



Medi-Cal Rx

Medi-Cal Rx Monthly Bulletin

June 1, 2026

Medi-Cal Rx has implemented or scheduled the following updates. Stay up to date with all that is happening at Medi-Cal Rx by visiting the [Bulletins & News](#) page and signing up for the [Medi-Cal Rx Subscription Service](#) to receive notification of future publications.

1. [Updates to the Medi-Cal Rx Contract Drugs List](#)
2. [Updates to the List of Contracted COVID-19 Antigen Tests, Effective July 1, 2026](#)
3. [Medical Supplies: Updates to the List of Contracted Blood Pressure Monitors and Cuffs, Effective July 1, 2026](#)
4. [Diabetic Supplies: Updates to the List of Contracted Disposable Insulin Delivery Devices, Effective September 1, 2026](#)
5. [Updates to the List of Contracted Enteral Nutrition Products, Effective July 1, 2026](#)
6. [Updates to the Medi-Cal Rx Provider Manual](#)
7. [Updates to the Medi-Cal Rx Billing Tips](#)
8. [Maximum Allowable Ingredient Cost 30-Day Pharmacy Provider Notice](#)
9. [Updates to the Medi-Cal Rx Network Billing Out-of-State Pharmacy Provider Emergency Drug Service Agreement \(DHCS 6501\) Form](#)

1. Updates to the Medi-Cal Rx Contract Drugs List

The following updates have been made to the [Medi-Cal Rx Contract Drugs List](#) (CDL).

Drug Name	Description
Aripiprazole	Labeler restriction (LR) added to kits and vials.
Aripiprazole Lauroxil	LR added.
Azilsartan Medoxomil	LR added.
Buprenorphine	LR added to syringes.
Elinzanetant	Added to the CDL with LR.
Fluticasone/Vilanterol	Effective July 1, 2026: Additional strength (50-25 mcg) and LR added to the CDL.
Hydrochlorothiazide	New dosage form (oral suspension) added to the CDL.
Mirabegron	Effective July 1, 2026: LR added.
Propranolol HCL	LR removed from 4.28 mg/ml liquid.
Tenofovir Alafenamide	LR added.
Umeclidinium Bromide/ Vilanterol Trifenatate	Effective July 1, 2026: LR added.
Vilazodone HCL	Added to the CDL.

2. Updates to the List of Contracted COVID-19 Antigen Tests, Effective July 1, 2026

The [List of Contracted COVID-19 Antigen Tests](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes is July 1, 2026.

The following product will be deleted from the *List*:

Manufacturer	Product Label Name	Medi-Cal 11- digit Billing Number (NDC)
Nano-Ditech Corp.	Nano-Check™ COVID-19 Antigen Test, 2 tests	95160000286

Note: The Maximum Allowable Product Cost (MAPC) for this product is no longer guaranteed and this test is no longer a Medi-Cal Rx benefit, even with an approved prior authorization (PA). Only tests on the *List* are covered. Members and pharmacy providers should refer to the member’s medical benefit for coverage of noncontracted tests. Continuing care does not apply.

3. Medical Supplies: Updates to the List of Contracted Blood Pressure Monitors and Cuffs, Effective July 1, 2026

The [List of Contracted Blood Pressure Monitors and Cuffs](#) has been updated on the [Medi-Cal Rx Web Portal](#). The updated *List* contains 41 products, including the new products added to the benefit. The effective date of the changes is July 1, 2026.

Contractors have guaranteed that Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal members, covered products at or below the Maximum Acquisition Cost (MAC). Providers can locate MAC price suppliers by calling manufacturer phone numbers referenced in the *Lists* on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Medi-Cal members denied coverage of a requested Medi-Cal Rx product have the right to a State Hearing. A State Hearing may be requested by contacting the California Department of Social Services, State Hearings Division, at the following address:

[State Hearings](#)

P.O. Box 944243, MS 21-37
Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

Medi-Cal members have the right and are encouraged to consult their primary care provider or prescriber to determine if an appropriate substitute product is available and covered by Medi-Cal Rx.

