Medi-Cal Rx

Now Active: Prior Authorization Policy Updates, Effective August 3, 2026

August 3, 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

As announced in the alert titled *30-Day Countdown: Prior Authorization Policy Updates, Effective August 3, 2026*, the extended duration prior authorization (PA) 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, as clinically appropriate.

» **DHCS will provide advance notification regarding additional changes to extended duration PAs.**

Impacted Drugs		
Anticonvulsants		
Brivact® (brivaracetam)	Carbamazepine 200 mg chewable tablet	XCORPI® (cenobamate)
Aptiom® (eslicarbazepine acetate)	Preganone® (ethotoin)	Potiga® (ezogabine)
FINTEPLA® (fenfluramine HCL)	Horizant® ER (gabapentin enacarbil)	Motpoly XR™ (lacosamide) 100 mg, 150 mg, 200 mg extended-release capsules
Elepsia™ XR Spritam® (levetiracetam) tablet for suspension, extended-release tablet	Celontin® (methsuximide) 300 mg capsule	Oxtellar XR® (oxcarbazepine) extended-release tablet

Impacted Drugs		
Lyrica® CR (pregabalin)	Lyrica (pregabalin solution)	Primidone 125 mg tablet
Banzel® (rufinamide) 200 mg, 400 mg tablets	Diacomit® (stiripentol)	Trokendi XR® Qudexy® XR (topiramate)
Sabril® Vigpoder™ Vigadrone® (vigabatrin)	Zonisade® (zonisamide) oral suspension	
CNS Drugs: Antidepressants: Other		
Spravato® (esketamine HCl)		
Ophthalmics: Immunomodulators		
Cequa® VERKAZIA® VEVYE® (cyclosporine)	Xiidra® (lifitegrast)	
Oncology		
Alendronate sodium solution	Binosto® (alendronate sodium) solution, effervescent tablet	Boniva® (ibandronate sodium) syringe, vial
Actonel® (risedronate sodium) 150 mg tablet	Atelvia® (risedronate sodium) 35 mg delayed-release tablet	Zometa® (zoledronic acid) I.V. piggyback
Prolia® Xgeva® (denosumab)	Jubbonti® Wyost® (denosumab-bbdz)	Stoboclo® Osenvelt® (denosumab-bmwo)
Conexxence® Bomyntra® (denosumab-bnht)	CDV OSPOMYV® (denosumab-dssb)	Bosaya™ Aukelso™ (denosumab-kyqq)
BILDYOS® Bilprevda® (denosumab-nxxp)	Enoby™ Xtrenbo™ (denosumab-qbde)	Anktiva® (nogapndekin alfa inbakic-pmln)
IDHIFA® (enasidenib mesylate)	Tibsovo® (ivosidenib)	VORANIGO® vorasidenib citrate

Impacted Drugs		
Avmapki® (avutometinib potassium)	Gomekli® (mirdametinib)	Koselugo® (selumetinib sulfate)
Mekinist® (trametinib dimethyl sulfate)	Tafinlar® (dabrafenib mesylate)	Braftovi® (encorafenib) 50 mg capsule
OJEMDA™ (tovorafenib)	Orserdu® (elacestrant HCl)	Fareston® (toremifene citrate)
Soltamox® (tamoxifen citrate) solution	XPOVIO® (selinexor)	Leuprolide acetate
Jakafi® (roxulitinib phosphate)	BESREMi® (ropeginterferon alfa-2B-njft)	
Pulmonary Hypertension		
Folan® Veletri® (epoprostenol sodium)	Uptravi® (selexipag)	Tyvaso® Tyvaso DPI® (treprostinil)
Orenitram® ER (treprostinil diolamine)	Remodulin® Yutrepia™ (treprostinil sodium)	Letairis® (ambrisetan)
Tracleer® (bosentan)	Opsumit® (macitentan)	Winrevair® (sotatercept-csrk)
OPSYNVI® (macitentan/tadalafil)	Adempas® (riociguat)	
Multiple Sclerosis		
Mavenclad® (cladribine)	Vumerity™ (diroximel fumarate)	Gilenya® (fingolimod HCL)
Tascenso ODT® (fingolimod lauryl sulfate)	Ponvory® (ponesimod)	Mayzent® (siponimod)
Avonex® (interferon beta-1A)	Rebif® (interferon beta-1A/albumin)	Betaseron® (interferon beta-1B)
Ocrevus® (ocrelizumab)	Ocrevus Zunovo® (ocrelizumab-hyaluronidase)	Kesimpta® (ofatumumab)
Plegridy® (peginterferon beta-1A)	Briumvi® (ublituximab-xiiy)	Velsipity™ (estrasimod arginine)

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.