Now Active: Prior Authorization Policy Updates

March 6, 2026

Background

As previously announced in the alert titled *Changes to Medi-Cal Rx, Effective January 1, 2026* and pursuant to the enacted 2025-26 State Budget, the Department of Health Care Services (DHCS) implemented a series of Medi-Cal Rx policy updates on January 1, 2026, to reduce pharmacy spending, improve program integrity, and ensure continued, equitable access to quality pharmacy benefits and services.

In alignment with the *California Code of Regulations* (CCR), Title 22, Section 51003(e), Medi-Cal Rx approves up to a 12-month prior authorization (PA) approval period. Certain requests may be considered for a longer approval length on a case-by-case basis, dependent on meeting medical necessity and aligning with the CCR. Under the Transition Policy, some PAs received extended duration approvals to ensure member access.

What Pharmacy Providers and Prescribers Need to Know

As announced in the alert titled *Prior Authorization Policy Updates, Effective March 6, 2026*, DHCS has implemented the following policy updates in alignment with the CCR, which may result in a new PA request being needed:

- The lookback period for paid claims history has been updated from 450 days to 100 days to ensure recent or ongoing use of the medication and align with essential need and efficacy. If prior claims history is greater than 100 days, a new PA request may be required.
- Code I limits will apply for certain maintenance drugs on the *Medi-Cal Rx Contract Drugs List* (CDL). Claims submitted for these drugs may be denied with the following reject codes and require a new PA request:

    - Reject Code 60 – Product/Service Not Covered For Patient Age
    - Reject Code 61 – Product/Service Not Covered For Patient Gender
    - Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria

- Historical PA requests approved under the Transition Policy will no longer bypass the utilization management (UM) limitations and may be denied with the following reject codes and require a new PA request:

    - Reject Code 78 – Cost Exceeds Maximum
    - Reject Code 606 – Brand Drug/Specific Labeler Code Required
    - Reject Code 76 – Plan Limitations Exceeded

- The extended duration policy no longer applies to the following drugs and drugs classes. Claims submitted for these drugs without an approved PA will deny with **Reject Code 75 – Prior Authorization Required**. Prescribers can review and consider changing to covered alternatives, or, if no appropriate alternatives exist, they must submit a new PA request for coverage consideration. PA requests may be approved for up to 12 months.
  - » DHCS will provide advance notification regarding additional changes to extended duration PAs.

Impacted Drugs		
Antihyperlipidemic Agents		
Juxtapid® (lomitapide)	Tryngolza™ (olezarsen sodium) Kynamro® (mipomersen sodium) Redemplo® (plozasiran sodium)	Nexlizet® (bempedoic acid/ezetimibe)
Nexletol® (bempedoic acid)	Livalo® (pitavastatin calcium) Zypitamag® (pitavastatin magnesium)	Atorvaliq® (atorvastatin calcium oral suspension)
Altocor™ Altoprev® (lovastatin)	Fluvastatin sodium 20 mg, 40 mg capsules Lescol XL® (fluvastatin sodium extended-release tablet)	Ezallor Sprinkle® (rosuvastatin calcium)
FloLipid® Oral Susp (simvastatin oral suspension)		
Anti-Inflammatory Agents		
Naproxen 375, 500 mg delayed-release tablet Naproxen sodium 220 mg, 275 mg, 550 mg Etodolac (all strengths) Ibuprofen 50 mg drops Mobic®, Qmiiz® ODT (meloxicam, oral susp, ODT)	Celebrex® (celecoxib) 50 mg, 400 mg capsule Vyscoxa (celecoxib) oral suspension	Diclofenac sodium topical 1.5%
Duexis (ibuprofen/famotidine)		
Miscellaneous Drugs		
Alyftrek® (vanzacaftor/tezacaftor/deutivacaftor)	Daybue® (trofinetide)	Gattex® (teduglutide)

Impacted Drugs		
Crenessity™ (crinecerfont)	Vyvgart® Hytrulo™ (efgartigimod/hyaluronidase /qvfc)	Vyvgart (efgartigimod alfa-fcab) Imaavy (nipocalimab-aahu)
Revcovi® (elapegademase-lvlr)	Rystiggo® (rozanolixizumab-noli)	Crysvita® (burosumab-twza)
Xywav® (calcium, magnesium, potassium, and sodium oxybates)	Xyrem® Lumryz ER (sodium oxybate)	Vyjuvek® (beremagene geperpavec-svdt)
Cystagon® Procysbi® (cysteamine bitartrate)	Skyclarys™ (omaveloxolone)	Evkeeza® (evinacumab-dgnb)
Vykat XR™ (diazoxide choline)	Pyrukynd® (mitapivat sulfate)	Kalydeco® (ivacaftor)
Kuvan® Javygtor™ Zelvysia™ (sapropterin dihydrochloride) Sephience (sepiapterin)	Orkambi® (lumacaftor/ivacaftor)	Trikafta® (elexacaftor/tezacaftor/ ivacaftor)
Symdeko® (tezacaftor/ivacaftor)	Palynziq® (pegvaliase-pqpz)	

What Pharmacy Providers and Prescribers Need to Do

- Refer to the Contract Drugs & Covered Products Lists page on the Medi-Cal Rx Web Portal for information regarding drugs/products eligible for coverage under Medi-Cal Rx as a pharmacy benefit and Code I limitations.
- Consider alternate covered therapies that may not require a PA request, if clinically appropriate. Refer to the *Medi-Cal Rx Approved NDC List* on the Medi-Cal Rx Web Portal.
- If a change in therapy is not appropriate, submit a PA request via one of the approved Medi-Cal Rx submission methods. Refer to the *Prior Authorization Submission Reminders* and *Reminder: Establishing Medical Necessity* alerts.
- Review PA resources by selecting the **Prior Authorization (PA)** tab on the Forms & Information page.

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.