Medi-Cal Rx

30-Day Countdown: Prior Authorization Policy Updates, Effective September 1, 2026

July 31, 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.

What Pharmacy Providers and Prescribers Need to Know

Effective September 1, 2026, the extended duration prior authorization (PA) policy will no longer apply 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, as clinically appropriate.

» **DHCS will provide advance notification regarding additional changes to the extended duration PA policy.**

Impacted Drugs		
Immunomodulators: Systemic		
Abrilada® (adalimumab-afzb)	Amjevita® (adalimumab-atto)	Arcalyst® (rilonacept)
Avsola® (infliximab-axxq)	Bimzelx® (bimekizumab-bkzx)	Cibinqo® (abrocitinib)
Cimzia® (certolizumab pegol)	Cosentyx® (secukizumab) 125 mg/5 ml vial	Cyltezo® (adalimumab-adbm)
Fasenra® (benralizumab) syringes	Hyrimoz® (adalimumab-adaz) 40 mg/0.8 ml, 80 mg/0.8 ml	Idacio® (adalimumab-aacf)
Ilumya® (tildrakizumab-asmn)	Inflectra® Zymfentra® (infliximab-dyyb)	Ilaris® (canakinumab/PF)

Impacted Drugs		
Kineret® (anakinra)	Leqselvi® (deuruxolitinib phosphate)	Litfulo® (ritlecitinib tosylate)
Omvoh® (mirikizumab-mrkz) vial	Orencia® (abatacept, abatacept/maltose)	Otulfi® (ustekinumab-aauz)
Oxsoralen-Ultra® 8-MOP® (methoxsalen)	Remicade® (infliximab)	Renflexis® (infliximab-abda)
Selarsdi® (ustekinumab-aekn)	Simlandi® (adalimumab-ryvk)	Simponi® (golimumab)
Siliq® (brodalumab)	Skyrizi® (risankizumab-rzaa) 180 mg/1.2 ml, 360 mg/2.4 ml	Soriatane® (acitretin)
Sotyktu® (deucravacitinib)	Spevigo® (spesolimab-sbzo)	Steqeyma® (ustekinumab-stba)
Taltz® (ixekizumab)	Tezspire® (tezepelumab-ekko)	Tremfya® (guselkumab)
Wezlana® (ustekinumab-auub)	Xeljanz® (tofacitinib citrate)	Yesintek® (ustekinumab-kfce)
Yuflyma® (adalimumab-aaty)	Yusimry® (adalimumab-aqvh)	
Immunosuppressants		
Astagraf XL® Envarsus XR® Prograf® (tacrolimus) granule packet	Azasan® (azathioprine) 75 mg tab	Gengraf® Neoral® (cyclosporin modified) 50 mg cap, oral solution
Lupkynis® (voclosporin)	Myhibbin® (mycophenolate mofetil) liquid suspension	Nulojix® (belatacept)
Rapamune® (sirolimus) 2 mg tab	Sandimmune® (cyclosporin)	Zortress® (everolimus)
Insulins		
Afrezza® (insulin regular, human)	Apidra® (insulin glulisine)	Fiasp® PumpCart® (insulin aspart-b3) pump cartridge

Impacted Drugs		
Humalog® (insulin lispro) 200 unit/ml kwikpen, 100 unit/ml tempo pen	Kirsty® (insulin aspart-xjhz)	Lyumjev® (insulin lispro-aabc)
Merilog® (insulin aspart-szjj)	Rezvoglar® (insulin glargine-aglr)	Toujeo® (insulin glargine) recombinant analog
Miscellaneous		
Auryxia® (ferric citrate)	Duvyzat® (givinostat hydrochloride)	Fosrenol® (lanthanum carbonate)
Iqirvo® (elafibranor)	Jynarque® (tolvaptan)	Livdelzi® (seladelpar lysine)
Renvela® (sevelamer carbonate) powder pack	Velphoro® (sucroferric oxyhydroxide)	Veltassa® (patiromer calcium sorbitex) 1 g pack
Xphozah® (tenapanor HCL)		

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.