



Medi-Cal Rx Monthly Bulletin

January 1, 2022

The monthly bulletin consists of alerts and notices posted to the [Bulletins & News](#) page on the Medi-Cal Rx Web Portal. Sign up for the [Medi-Cal Rx Subscription Service](#) so you will be notified when new information is posted.

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1. Medi-Cal Rx is Live!

Effective NOW, Medi-Cal Rx is Live! All administrative services related to Medi-Cal pharmacy benefits billed on pharmacy claims from the existing Medi-Cal Fee-for-Service (FFS) or Managed Care Plan (MCP) intermediaries have transitioned to Medi-Cal Rx.

Training, background, overview, the Medi-Cal Rx Pharmacy Transition Policy, and other information can be found on the [Education & Outreach page](#). Key [alerts and bulletins](#) are also available on the Medi-Cal Rx Web Portal. Sign up for the [Medi-Cal Rx Subscription Service](#) so you will be notified when something new is posted.

If you are a pharmacy provider or prescriber who has not registered, register now on the [Medi-Cal Rx Provider Portal](#). For assistance in registering, review the [User Administration Console \(UAC\) Quick Start Guide](#).

For customer service assistance, call the Medi-Cal Rx Customer Service Center at 1-800-977-2273, 24 hours a day, 7 days a week, 365 days per year.

2. Changes to the Contract Drugs List (CDL), Effective January 1, 2022

The below changes have been made to the Contract Drugs List, effective January 1, 2022.

For more information, see the [Contract Drugs List](#) on the Medi-Cal Rx Web Portal.

| Drug Name | Description | Effective Date |
|---|---|-----------------|
| Adalimumab | Added to CDL with restrictions. | January 1, 2022 |
| Asciminib | Added to CDL with restrictions. | January 1, 2022 |
| Atazanavir Sulfate | Labeler restriction (00003) removed. | January 1, 2022 |
| Bictegravir/ Emtricitabine/ Tenofovir Alafenamide | Additional strength (30 mg/120 mg/15 mg) added. | January 1, 2022 |
| Brigatinib | Labeler restriction (76189) removed. | January 1, 2022 |
| Brinzolamide/ Brimonidine Tartrate | Added to CDL with restrictions. | January 1, 2022 |

| Drug Name | Description | Effective Date |
|--|--|-----------------|
| Clindamycin Phosphate | Additional formulation (gel) added. | January 1, 2022 |
| Clobazam | Added to CDL with restrictions. | January 1, 2022 |
| Clobetasol Propionate | Added to CDL (various formulations). | January 1, 2022 |
| Colchicine | Capsules removed from CDL, and quantity limit restriction removed from tablets. | January 1, 2022 |
| Glecaprevir/ Pibrentasvir | Restrictions updated. | January 1, 2022 |
| Infigratinib | Prior authorization required. Labeler restriction (72730) removed. | January 1, 2022 |
| Leuprolide Acetate (Lupron Depot-Ped®) | Added to CDL with restrictions. | January 1, 2022 |
| Linezolid | Added to CDL (various formulations). | January 1, 2022 |
| Lovastatin | Added to CDL. | January 1, 2022 |
| Midazolam | Added to CDL with restrictions. | January 1, 2022 |
| Moxifloxacin HCl | Additional formulation (IV) added, and restriction removed from tablets. | January 1, 2022 |
| Naloxegol Oxalate | Labeler restriction (00310) removed. | January 1, 2022 |
| Naloxone HCL | Additional strength (8 mg/0.1 ml) added for intranasal spray with labeler restriction (59467). | January 1, 2022 |
| Norgestimate and Ethinyl Estradiol (Lo) | Added to CDL with restrictions. | January 1, 2022 |
| Pancrelipase (Amylase/ Lipase/Protease) | Additional labeler code (73562) added to labeler restriction. | January 1, 2022 |
| Panobinostat | Labeler restriction updated. | January 1, 2022 |
| Peginterferon Alfa-2A | Restrictions updated and pen injectors removed from CDL. | January 1, 2022 |
| Peginterferon Alfa-2B | Removed from the CDL. | January 1, 2022 |

| Drug Name | Description | Effective Date |
|-------------------------------|---|-----------------|
| Ponatinib | Additional strengths (10 mg & 30 mg) and labeler restriction (63020) added. | January 1, 2022 |
| Prasugrel | Added to CDL. | January 1, 2022 |
| Ribavirin | Duration of therapy restriction removed. | January 1, 2022 |
| Rifampin | Additional formulation (vial) added. | January 1, 2022 |
| Secukinumab | Added to CDL with restrictions. | January 1, 2022 |
| Sofosbuvir/Velpatasvir | Additional formulation (pellet packets) added, and restrictions updated. | January 1, 2022 |
| Tenofovir Disoproxil Fumarate | Restrictions updated. | January 1, 2022 |

