Medi-Cal Rx Drug Lookup Tool and Contract Drugs List Tips

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Background

The Medi-Cal Rx Provider Portal offers access to the Drug Lookup Tool (DLT) and the *Medi-Cal Rx Contract Drugs List* (CDL). The information found in these resources provides an overall perspective on Medi-Cal Rx covered benefits and whether limitations/restrictions exist due to a prior authorization (PA) or Code I requirement. The CDL and the DLT are updated on a monthly basis and are accessible via the Medi-Cal Rx Provider Portal. The information in the CDL and DLT are subject to change; refer to the *Medi-Cal Rx Provider Manual* for items that are not covered.

The following guide provides instructions for navigating the resources and gathering required information regarding limitations/restrictions of various drugs.

Navigating the DLT

1. Navigate to the Drug Lookup Tool located on the Medi-Cal Rx Provider Portal. Refer to *Figure 1*.

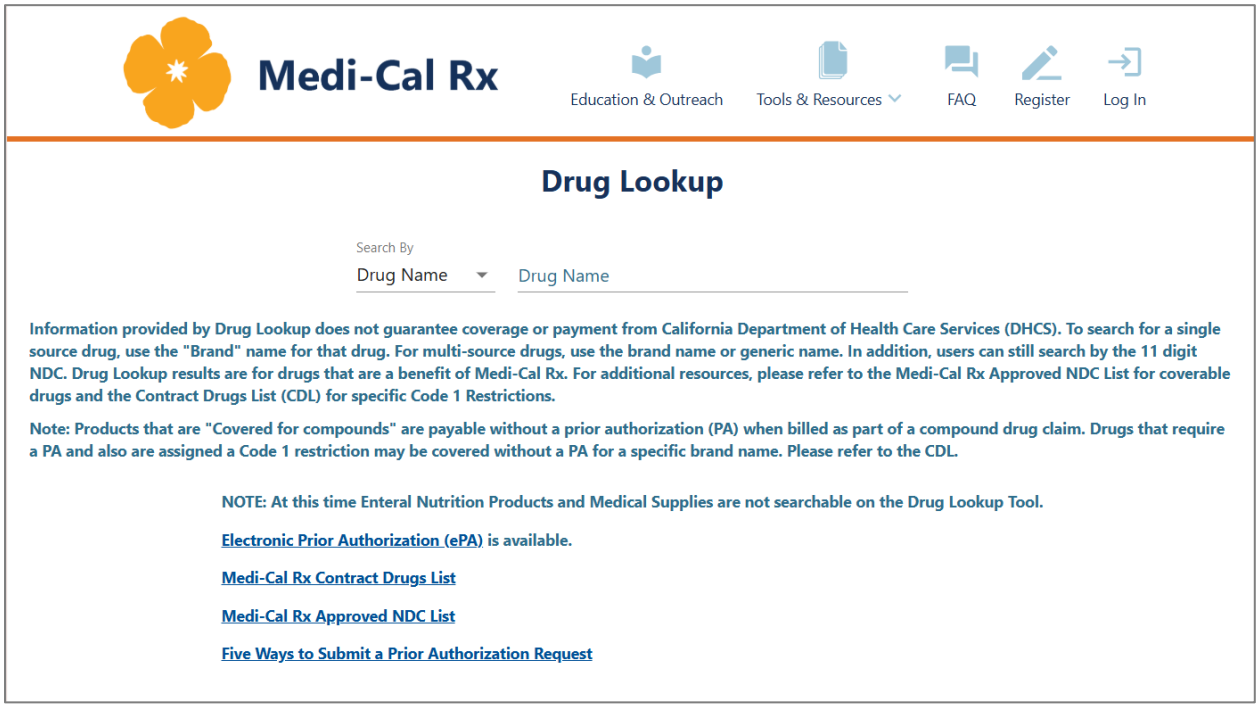
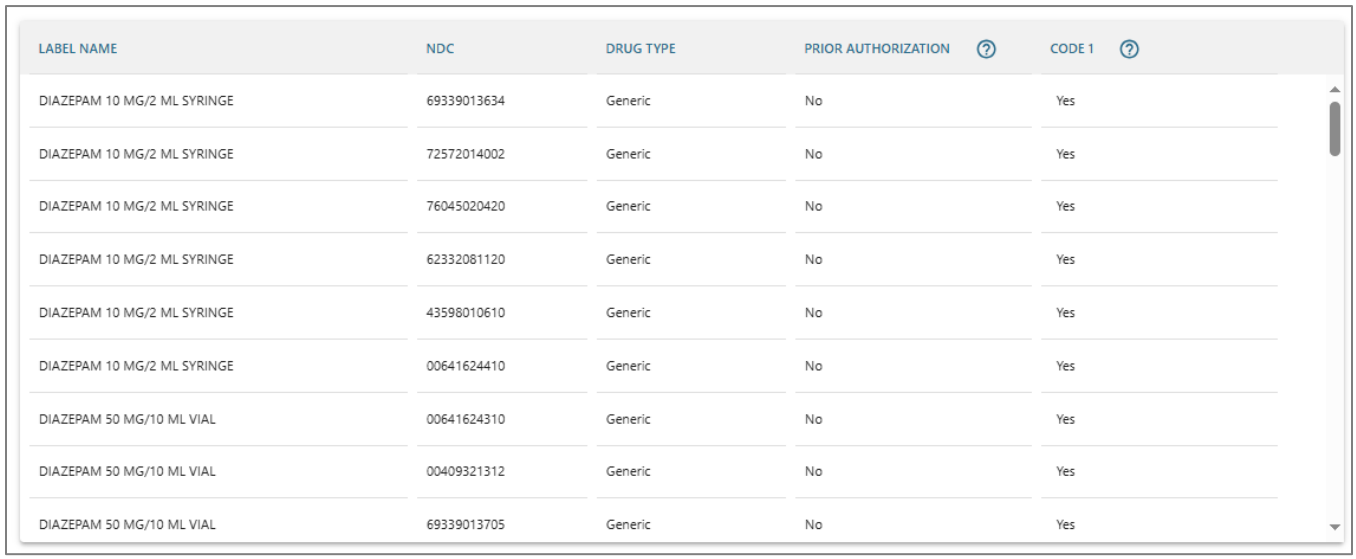