4. Diabetic Supplies: Updates to the List of Contracted Disposable Insulin Delivery Devices, Effective September 1, 2026

The [List of Contracted Disposable Insulin Delivery Devices](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes is September 1, 2026.

The following products will be deleted from the *List*:

Product Label Name	Medi-Cal 11 Digit Billing Number (NDC)	MAC/MAPC Price Per Each
V-Go® 20 Disposable Insulin Delivery, 20 insulin units, package size of 30 pods	08560940003	\$17.3900
V-Go 30 Disposable Insulin Delivery, 30 insulin units, package size of 30 pods	08560940002	\$17.3900

Product Label Name	Medi-Cal 11 Digit Billing Number (NDC)	MAC/MAPC Price Per Each
V-Go 40 Disposable Insulin Delivery, 40 insulin units, package size of 30 pods	08560940001	\$17.3900

Contractors have guaranteed that Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal members, covered products at or below the MAC. Providers can locate MAC price suppliers by calling manufacturer phone numbers referenced in the *Lists* on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Note: Product addition or inclusion on the *List* does not guarantee supply or individual-specific coverage.

Products deleted from the *List* will no longer be reimbursable, even with an approved PA, on or after the effective date of deletion. The MAC for these products is no longer guaranteed.

Medi-Cal members denied coverage of a requested Medi-Cal Rx product have the right to a State Hearing. A State Hearing may be requested by contacting the California Department of Social Services, State Hearings Division, at the following address:

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5. Updates to the List of Contracted Enteral Nutrition Products, Effective July 1, 2026

The [List of Contracted Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes is July 1, 2026.

Several products have an updated description of product, caloric density, and/or MAC/estimated acquisition cost (EAC) per gm/ml.

The following products will be added to the *List*.

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Mead Johnson & Company, LLC	Enfamil® Liquid Human Milk Fortifier Standard Protein 4/6 Cartons, 5.5 oz bottles, 24 bottles per case	00087513480

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Mead Johnson & Company, LLC	Enfamil Liquid Human Milk Fortifier High Protein 4/6 Cartons, 5.5 oz bottles, 24 bottles per case	00087513478

The following products will be deleted from the *List*.

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Abbott® Nutrition	Perative®, 1 L, ready to hang	70074062724
Abbott Nutrition	Perative, 8 oz, recloseable carton	70074064815
Abbott Nutrition	Similac® Human Milk Fortifier, 0.169 oz 6/24 pks, 5 ml packets, 144 per case	70074056650
Abbott Nutrition	Similac Special Care® 24, 59 ml	70074067447
Abbott Nutrition	Similac Special Care 30, 59 ml	70074067449
Mead Johnson & Company, LLC	Enfamil Human Milk Fortifier powder, 0.71 g, 200 sachets per case	00087201448
Nestlé® HealthCare Nutrition	Compleat® Pediatric Peptide 1.5, unflavored, 6 x 1000 mL	43900022872
Nestlé HealthCare Nutrition	Peptamen Junior® PHGG, vanilla, 24 x 250 mL	43900036159
Nestlé HealthCare Nutrition	Peptamen Junior, strawberry, 24 x 250 ml	98716060140
Nestlé HealthCare Nutrition	Peptamen Junior with Prebio, vanilla, 24 x 250 ml	98716016261
Nestlé HealthCare Nutrition	Peptamen® with Prebio, 6 x 1000 ml Ultrapak bags	98716012804
Nestlé HealthCare Nutrition	Vivonex® Pediatric, unflavored, 36 x 48.5 g, powder packets	43900071319
Nestlé HealthCare Nutrition	Vivonex RTF, 6 x 1000 ml	43900036280

The amount reimbursed to providers is the EAC, per unit, multiplied by the number of units dispensed, plus a 23 percent markup. Assembly Bill 97 (2011) still impacts enteral nutrition claims; a 10 percent reduction applies to each paid claim.

Product addition or inclusion on the *List* does not guarantee supply or individual-specific coverage. Products deleted from the *List* will no longer be reimbursable, even with an approved PA, on or after the effective date of deletion.

Note: The MAC for these products is no longer guaranteed.