3. Changes to the Contract Drugs List (CDL) – Over the Counter Drugs, Effective January 1, 2022

The below changes have been made to the Contract Drugs List – Over the Counter Drugs, effective January 1, 2022.

For more information, see the [Contract Drugs List – Over the Counter Drugs](#) on the Medi-Cal Rx Web Portal.

| Drug Name | Description | Effective Date |
|----------------------------|---|-----------------|
| Fexofenadine | Added to CDL. | January 1, 2022 |
| Docusate sodium | Additional formulation (enema) added to CDL with labeler restriction (17433). | January 1, 2022 |
| Docusate sodium/benzocaine | Added to CDL with labeler restriction (17433). | January 1, 2022 |
| Benzoyl Peroxide | Additional formulation (wash) added to CDL. | January 1, 2022 |

4. Changes to the Contract Drugs List (CDL) – Authorized Drug Manufacturer Labeler Codes

The below changes have been made to the Contract Drugs List – Authorized Drug Manufacturer Labeler Codes, effective January 1, 2022.

For more information, see the [Contract Drugs List – Authorized Drug Manufacturer Labeler Codes](#) on the Medi-Cal Rx Web Portal.

Labeler Code Additions:

| NDC Labeler Code | Contracting Company's Name | Effective Date |
|------------------|-----------------------------|-----------------|
| 69489 | JOURNEY MEDICAL CORPORATION | January 1, 2022 |
| 72143 | JG PHARMA INC. | January 1, 2022 |
| 72854 | RECKITT BENCKISER, INC. | January 1, 2022 |
| 73116 | SECURA BIO, INC. | January 1, 2022 |
| 73362 | ASCENDIS PHARMA, INC. | January 1, 2022 |
| 73372 | CLINUVEL, INC. | January 1, 2022 |
| 73521 | OYSTER POINT PHARMA, INC. | January 1, 2022 |
| 73556 | CHEMOCENTRYX, INC. | January 1, 2022 |
| 77530 | IMPEL NEUROPHARMA, INC. | January 1, 2022 |
| 79378 | MIRUM PHARMACEUTICALS, INC. | January 1, 2022 |

5. Updates to the Medi-Cal Rx Provider Manual

The below updates/additions have been made to the *Medi-Cal Rx Provider Manual*.

For more information, see the [Provider Manual](#) on the Medi-Cal Rx Web Portal.

| Section | Update Description | Effective Date |
|---|---|-----------------|
| <i>Section 3.6 – Medi-Cal Rx Website</i> | <ul style="list-style-type: none"> • Addition of link and updates to the list of Covered Disposable Insulin Delivery Devices. • Addition of bullet and link regarding Covered Therapeutic Continuous Glucose Monitoring (CGM) Systems. | January 1, 2022 |
| <i>Section 4.6.18 – Vaccine Administration Fee</i> (NEW!) | <ul style="list-style-type: none"> • Added section to provide details regarding the reimbursement of professional services associated with an immunization when a pharmacy provider submits for reimbursement of a vaccine administration. | January 1, 2022 |
| <i>Section 13.0 – Medical Supplies</i> | <ul style="list-style-type: none"> • Addition of Therapeutic Continuous Glucose Monitoring (CGM) Systems to the first bullet point, advising providers that information can be found on the Medi-Cal Rx Web Portal by selecting the Provider Portal link and then selecting Forms and Information. | January 1, 2022 |

