Medi-Cal Rx Monthly Bulletin

April 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 to be notified when new information is posted.

1. Changes to the Contract Drugs List (CDL)

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

For more information, see the Contract Drugs List on the Medi-Cal Rx Web Portal.

Drug Name	Description	Effective Date
Alogliptin/Pioglitazone	Labeler code restriction (64764) removed.	April 1, 2022
Aspirin/Extended-Release Dipyridamole	Diagnosis restriction removed.	April 1, 2022
Azelastine HCl	Additional strength (0.15%) added to CDL.	April 1, 2022
Cilostazol	Restrictions removed.	April 1, 2022
Ciprofloxacin	Strengths clarified for oral suspension.	April 1, 2022
COVID-19 Vaccine	Additional strength (0.2ml Pfizer-BioNtech) added with restrictions.	April 1, 2022
Diroximel Fumarate	Added to CDL with restrictions.	April 1, 2022
Emtricitabine/ Tenofovir Alafenamide	Additional strength (120mg/15mg) added with restrictions.	April 1, 2022
Ezetimibe/Simvastatin	Established therapy restrictions removed from 10mg/80mg formulation.	April 1, 2022
Glecaprevir/ Pibrentasvir	Additional formulation (pellet packet) added with restrictions.	April 1, 2022
Glucagon (Synthetic)	Additional formulation (singe-dose vial/syringe kit) added with restrictions.	April 1, 2022
Isosorbide Dinitrate and Hydralazine Hydrochloride	Diagnosis restriction removed. Labeler code restriction (24338) added.	April 1, 2022
Itraconazole	Restrictions removed. Injection kit end dated.	April 1, 2022
Ivosidenib	Labeler restriction (71334) removed. Prior authorization requirement added.	April 1, 2022
Ketorolac Tromethamine	Labeler restriction (00023) removed from the 0.5% strength.	April 1, 2022

Drug Name	Description	Effective Date
Loperamide	Added to CDL.	April 1, 2022
Monomethyl Furmarate	Added to CDL with restrictions.	April 1, 2022
Nepafenac	**Effective May 1, 2022:** End dated.	April 1, 2022
Olopatadine HCL	Additional strengths (0.1% & 0.2%) added to CDL.	April 1, 2022
Ozanimod Hydrochloride	Added to CDL with restrictions.	April 1, 2022
Pentoxifylline	Restrictions removed.	April 1, 2022
Ropeginterferon alfa-2b-njft	Added to CDL with restrictions.	April 1, 2022
Secukinumab	Restrictions updated.	April 1, 2022
Tazarotene	Restrictions removed.	April 1, 2022
Pneumococcal Vaccine	Additional formulations (15-Valent, Conjugated & 20-Valent, Conjugated) added to CDL with restrictions. Effective January 1, 2022.	April 1, 2022
Prednisolone Sodium Phosphate	Additional formulation (solution) added to CDL.	April 1, 2022

2. Changes to the Contract Drugs List (CDL) – Over-the-Counter Drugs

The below changes have been made to the Contract Drugs List – Over-the-Counter Drugs, effective April 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
Olopatadine HCL	Added to CDL.	April 1, 2022

3. 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, with their respective effective dates.

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
00480	TEVA PHARMACEUTICALS, INC.	April 1, 2022
61168	KYTHERA BIOPHARMACEUTICALS INC.	April 1, 2022
70573	PROMETIC BIOTHERAPEUTICS, INC.	April 1, 2022
71565	CLEARSIDE BIOMEDICAL INC.	April 1, 2022
72241	MODAVAR PHARMACEUTICALS LLC	April 1, 2022
73475	ARGENX US, INC.	April 1, 2022
73536	PHARMAESSENTIA CORPORATION	April 1, 2022
80446	IMMUNOCORE COMMERCIAL LLC	April 1, 2022
80803	AADI BIOSCIENCE, INC.	April 1, 2022
81749	CALLIDITAS THERAPEUTICS US INC.	April 1, 2022
81952	HEPALINK USA, INC.	April 1, 2022
82009	QUALLENT PHARMACEUTICALS HEALTH	April 1, 2022

