



Medi-Cal Rx

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) Panelled 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 – 10th 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 Paneled 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.