| Section | Update Description | Effective Date |
|--|--|------------------------|
| <p><i>Section 13.4 – Diabetic Supplies – Therapeutic Continuous Glucose Monitoring (CGM) Systems</i></p> | <ul style="list-style-type: none"> • Removed verbiage outlining the specific quantity restrictions for CGM products. • Added verbiage that quantity, frequency, and age restrictions apply. Providers should refer to the list of Covered Therapeutic Continuous Glucose Monitoring (CGM) Systems on the Medi-Cal Rx Provider Portal for product-specific criteria and restrictions. • Removed verbiage regarding specificities that must accompany visit summaries for reauthorizations. • Added verbiage that visit summaries must include a written narrative by the prescriber documenting that the beneficiary is: <ul style="list-style-type: none"> – Using the device as prescribed. – Documenting the number of days the CGM is worn. – Achieving or maintaining clinical targets where the prescriber defines the clinical targets and includes A1C values. Additional metrics may be included specific to the device such as Time in Range, mean glucose, or other analytics, if readily retrievable. | <p>January 1, 2022</p> |

| Section | Update Description | Effective Date |
|--|---|----------------|
| <p><i>Section 17.0 – COVID-19 Vaccine Coverage</i></p> | <ul style="list-style-type: none"> • Removed NCPDP EC 83 – Duplicate Paid/Captured Claim denial and replaced with NCPDP EC 76 – Plan Limitations Exceeded for claims submitted for a beneficiary with the same dose of a different vaccine on the same DOS. – Effective 01/01/2022 • Removed NCPDP EC 83 – Duplicate Paid/Captured Claim denial and replaced with NCPDP EC 76 – Plan Limitations Exceeded for claims submitted for a beneficiary with the same dose of a different vaccine on a different DOS. – Effective 01/01/2022 • Added the following information: “Effective for dates of service on or after December 9, 2021, the U.S. FDA amended the EUA for Pfizer-BioNTech COVID-19 vaccine(s), authorizing the use of a single booster dose for administration to include individuals 16 years of age and older who received their second dose of a primary vaccination series at least six months ago.” | <p>Varies</p> |

6. Eligibility of Pfizer-BioNTech COVID-19 Booster Dose Expanded to 16 Years of Age and Older

Effective for dates of service on or after December 9, 2021, the U.S. FDA amended the Emergency Use Authorization (EUA) for Pfizer-BioNTech COVID-19 vaccine(s), authorizing the use of a single booster dose for administration to include individuals 16 years of age and older who received their second dose of a primary vaccination series at least six months ago.

7. Disposable Insulin Delivery Devices Update

The [List of Covered Disposable Insulin Delivery Devices](#) (DIDD) has been updated. The MAC price for the Insulet Corporation DIDD products has been updated, effective January 1, 2022. DIDD are pharmacy-billed medical supply benefits through Medi-Cal Rx. DIDD coverage is restricted to products on the *List of Covered Disposable Insulin Delivery Devices*. Billing Codes (11-digit NDC-like numbers) for DIDD products that are not found on the List submitted after transition to Medi-Cal Rx will be denied.

Insulet Corporation MAC prices that were updated are as follows:

| Product Description | Billing Code (11-digit NDC-like number) | MAC/MAPC per package |
|----------------------------------|--|-------------------------|
| Omnipod 5 Pack Pods, 5 pods | 08508112005 | 259.7500 |
| Omnipod DASH 5 Pack Pods, 5 pods | 08508200005 | 259.7500 |

8. Diabetic Supplies – Therapeutic Continuous Glucose Monitoring (CGM) Systems Update

Effective January 1, 2022, Therapeutic Continuous Glucose Monitoring (CGM) Systems coverage is restricted to products on the newly created [List of Covered Therapeutic Continuous Glucose Monitoring \(CGM\) Systems](#). Continuing Care may apply. Therapeutic CGMs require a prior authorization (PA) for reimbursement, and specific coverage criteria also applies. After January 1, 2022, an active pharmacy PA or a recent (within the past 90 days) paid pharmacy claim found on the beneficiary's historical file supporting continuity of care will allow a claim to pay. A Medi-Cal Rx PA will be required on or before July 1, 2022, for continuation of coverage. For claims previously paid as a medical benefit billed on a *CMS 1500* form, providers

should include the active PA previously submitted with the medical benefit claim, documentation of the most recently paid medical claim (within the past 90 days), and justification of the need to continue therapy to ensure that coverage requirements are met when submitting a new request to Medi-Cal Rx. For additional coverage information, reimbursement, and billing requirements, please refer to the [Medi-Cal Rx Provider Manual](#) on the Medi-Cal Rx Web Portal.