Labeler Code Terminations:

NDC Labeler Code	Contracting Company's Name	Effective Date
42998	MARATHON PHARMACEUTICALS, LLC	April 1, 2022
58284	BRAEBURN, INC.	April 1, 2022
63044	NNODUM PHARMACEUTICALS CORP	April 1, 2022
64125	EXCELLIUM PHARMACEUTICAL, INC.	April 1, 2022

NDC Labeler Code	Contracting Company's Name	Effective Date
76299	MIST PHARMACEUTICALS, LLC	April 1, 2022
81561	PORTON BIOPHARMA LIMITED	April 1, 2022

4. Updates to the Medi-Cal Rx Provider Manual

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

For more information, see the *Medi-Cal Rx Provider Manual* Version 1.12 on the Medi-Cal Rx Web Portal.

Section	Update Description	Effective Date
Section 15.6 – Cost Ceiling	• Updated and made additions to the descriptions of medications exempt from the $10,000.00 Cost Ceiling.	April 1, 2022
Section 15.7.1 – Criteria/Authorization	• Title: – Changed "72-hour" to "14-Day" • Body: – Added "Beginning February 6, 2022," – Changed "72-hour" to "14-day" – Changed "3" fills to "2" fills – Added "Unbreakable packages such as inhalers, vials, oral contraceptives, etc. will continue to be paid for the full package size even when the days supply exceeds 14 days." – Added "**NOTE:** For dates of service prior to February 6, 2022, electronically billed emergency drug dispensing claims were limited to a 3-day supply and a limit of 2 fills in a 30-day period for the same drug and dose." – Changed "72-hour supply" to "emergency fills"	April 1, 2022

5. Enteral Nutrition Updates: Maximum Quantity Rejections

Retroactive to January 1, 2022, Medi-Cal Rx has removed maximum quantity restrictions on Enteral nutrition products. Some Enteral nutrition claims have been erroneously denied due to a maximum quantity restriction when the quantity had been clinically justified and required for a 31-day supply to the beneficiary. Authorized Enteral nutrition claims previously rejected due to the maximum quantity denial, and the quantity was clinically required to meet the 31-day supply of formula for the beneficiary, can be resubmitted for reimbursement. As a reminder, the prior authorization (PA) policy has been revised during the 180-day transition period. Providers should continue to ensure, validate, and document that all enteral nutrition requests meet the Department of Health Care Services (DHCS) coverage policy during this time period even when a PA submission is waived.

Note: Pharmacies should not prospectively submit Enteral Nutrition PAs at this time if the claim is paying. PAs may still be required for other reject codes, and the provider should submit those PAs when required.

Reference Alerts

- Enteral Nutrition Products: Prior Authorization Policy for Reject Code 75, March 1, 2022 alert
- Reminder PA Policy for Reject Code 75, February 11, 2022 alert
- Enteral Nutrition PA Policy for 180-Day Transition, February 1, 2022 alert
- List of Covered Enteral Nutrition Products
- *Medi-Cal Rx Provider Manual*, *Section 12.0 – Enteral Nutrition Products*

Contact Information

The Medi-Cal Rx Customer Service Center can be contacted at (toll-free number) 1-800-977-2273, and is available 24 hours a day, 7 days a week, 365 days per year.

6. Enteral Nutrition Recall

On February 18, 2022, Abbott Nutrition initiated a voluntary product recall of certain powder formulas, including Similac®, Alimentum®, and EleCare®. As a result, some MediCal-Rx beneficiaries may experience a disruption of product supply and nutrition access.

If a beneficiary is affected by this recall, pharmacy providers should consult directly with the beneficiary's prescriber for an alternative Enteral Nutrition Product (ENP) prescription.

- **Medi-Cal Rx eligible ENPs are listed on the *Covered Enteral Nutrition Products Contract Drugs List* (CDL). You will have an option to open or download this Excel file.**
- **No Abbott liquid formulas or other Abbott nutrition powders or brands are impacted.**

Affected Product List

The following table lists the affected products, which includes its Universal Product Code (UPC) and description.