Figure 1: Drug Lookup

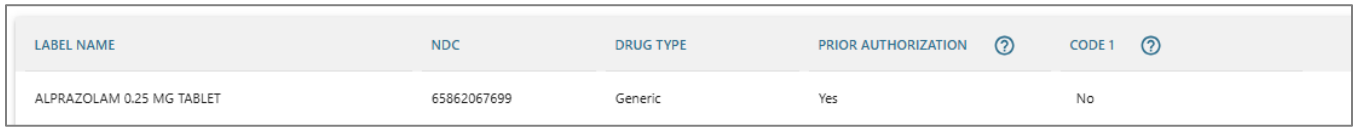
2. After entering a search term (Drug Name or NDC), the results will populate. Review the **Prior Authorization** and **Code 1** columns for determining if a PA will be required. Refer to *Figure 2*.
   - **Note:** When searching by Drug Name, if the drug does not populate in the search bar or there are no results that match entered criteria, it may be due to the following reasons:
     - The drug is single source (and therefore must be searched by its Brand name)
     - The drug is a covered benefit, but the searched NDC is not
     - The drug is not a covered benefit



LABEL NAME	NDC	DRUG TYPE	PRIOR AUTHORIZATION	CODE 1
DIAZEPAM 10 MG/2 ML SYRINGE	69339013634	Generic	No	Yes
DIAZEPAM 10 MG/2 ML SYRINGE	72572014002	Generic	No	Yes
DIAZEPAM 10 MG/2 ML SYRINGE	76045020420	Generic	No	Yes
DIAZEPAM 10 MG/2 ML SYRINGE	62332081120	Generic	No	Yes
DIAZEPAM 10 MG/2 ML SYRINGE	43598010610	Generic	No	Yes
DIAZEPAM 10 MG/2 ML SYRINGE	00641624410	Generic	No	Yes
DIAZEPAM 50 MG/10 ML VIAL	00641624310	Generic	No	Yes
DIAZEPAM 50 MG/10 ML VIAL	00409321312	Generic	No	Yes
DIAZEPAM 50 MG/10 ML VIAL	69339013705	Generic	No	Yes

Figure 2: Reference Page

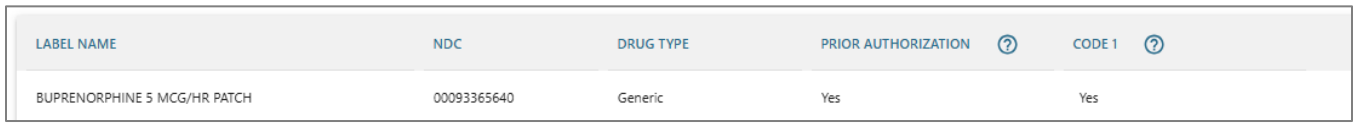
3. If the Prior Authorization column states "Yes" and the Code 1 column states "No," the drug will require a PA (that is, the claim will reject for **Reject Code 75 – Prior Authorization Required** at the pharmacy point of sale [POS]). The CDL will not provide additional information. Refer to *Figure 3*.



LABEL NAME	NDC	DRUG TYPE	PRIOR AUTHORIZATION	CODE 1
ALPRAZOLAM 0.25 MG TABLET	65862067699	Generic	Yes	No

Figure 3: Yes in Prior Authorization Column and No in Code 1 Column

4. If the Prior Authorization column states "Yes" and the Code 1 column states "Yes," the user should first review the results (search by Drug Name) to see if other NDCs with the same ingredient and strength are covered without a PA. The user should also refer to the CDL to review the Code I requirements. Refer to *Figure 4*.