| List of Covered Therapeutic Continuous Glucose Monitoring (CGM) Systems Effective January 1, 2022 | | | |
|--|---|--|--------------------------|
| Product Description | Billing Code (11-digit NDC like number) | Product Specific Restrictions | MAC/ MAPC per each |
| Dexcom G6 Transmitter Kit, 1 each | 08627001601 | Restricted to 1 transmitter every 90 days and individuals 2 years of age and older. | 237.5000 |
| Dexcom G6 Sensor Kit, 3 each | 08627005303 | Restricted to 3 sensors every 30 days up to 9 sensors in a 90-day period. Also restricted to individuals 2 years of age and older. NOTE: Boxes cannot be broken. | 111.6700 |
| Dexcom G6 Receiver Kit, 1 each | 08627009111 | Restricted to 1 receiver every 365 days and individuals 2 years of age and older. | 365.0000 |
| FreeStyle Libre Sensor Kit, 14 Day, 1 each | 57599000101 | Restricted to 1 sensor every 14 days, up to 6 sensors in an 84-day period. Restricted to individuals 18 years of age and older. | 57.7000 |
| FreeStyle Libre Reader Kit, 14 Day, 1 each | 57599000200 | Restricted to 1 reader every 365 days and patients 18 years of age and older. | 70.0000 |
| FreeStyle LIBRE 2 SENSOR kit, 1 each | 57599080000 | Restricted to 1 sensor every 14 days, up to 6 sensors in an 84-day period. Restricted to individuals 4 years of age and older. | 57.7000 |
| FreeStyle LIBRE 2 READER, 1 each | 57599080300 | Restricted to 1 reader every 365 days and individuals 4 years of age and older. | 70.0000 |

9. Pharmacy Provider Notice

On January 1, 2022, Magellan Medicaid Administration, Inc. (MMA) will assume operations for Medi-Cal Rx on behalf of the State of California Department of Health Care Services (DHCS).

Pharmacies are requested to hold submitting claims between 12 a.m. PST and 3 a.m. PST on January 1, 2022. MMA will start processing claims at 3 a.m. PST/6 a.m. EST on January 1, 2022. Pharmacies will receive the below messages from their switch companies for any claims submitted prior to the cutover time of 3 a.m. PST/6 a.m. EST:

- 85 – Claim Not Processed
- 90 – Host Hung Up and Host Disconnected Messages
- 92 – System Unavailable/Host Unavailable

National Council for Prescription Drug Program (NCPDP) Transactions

All pharmacy claims must be processed using the new Medi-Cal Rx Bank Identification Number (BIN), Process Control Number (PCN), and Group ID, which are included in the table below.

The following submission fields and requirements are listed to assist in your success during this transition. All transactions must be submitted under the NCPDP Telecommunication Standard Version/Release D.0, effective **January 1, 2022**.

| Transaction Header Segment | | | |
|----------------------------------|----------------------------|---------------|---------------|
| Transaction Type | Transaction Code 103-A3 | BIN 101-A1 | PCN 104-A4 |
| Claim Billing Request | B1 | 022659 | 6334225 |
| Claim Billing Reversal Request | B2 | 022659 | 6334225 |
| Claim Rebill | B3 | 022659 | 6334225 |
| Eligibility Verification Request | E1 | 022659 | 6334225 |
| Prior Authorization Reversal | P2 | 022659 | 6334225 |
| Prior Authorization Inquiry | P3 | 022659 | 6334225 |
| Prior Authorization Request Only | P4 | 022659 | 6334225 |

| Transaction Header Segment | | | |
|---|----------------------------|---------------|---------------|
| Transaction Type | Transaction Code 103-A3 | BIN 101-A1 | PCN 104-A4 |
| Drug Pricing Inquiry (SB 393 Price Inquiry) | B1 | 022667 | 393 |

| Insurance Segment | | |
|-------------------|------------------|-----------|
| Field ID | NCPDP Field Name | Value |
| 301-C1 | GROUP ID | MEDICALRX |

Medi-Cal Rx Payer Sheet

The payer sheet is available online at www.medi-calrx.dhcs.ca.gov/provider/forms/. The payer sheet includes the claim submission, prior authorization submission, eligibility verification request, and drug inquiry pricing request fields and requirements. MMA encourages you to contact your software vendor to make them aware of the upcoming transition.

Additional Information

Please refer to www.medi-calrx.dhcs.ca.gov for additional information and announcements.