Affected Product List	
Item/UPC	**Item/UPC Description**
64715	ALIM 12.1OZ PWD 6CT
64719	ALIM 19.8OZ PWD 4CT
64717	ALIM ADV 7OZ PWD 6CT GR
68398	SIM ALIM TODD HMO 12.1OZ PWD 6CT
55251	ELECARE IN 14.1OZ PWD 6CT
5525135	ELECARE IN 14.1OZ PWD 6CT PRI
66275	ELECARE JR BAN 14.1OZ PWD 6CT
66273	ELECARE JR CHO 14.1OZ PWD 6CT
55253	ELECARE JR UNFL 14.1OZ PWD 6CT
56585	ELECARE JR VAN 14.1OZ PWD 6CT

Affected Product List	
Item/UPC	Item/UPC Description
54598	HMF 0.9G PWD 3-50PKS
68610	SIM 3TC 34OZ PWD 6CT
68063	SIM 3TC ADV 20.6OZ PWD 4CT
68065	SIM 3TC ADV 30.3OZ PWD 4CT
68195	SIM 3TC ADV 30.3OZ PWD 4CT ECOM
68067	SIM 3TC ADV 40OZ PWD 6CT CLUB
68109	SIM 3TC ADV 7OZ PWD 6CT GR
68070	SIM 3TC SENS 20.1OZ PWD 4CT
68072	SIM 3TC SENS 29.5OZ PWD 4CT
68196	SIM 3TC SENS 29.5OZ PWD 4CT ECOM
68611	SIM 3TC SENS 34OZ PWD 6CT
68074	SIM 3TC SENS 40OZ PWD 6CT CLUB
68118	SIM 3TC SENS 7OZ PWD 6CT GR
5595776	SIM ADV 12.4OZ PWD 6CT
68084	SIM ADV 20.6OZ PWD 6CT
67549	SIM ADV 34OZ PWD 2CT
68092	SIM ORG 20.6OZ PWD 4CT
68099	SIM ORG A2 20.6OZ PWD 4CT
68104	SIM ORG A2 TOD 20.6OZ PWD 4CT
66655	SIM PRO-ADV 2.13LB/34OZ PWD 6CT CLUB
68088	SIM PRO-ADV 20.6OZ PWD 4CT
67922	SIM PRO-ADV 2FL HMO 7OZ PWD 6CT GR
66084	SIM PRO-SENS 1.41LB/22.5OZ PWD 4CT
66657	SIM PRO-SENS 2.13LB/34OZ PWD 6CT CLUB
68090	SIM PRO-SENS 20.1OZ PWD 4CT
67923	SIM PRO-SENS 2FL HMO 7OZ PWD 6CT GR

Affected Product List	
Item/UPC	Item/UPC Description
68107	SIM PRO-TC 20.1OZ PWD 4CT
67925	SIM PRO-TC 2FL HMO 7OZ PWD 6CT GR
66798	SIM PRO-TTL CMFRT 34OZ PWD 6CT CLUB
5753978	SIM SENS 12.0OZ PWD 6CT
68082	SIM SENS 20.1OZ PWD 6CT
67550	SIM SENS 34OZ PWD 2CT
5095976	SIM SENS SPIT UP ES 12.0OZ PWD 6CT
68086	SIM SPIT UP 20.1OZ PWD 6CT
67927	SIM SPIT UP NGMO 7OZ PWD 6CT GR
62599	SIM TOTAL COMFORT 12OZ PWD 6CT

Recall Contact Information

Abbott Nutrition provides product recall information to health care providers and beneficiary parents and caregivers. To find out if a product is included in this recall or if you have additional questions, please visit similacrecall.com or contact Abbott Nutrition directly at 1-800-986-8540.

7. New Ixinity National Drug Codes

Retroactive to January 1, 2022, four new National Drug Codes (NDCs) for hemophilia product, Ixinity®, are available. These NDCs are listed in the table provided below.

