancy or lactation conditions for Medi-Cal members between 10 and 60 years of age. Additionally, claims for these items are restricted to a 90- to 100-day supply per fill for maintenance supplies. The initial fill is approvable for a 30-day supply to ensure the Medi-Cal member can tolerate the vitamin.

## Step Therapy

Medi-Cal Rx will continue to prefer the use of drugs/products listed on the CDL(s) on the [Contract Drugs & Covered Products Lists](#) page prior to considering approval of a drug/product requiring a PA request.

- Providers should consider prescribing covered therapies that may not require a PA.
- If a covered drug/product is not clinically appropriate, submit a PA request establishing medical necessity.
- Providers are required to include drugs/products tried and considered and the reason(s) why those drugs/products do not meet the needs of the member when submitting PA requests. Refer to the [Reminder: Establishing Medical Necessity](#) alert.

Continuation of therapy, which refers to when a member previously used or is currently using the drug/product, does not suffice as justification for approval.

This change impacts all members regardless of eligibility, age, and specialty program enrollment.

## What Pharmacy Providers and Prescribers Need to Do

- Review the [Budget Information](#) page on the DHCS website.
- Review the [California Budget 2025-26](#) website.
- Visit the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) and select the **State Budget Policy Updates** tab to review the following resources:
  - [Medi-Cal Rx State Budget Policy Updates – Frequently Asked Questions \(FAQs\)](#)
  - [GLP-1 Drugs – Medi-Cal Rx Members' Frequently Asked Questions \(FAQs\)](#)
  - [Changes to GLP-1 Drug Coverage – Effective January 1, 2026](#) flyer
  - [GLP-1 Coverage Considerations](#) alert
- Attend one of the upcoming Office Hours hosted by Medi-Cal Rx to address stakeholder questions and review how state budget policy updates will impact Medi-Cal Rx. The link can be found on the State Budget Policy Updates tab. Office Hours will be held from 12 p.m. to 1 p.m. on the following dates:
  - January 9, 2026
  - January 16, 2026

## Contact Information

You can 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.

For other questions, email Medi-Cal Rx Education & Outreach at [MediCalRxEducationOutreach@primetherapeutics.com](mailto:MediCalRxEducationOutreach@primetherapeutics.com).