10. Checkwrite Schedule Now Available

The Checkwrite Schedule has been posted to the Medi-Cal Rx Provider Portal [Forms and Information](#) page. This schedule reflects the pharmacy provider pay dates (warrant release and Electronic Funds Transfer) by Medi-Cal Rx for Medi-Cal, California Children’s Services (CCS), Genetically Handicapped Persons Program (GHPP), Abortion, and other Department of Health Care Services (DHCS) programs for claims adjudicated by Medi-Cal Rx.

11. Medi-Cal Rx Electronic Claims Agreement

The following information is in replacement of the [Medi-Cal Rx Electronic Claims Submission alert](#) regarding the DHCS Form 6153:

Beginning January 1, 2022, Magellan Medicaid Administration, Inc. (MMA) will provide administrative support and services for the California Department of Health Care Services

(DHCS) Medi-Cal Fee-for-Service (FFS) pharmacy benefits, collectively referred to as “Medi-Cal Rx.” Medi-Cal Rx will include all pharmacy benefits billed by pharmacy providers on pharmacy claims for Medi-Cal beneficiaries in both the Medi-Cal FFS and managed care delivery systems.

For Medi-Cal Rx electronic claims submissions, Medi-Cal pharmacy providers will be provided specific Medi-Cal Rx credentials, which are different than the Medi-Cal Submitter ID and the password used for the existing Medi-Cal FFS Fiscal Intermediary. Please note that the use of unique Medi-Cal Rx credentials constitutes the acceptance of all terms and conditions.

Action for Pharmacy Providers and Billers



A new form that specifically references Medi-Cal Rx, inclusive of all related processes and procedures, has been developed. All participating Medi-Cal Rx pharmacy providers and billers will need to submit a [Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement \(DHCS Form 6500\)](#) for electronic claims submission. **Medi-Cal Rx pharmacy providers and billers will need to download and submit DHCS Form 6500 by April 30, 2022 to continue submitting electronic claims without interruption.**

The Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement Form (DHCS Form 6500) will need to be filled out in **blue ink** and returned with an original signature to the address below.

Medi-Cal Rx Customer Service Center
ATTN: Billing Agreement Processing
P.O. Box 610
Rancho Cordova, CA 95741-0610

Questions

- Call the Medi-Cal Rx Customer Service Center at 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days per year
- Contact the Education and Outreach mailbox at MediCalRxEducationOutreach@magellanhealth.com

12. Medi-Cal Rx Web Claims Submission User Guide Now Available

The [Medi-Cal Rx Web Claims Submission \(WCS\) User Guide](#) is now available on the Medi-Cal Rx Provider Portal. This guide provides the steps and information necessary to successfully submit, reverse, or search for beneficiary pharmacy claims utilizing the WCS tool.

To gain access to the WCS tool, a designated staff member must complete registration through the User Administration Console (UAC) application. After the designated user has successfully registered, they will set up the remaining staff members and grant them access to the tool.

More information on UAC registration can be found in the [UAC Quick Start Guide](#).

13. Countdown to Go-Live – Are You Enrolled as a Participating Medi-Cal Provider?

With just **one week** left until Medi-Cal Rx goes live on January 1, 2022, are you prepared? Here are some suggestions to get you ready for the transition:

- ✓ Get ready to submit prior authorizations (PAs) by registering for the Medi-Cal Rx Secured Provider Portal (via the [User Administration Console \[UAC\]](#)) or [CoverMyMeds® \(CMM\)](#).
- ✓ Set up remit easy print for pharmacies through [Medicare Remit Easy Print \(MREP\) Software](#).
- ✓ Sign up for the [Medi-Cal Rx Subscription Service \(MCRxSS\)](#).
- ✓ Review training videos on the [Medi-Cal Rx YouTube Channel](#).
- ✓ Bookmark and review the [Medi-Cal Rx Provider Manual](#).

How to Confirm You are Enrolled as a Medi-Cal Provider

Beginning January 1, 2022, pharmacy providers and prescribers must be enrolled as Medi-Cal participating providers in order to provide pharmacy benefits to Medi-Cal beneficiaries, including submitting Medi-Cal Rx pharmacy PAs and claims. Pharmacy providers and prescribers can confirm their Medi-Cal enrollment via the California Health and Human Services [Open Data Portal](#) under [Profile of Enrolled Medi-Cal Fee-for-Service \(FFS\) Providers](#). The dataset provides basic information about FFS providers enrolled in the Medi-Cal program.