Previous Ixinity NDCs are still available and reimbursable. If you submitted a claim using the new Ixinity NDCs and have not received reimbursement, please resubmit the claim.

Aptevo-label NDC (Current)	Medexus-label NDC (New)	Product Name	Strength
Available			
70504-0282-5	59137-282-05	IXINITY® [coagulation factor IX (recombinant)]	500 IU

Aptevo-label NDC (Current)	Medexus-label NDC (New)	Product Name	Strength
Available			
70504-0283-5	59137-283-05	IXINITY® [coagulation factor IX (recombinant)]	1,000 IU
70504-0284-5	59137-284-05	IXINITY® [coagulation factor IX (recombinant)]	1,500 IU
70504-0289-5	59137-289-05	IXINITY® [coagulation factor IX (recombinant)]	3,000 IU

8. Temporary Prior Authorization Lift – Psychostimulants-Antidepressants

Psychostimulants-Antidepressants Prior Authorization Requirement Temporarily Lifted

Effective immediately, the prior authorization (PA) requirement is temporarily lifted for psychostimulants-antidepressants.

PAs may still be required for other reject codes such as quantity limits and Reject Code 76.

Note: The existing Price Override Policy remains in place.

Please view the Reject Code 75 alert, dated February 11, 2022.

9. Claim Edit Prescriber Enrollment

The following informational message is displayed on all denied claims and is a required Center for Medicare & Medicaid Services (CMS) standard. Medi-Cal Rx providers must be enrolled as a Medi-Cal-participating provider to provide services to Medi-Cal beneficiaries.

When the informational message displays on a claim, please review *all* error codes. Do not attribute the message as the sole reason for a claim denial.

"INFORMATIONAL ONLY – Ordering/Referring/Prescribing NPI not enrolled or eligible for svc billed on date of svc. Future claims may deny when this edit is fully implemented by Medi-Cal Rx."

In the future, billed MediCal Rx services may be denied if you are *not* enrolled as a MediCal Ordering, Referring, and Prescribing (ORP) provider. For enrollment assistance, use either the Provider Application and Validation for Enrollment (PAVE) Portal or the Provider Enrollment Directory.

10. DAW 1 Coding and Reimbursement Rates

During the 180-Day Transition Period

Retroactive to January 1, 2022, a Multisource Brand (MSB) claim identified with a Dispense as Written 1 (DAW 1) will be reimbursed at the brand-name price if the beneficiary claim history includes either of the following:

- A paid claim for the same brand-name drug.
- An active prior authorization (PA) for the same brand-name drug.

If there is no beneficiary claim or PA history for the medically necessary brand-name drug, the pharmacy or prescriber may submit a clinical PA justifying the medical need for the brand-name product—as opposed to a less costly generic alternative—for approval of the medically necessary brand-name drug. If the clinical PA is approved, the claim will pay at the brand-name price for the duration of the PA effective date.

Per this policy change, a Prior Authorization Type Code value equal to 1 is no longer required for a medically necessary brand-name drug PA to pay at the brand-name price. In addition, there will be no edits on the use of any other DAW code.

Claims previously paid at a nonbrand price may be reversed and resubmitted if the member has a current PA on file or a history of the same brand product.

Post-Transition Period

Effective July 1, 2022, a prescriber or pharmacy will need to submit a clinical PA for the medically necessary brand-name drug in order for it to be reimbursed or continue to be reimbursed at the brand-name price. If the PA is approved, the claim will be reimbursed based on the brand-name price for the duration of the PA effective date.

11. Update to CCS Service Authorization Requests

Effective immediately, Medi-Cal Rx has implemented the following policy updates.

Medi-Cal Rx has identified claims denying for California Children's Services (CCS) beneficiaries when a previously approved product-specific Prior Authorization (PA), such as a historic Service Authorization Request (SAR), has expired.

Historically, a new PA would be required to allow the claim to pay for the excluded product. Medi-Cal Rx recognizes that this is causing disruption for CCS beneficiaries and has implemented the following short-term and long-term solutions.