Members affected by deletions from the *List* should seek new prescriptions from their licensed prescriber, and new PAs from their pharmacy provider, if applicable, for a comparable item that is listed. Continuing care does not apply.

Medi-Cal members denied coverage of a requested Medi-Cal Rx product have the right to a State Hearing. A State Hearing may be requested by contacting the California Department of Social Services, State Hearings Division, at the following address:

[State Hearings](#)

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Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634
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Medi-Cal members have the right and are encouraged to consult their primary care provider or prescriber to determine if an appropriate substitute product is available and covered by Medi-Cal Rx.

6. Updates to the Medi-Cal Rx Provider Manual

The following updates/additions have been made to the [Medi-Cal Rx Provider Manual](#).

Section	Update Description
<i>Section 8.2.1 – Long Term Care Claims Processing</i>	<ul style="list-style-type: none"> Added information about Reject Code 70 – Product/Service Not Covered. Added enteral nutrition products as an excluded coverage product.
<i>Section 10.4.3 – Medicare Part D COB</i>	<ul style="list-style-type: none"> Added language stating that specific Part D Coordination of Benefits (COB) claims will be rejected by Medi-Cal Rx with Reject Code 13 – M/I Other Coverage Code with a new supplemental message.
<i>Section 10.5 – Allowed OCC for Standard OHC and Medicare Part B and Part D</i>	<ul style="list-style-type: none"> Updated criteria in the Allowed for Medicare Part B Processing and Allowed for Medicare Part D Processing columns.
<i>Section 10.5.1 – OCC Equals 3 Reject Codes</i>	<ul style="list-style-type: none"> Removed Reject Code A5 – Not Covered Under Part D Law.

Section	Update Description
<i>Section 15.1.1 – Dispensing Quantity Limitations</i>	<ul style="list-style-type: none"> Added language about Liquid Formulations products. Added language about compound prescriptions being examples of exceptions.
<i>Appendix G – OHC Carrier Information</i>	<ul style="list-style-type: none"> Updated contact information about Other Health Coverage (OHC) carriers.

7. Updates to the Medi-Cal Rx Billing Tips

Medi-Cal Rx published updates to the [Medi-Cal Rx Billing Tips](#) on June 1, 2026. To access the document, visit the [Medi-Cal Rx Provider Portal](#) and select the **Billing Tips & Payer Sheet** tab on the [Forms & Information](#) page.

8. Maximum Allowable Ingredient Cost 30-Day Pharmacy Provider Notice

The Department of Health Care Services (DHCS) has contracted with Prime Therapeutics State Government Solutions LLC (Prime), who contracts with Mercer Government Human Services Consulting (Mercer), part of Mercer Health and Benefits, LLC, to establish and maintain a Maximum Allowable Ingredient Cost (MAIC) program for generic pharmaceutical drugs.

Rates will be effective July 1, 2026, and will be posted to the Mercer Medi-Cal Rx website no later than June 1, 2026.

- Refer to the [Mercer Medi-Cal Rx website](#) for MAIC rate lists, MAIC program information, Frequently Asked Questions (FAQs), and contact information.
- To request a review of a MAIC rate for a specific drug, submit a request using the [Medi-Cal Rx Maximum Allowable Ingredient Cost Price Research Request \(DHCS 6540\)](#) form found on the [Mercer Medi-Cal Rx website](#) and the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).

Note: All required fields on the form must be completed. Providers will be contacted for supporting documentation or other information, as necessary.

The primary method for pharmacy provider notifications for the MAIC and Annual Attestation Survey is via email and/or fax. It is important and recommended that pharmacy providers maintain accurate and consistent contact information across all organizations involved in pharmacy administration, including but not limited to, NCPDP and Medi-Cal.

9. Updates to the Medi-Cal Rx Network Billing Out-of-State Pharmacy Provider Emergency Drug Service Agreement (DHCS 6501) Form

Medi-Cal Rx published updates to the [Medi-Cal Rx Network Billing Out-of-State Pharmacy Provider Emergency Drug Service Agreement \(DHCS 6501\)](#) form on May 6, 2026. To access the document, visit the [Medi-Cal Rx Provider Portal](#) and select the **Reference Materials** 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.