How to Enroll

Pharmacy providers and prescribers can access the [Provider Application and Validation for Enrollment \(PAVE\)](#) website to begin the process of becoming a Medi-Cal provider. You can find application instructions and requirements through the [Application Information by Provider Type](#) page.

If you are interested in enrolling as an Ordering/Referring/Prescribing Only (ORP) provider, you can view the [Ordering/Referring/Prescribing Only Enrollment](#) page for more information and instructions.

| Provider Type | Action to Take |
|--|---|
| Pharmacy | Must enroll through PAVE and pay a one-time \$599 enrollment application fee per federal requirements. |
| Individual Pharmacist | Register as an ORP within PAVE to provide service to Medi-Cal beneficiaries. |
| Dental Provider | Contact Medi-Cal Dental to enroll. |
| Medical Group | Direct billing providers must register within PAVE to provide services and directly bill for services administered to Medi-Cal beneficiaries. |
| Individual Provider/Prescriber | Register as an ORP within PAVE to provide service to Medi-Cal beneficiaries. |
| Federally Qualified Health Center (FQHC)/ Rural Health Clinic (RHC)/Tribal Clinic | Individual providers still need to register as an ORP within PAVE to provide services to Medi-Cal beneficiaries. |

What if I am Enrolled but Medi-Cal Rx Lists an Outdated/Incorrect Address?

Medi-Cal direct billing providers should update their PAVE information within 35 days of any address change. ORPs and non-direct billing providers are not required to update their address.

Contact Information

- **Medi-Cal Rx Customer Service Center toll-free number:** 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days per year
- **Medi-Cal Rx Education and Outreach:**
MediCalRxEducationOutreach@MagellanHealth.com

14. Countdown to Go-Live – Have You Reviewed the Medi-Cal Rx Pharmacy Transition Policy?

With just **two weeks** left until Medi-Cal Rx goes live on January 1, 2022, are you prepared? Here are some suggestions to get you ready for the transition:

- ✓ Get ready to submit prior authorizations (PAs) by registering for the Medi-Cal Rx Secured Provider Portal (via the [User Administration Console \[UAC\]](#)) or [CoverMyMeds® \(CMM\)](#).
- ✓ Set up remit easy print for pharmacies through [Medicare Remit Easy Print \(MREP\) Software](#).
- ✓ Sign up for the [Medi-Cal Rx Subscription Service \(MCRxSS\)](#).
- ✓ Review training videos on the [Medi-Cal Rx YouTube Channel](#).
- ✓ Bookmark and review the [Medi-Cal Rx Provider Manual](#).

Medi-Cal Rx Pharmacy Transition Policy Takeaways

Consult the [Pharmacy Transition Policy](#) for additional information and to become better acquainted with the Medi-Cal Rx processes. For details on what medications are covered under Medi-Cal Rx, consult the [Contract Drugs List \(CDL\)](#) and the [Drug Lookup](#) tool. Key takeaways from the transition policy are outlined below:

- At least **15 months** of encounters/paid claims and PA history received from the Managed Care Plans (MCPs) and existing Medi-Cal Fee-for-Service (FFS) Fiscal Intermediary (FI) have been loaded into Medi-Cal Rx's claims processing system to support edits that may "grandfather" and/or "look back" to see if a product has been previously dispensed to a Medi-Cal beneficiary in managed care or FFS.
- Medi-Cal Rx will accept previously approved PAs through their stated duration, not to exceed **one full year** from the date of approval.

- The transition policy includes a 180-day period during which a PA will not be required for beneficiaries' existing prescriptions without previously approved PAs or for prescriptions that have a previously approved PA that expires prior to the end of the transition period that now have PA requirements under Medi-Cal Rx. Please note: DHCS policy requires an approved PA for all off-label use of an FDA-approved drug.
- This policy **does not** apply to new prescriptions or drugs that do not have code 1 labeler restrictions under Medi-Cal Rx.
- For new prescriptions not requiring PA under Medi-Cal Rx, these claims are not impacted by this policy and will be processed and paid by Medi-Cal Rx.