Short-Term Solution

Medi-Cal Rx will be extending the end date of historic product National Drug Code (NDC)-specific PAs that would have expired during the 180-day transition period to 06/30/2022. This will allow the historic SAR to be used through the 180-day transition period. This action is only for excluded products that have special considerations for CCS, Genetically Handicapped Persons Program (GHPP), and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) beneficiaries.

Medi-Cal Rx will continue to evaluate and research CCS claims and PAs to ensure that they are processing appropriately.

Long-Term Solution

Magellan Medicaid Administration, Inc. (MMA) has maintained a 24-hour PA turnaround time since 02/11/2022. In addition, MMA intends to add specialty clinical liaisons who can assist in resolving CCS PA and claim issues.

12. Maximum Allowable Ingredient Cost (MAIC) 30-Day Pharmacy Provider Notice

The Department of Health Care Services (DHCS) has contracted with Magellan Medicaid Administration, Inc. (MMA), who in turn contracted with Mercer Government Human Services Consulting (Mercer), a 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 April 1, 2022 and will be posted to the Mercer Medi-Cal Rx website no later than March 1, 2022.

Providers can find information about the MAIC program on the Mercer Medi-Cal Rx website. This website contains MAIC rate lists, MAIC program information, frequently asked questions, and contact information.

Providers with concerns about MAIC rates may submit a request to review an MAIC rate for a specific drug. The MAIC price research request form can be found on the Mercer Medi-Cal Rx website or on the Medi-Cal Rx Web Portal. All required fields on the MAIC rate review form must be completed. Providers will be contacted for supporting documentation or other information as necessary.

13. Medi-Cal Rx Beneficiary Tips

What Beneficiaries Need to Fill Prescriptions

Important changes for Medi-Cal Rx beneficiaries include the following:

- It is highly recommended that beneficiaries bring either their Benefits Identification Card (BIC), Client Index Number (CIN), or Health Access Program (HAP) card so the pharmacy can successfully bill for medications. See *Figure 1*.

Figure 1: Required Identification Card Examples

- Beneficiaries *cannot* use their Managed Care Plan (MCP) ID card.

- **There is no Medi-Cal Rx card.**
- **Beneficiaries must use their BIC, CIN, or HAP card number.**

How to Get a Replacement BIC or CIN Card

- Beneficiaries can obtain a new BIC or CIN by contacting their local county social services office.

How to Get Beneficiary Eligibility Details

- Registered providers can look up beneficiary eligibility or obtain a BIC by either logging into the Medi-Cal Rx Provider Portal or calling the Customer Service Center (CSC) at 1-800-977-2273. Customer Service Representatives are available 24 hours a day, 7 days a week, 365 days per year.
- Another option is to check eligibility through the Automated Eligibility Verification System (AEVS) at 1-800-456-2387. AEVS is available seven days a week from 2 a.m. to 12 a.m. PST. Once in AEVS, select from the options described in the AEVS main menu prompt options.

- **A HAP beneficiary ID number is not available via CSC or AEVS.**
- **The beneficiary's Social Security number can be used to obtain a beneficiary ID number via CSC or AEVS.**

14. Medi-Cal Rx Approved NDC List

Medi-Cal Rx has posted a list of National Drug Codes (NDCs) that are eligible for coverage and reimbursement under Medi-Cal Rx. This list is updated monthly and contains reimbursable NDCs for drugs that are listed on the *Medi-Cal Rx Contract Drugs List* (CDL) as well as drugs not listed on the CDL requiring a prior authorization (PA).

Code 1 restrictions for drugs that are on the CDL are not included on this list but can be found on the CDL.

The *Medi-Cal Rx Approved NDC List* is posted on the Contract Drugs List page of the Medi-Cal Rx Web Portal.

Note: This list does not reflect recent temporary changes DHCS implemented to reduce claim denials and PAs.

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.

15. Required Documentation for Claim and Prior Authorization Support

Providers can troubleshoot Pharmacy Claim and Prior Authorization (PA) issues by utilizing the *Medi-Cal Rx Provider Manual*, the Bulletins & News page, or the Medi-Cal Rx FAQs.

