



Medi-Cal Rx

Mass Adjustment for Blood Factors for Impacted Claims with a Date of Service from December 19, 2025, through December 30, 2025

April 17, 2026

Background

Medi-Cal Rx initiated a mass adjustment related to an incorrect average sales price (ASP) value for blood factor hemophilia drug ALTUVIIIIO® 500 Unit Vial for claims with a date of service (DOS) on or after December 19, 2025, through December 30, 2025.

What Pharmacy Providers Need to Know

Medi-Cal Rx identified a claims processing issue affecting a select number of claims with a DOS on or after December 19, 2025, through December 30, 2025, for the blood factor hemophilia drug ALTUVIIIIO 500 Unit Vial with NDC 71104097901. For these claims, the incorrect ASP value was used, which may have resulted in an incorrect pharmacy provider reimbursement. Medi-Cal Rx updated the ASP value for this NDC on December 30, 2025, to correctly calculate the reimbursement amount for these claims per the Department of Health Care Services' (DHCS) policy.

Medi-Cal Rx has identified the impacted net paid claims and will be adjusting these claims on behalf of pharmacy providers which may result in an amount owed to you or no net change to the amount you were already reimbursed.

Adjustments have been made for the impacted claims with a DOS on or after December 19, 2025, through December 30, 2025, and will appear on the May 1, 2026, remittance advice (RA).

What Pharmacy Providers Need to Do

No action is required by pharmacy providers at this time.

Adjustments for the impacted claims with a DOS on or after December 19, 2025, through December 30, 2025, will appear on the May 1, 2026, RA. On the RA, impacted pharmacy providers will see a reversal of the original claim and a new claim processed (same member, Rx number, DOS, NDC, etc.) to reflect the adjustment. The Mass Adjustment Notification Number, **MCRX 0223-A**, will appear on the RA for all reprocessed claims.

If an impacted pharmacy provider disagrees with an adjustment, they may take one of the following actions:

- Submit a [Medi-Cal Rx Provider Pharmacy Claim Appeal \(DHCS 6571\)](#) form within three months of the new Medi-Cal Rx RA date.
- Submit a [Medi-Cal Rx Provider Pharmacy Claim Inquiry \(DHCS 6570\)](#) form (CIF) within six months of the new Medi-Cal Rx RA date.

The forms contain completion instructions and are located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).

For more information about this and other mass adjustment activities, refer to the [Mass Adjustments](#) page located on the [Medi-Cal Rx Provider Portal](#). For additional assistance, pharmacy providers may send a secured email to MediCalRxEducationOutreach@primetherapeutics.com and include, if appropriate, any claim-specific information with the correspondence.

Contact Information

If you have any questions regarding the mass adjustment, 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.