Contact Information

- **Medi-Cal Rx Customer Service Center toll-free number:** 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days per year
- **Medi-Cal Rx Education and Outreach:**
MediCalRxEducationOutreach@MagellanHealth.com

15. Countdown to Go-Live – Are You Aware of the Cutoff Dates?

With just **three weeks** left until Medi-Cal Rx goes live on January 1, 2022, are you prepared? Here are some suggestions to get you ready for the transition:

- ✓ Get ready to submit prior authorizations (PAs) by registering for the Medi-Cal Rx Secured Provider Portal (via the [User Administration Console \[UAC\]](#)) or [CoverMyMeds® \(CMM\)](#).
- ✓ Set up remit easy print for pharmacies through [Medicare Remit Easy Print \(MREP\) Software](#).
- ✓ Sign up for the [Medi-Cal Rx Subscription Service \(MCRxSS\)](#).
- ✓ Review training videos on the [Medi-Cal Rx YouTube Channel](#).
- ✓ Bookmark and review the [Medi-Cal Rx Provider Manual](#).

Are You Aware of the Cutoff Dates?

Medi-Cal Rx will initiate claims processing on January 1, 2022, at 3 a.m. PST. In preparation for Medi-Cal Rx claims processing, please be aware of the following cutoff dates.

Fee-for-Service (FFS) Fiscal Intermediary (FI) Activities

| FFS FI Activity | Cutoff Instructions |
|---|---|
| Pharmacy Paper Claim Submissions | The cutoff date for processing of paper claim submissions to the current FFS FI is December 12, 2021. Paper claim submissions received after this date will be routed to Medi-Cal Rx for processing on January 1, 2022. |
| Pharmacy Computer Media Claim (CMC) Batch Submissions | The cutoff for the receipt of pharmacy CMC claim submissions is December 12, 2021, at 11:59 p.m. CMC claims sent to the current FFS FI on or after December 12, 2021, will be rejected. For batch claim submissions after this cutoff, hold the file and submit it to Medi-Cal Rx on or after January 1, 2022. |
| Pharmacy Claim Inquiry Forms (CIFs) | The cutoff for the receipt of pharmacy CIFs to the current FFS FI is December 12, 2021. Submissions received after this date will be routed to Medi-Cal Rx for processing on January 1, 2022. |
| Pharmacy Appeals | The cutoff for the receipt of pharmacy appeals to the current FFS FI was November 29, 2021. Submissions received after this date are being routed to Medi-Cal Rx for processing on January 1, 2022. |
| Pharmacy Treatment Authorization Request (TAR) Fax Lines | <p>The existing pharmacy TAR fax lines will be shut down on December 31, 2021, at 5 p.m.</p> <ul style="list-style-type: none"> • 1-800-869-4325 • 1-800-371-0712 • 1-800-829-4325 • 1-800-641-1021 • 1-213-346-9424 • 1-209-933-9593 <p>The above numbers will transition to Medi-Cal Rx and are scheduled to be available for fax PAs and attachments for Medi-Cal Rx on January 1, 2022.</p> |
| Point-of-Sale (POS) Claims | The cutoff for the receipt of pharmacy POS claims to the current FFS FI is January 1, 2022. POS claims should be sent to Medi-Cal Rx on or after January 1, 2022. |

| FFS FI Activity | Cutoff Instructions |
|---|--|
| Pharmacy TAR Fax Attachment Line | The existing free-form attachments for electronic TARs fax line (1-877-270-8779) will continue to operate for medical services and non-carved-out pharmacy services. As of January 1, 2022, the pharmacy free-form attachments line for Medi-Cal Rx is 1-800-869-4325. |

16. CoverMyMeds® (CMM) and Registration: Does it Impact You?

This notice provides registration alternatives for continued pharmacy prior authorization (PA) functionality. Pharmacy providers and prescribers who currently use CMM to submit, view, and manage PAs are not required to register for the Medi-Cal Rx Secured Provider Portal.

For those pharmacy providers and prescribers that are not currently utilizing CMM, the CMM PA submission channel allows pharmacies to initiate PAs and prescribers to both initiate and submit PAs. CMM interacts with Medi-Cal Rx to provide questions and covered alternatives directly to the prescriber with the ability for real-time approvals.

Additional Resources and Contact Information

Medi-Cal Rx Web Portal: www.medi-calrx.dhcs.ca.gov

CoverMyMeds® Website: www.covermymeds.com/main/

Medi-Cal Rx Customer Service Center Toll-Free Number: 1-800-977-2273
(available 24 hours a day, 7 days a week, 365 days per year)

Medi-Cal Rx Education and Outreach: MediCalRxEducationOutreach@magellanhealth.com