LABEL NAME	NDC	DRUG TYPE	PRIOR AUTHORIZATION	CODE 1
BUPRENORPHINE 5 MCG/HR PATCH	00093365640	Generic	Yes	Yes

Figure 4: Yes in Prior Authorization Column and Yes in Code 1 Column

5. If the Prior Authorization column states “No” and the Code 1 column states “Yes,” the drug is a covered benefit of Medi-Cal Rx, however Code I requirements must be met. Refer to *Figure 5*.

LABEL NAME	NDC	DRUG TYPE	PRIOR AUTHORIZATION	CODE 1
OZEMPIC 0.25-0.5 MG/DOSE (2 MG/1.5 ML) PEN	00169413212	Brand	No	Yes

Figure 5: No in Prior Authorization Column and Yes in Code I Column

Navigating the CDL

Visit the Contract Drugs & Covered Products Lists page on the Medi-Cal Rx Web Portal to review the CDLs and other lists of covered products. The CDL is searchable by generic name, and the other lists of covered products are searchable by NDC. It is recommended to read the CDL columns from left to right, confirming the drug name, dosage form, and strength before reviewing the utilization management (UM) Type and Code I columns.

- **If the generic name is not on the CDL, a PA request submission is required.**
- **Code I rejections for Reject Codes 60, 80, 76, and 606 are the most common reasons a claim rejects and may require a PA request submission.**

Example: Using the DLT and CDL to Determine PA Requirements

Member is prescribed Valtoco 5 mg/0.1 ml.

1. In the DLT, choose **Drug Name** from the Search By drop-down menu and enter **Valtoco** in the Drug Name field. Refer to *Figure 6*.

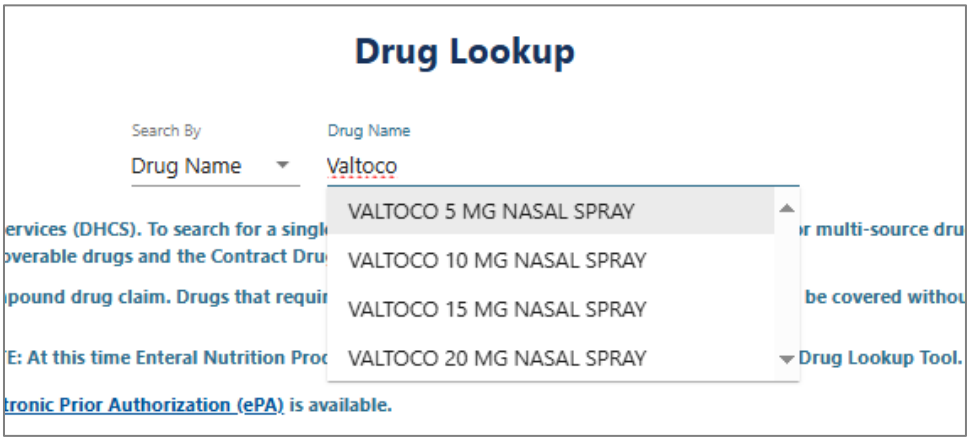


Figure 6: Drug Lookup Tool – Search by Drug Name

2. Review the results to note that Valtoco has Code I requirements. Refer to *Figure 7*.

LABEL NAME	NDC	DRUG TYPE	PRIOR AUTHORIZATION	CODE 1
VALTOCO 5 MG NASAL SPRAY	72252050502	Brand	No	Yes

Figure 7: Drug Review Screen

3. For additional clarification regarding the Code I requirements, search the CDL using the generic name, Diazepam. Refer to *Figure 8*.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Diazepam *	Injection *	5 mg/ml	ml	AL	* Use in members younger than 2 years of age requires prior authorization approval for all dosage forms except the nasal spray. * Restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration for the injection only.
	Nasal Spray *	5 mg 10 mg 15 mg 20 mg	ea ea ea ea	AL, LR, QL	* Restricted to use in the treatment of acute epilepsy in patients 6 years of age and older. Also restricted to a maximum quantity of 20 blister packs (10 cartons) in any 12-month period; and to NDC labeler code 72252 for the nasal spray only. **Note:** The billing unit for the nasal spray is a blister pack. Each carton contains 2 blister packs.

Figure 8: Clarification on Code I Requirements

4. Summary of results: Valtoco (Diazepam) Nasal Spray 5 mg is restricted to labeler code 72252 and to a maximum of 20 blister packs every 12 months. In addition, use of this drug is restricted to members diagnosed with acute epilepsy. If the member does meet all these requirements, a PA is required.