If you still cannot find a resolution, either email Medi-Cal Rx Education & Outreach (E&O) at MediCalRxEducationOutreach@magellanhealth.com or call the Customer Service Center (CSC) at 1-800-977-2273. Customer Service Representatives are available 24 hours a day, 7 days a week, 365 days per year.

Please provide the following documentation if available:

Required Documentation	
Pharmacy Claim	**Prior Authorization**
• Method used to submit claim: – Point of Sale (POS) – Medi-Cal Rx Provider Portal – Fax – Mail – Batch • Claim number • Reject code • 14-digit Beneficiary ID • 9-digit Client Index Number • Health Access Program ID • First and last name • Date of Birth (DOB) • Screenshot(s) that documents the issue	• Method used to submit PA: – CoverMyMeds® (CMM) • Include CMM 8-character reference key – POS – Medi-Cal Rx Provider Portal – Fax – Mail • PA denial reason as stated on rejection • 14-digit Beneficiary ID • 9-digit Client Index Number • Health Access Program ID • First and last name • Date of Birth (DOB) • Screenshot(s) that documents the issue

16. Remdesivir (Veklury) for Outpatient Treatment of COVID-19

Effective for dates of service beginning January 21, 2022, the Department of Health Care Services (DHCS) will reimburse Remdesivir (Veklury) as a pharmacy benefit when dispensed for use in nonhospitalized patients in accordance with Food and Drug Administration (FDA) approval or Emergency Use Authorization (EUA).

On January 21, 2022, the FDA expanded the use of Veklury to outpatient settings in certain nonhospitalized pediatric and adult patients who have tested positive for SARS-CoV-2, who have mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death. These patients can now receive treatments outside of a traditional inpatient setting, including skilled nursing facilities, home healthcare settings, and outpatient facilities such as infusion centers. Based on these developments, DHCS is adding Veklury as a pharmacy benefit.

Veklury inhibits RNA-dependent RNA polymerase, thereby preventing viral replication. It has been approved by the FDA for the treatment of COVID-19 in hospitalized and nonhospitalized adult and pediatric patients 12 years and older and weighing at least 40 kg. Additionally, it is available through an EUA for the treatment of COVID-19 in hospitalized and nonhospitalized pediatric patients weighing 3.5 kg to less than 40 kg or under the age of 12 and weighing at least 3.5 kg. Treatment duration for nonhospitalized patients is 3 days and is initiated as soon as possible after diagnosis of COVID-19, usually within 7 days of symptom onset.

Veklury should be administered in a hospital or healthcare setting where there's immediate access to medications to treat a severe infusion or hypersensitivity reaction, such as anaphylaxis, and with the ability to activate the emergency medical system (EMS) if necessary.

Providers should note that claims would not be separately reimbursed for Federally Qualified Health Centers (FQHCs) that include pharmacy costs in their Prospective Payment System (PPS). For FQHCs that carve out pharmacy benefits, claims would be billed under their pharmacy reimbursement.

Important Billing Instructions:

- DHCS will reimburse Veklury for the treatment of COVID-19 when administered in accordance with FDA approval or EUA.
- DHCS will reimburse the drug ingredient cost at the Medi-Cal rate.
- DHCS is also reimbursing the professional dispensing fee based on a pharmacy's total (Medicaid and non-Medicaid) annual prescription volume from the previous year as follows:
  - Less than 90,000 claims equal $13.20.
  - 90,000 or more claims equal $10.05.
  - All claims should be submitted to Medi-Cal Rx for processing.
  - Prior authorization is required to ensure that patient selection is in accordance with FDA requirements, based on the following criteria:
    - Patient meets FDA requirements for age and weight.
    - Patient has a positive result of direct SARS-CoV-2 viral testing.
  - Veklury will be administered in settings where severe hypersensitivity reactions, such as anaphylaxis, can be managed and emergency services activated such as skilled nursing facilities, home healthcare settings and outpatient facilities such as infusion centers.
  - The treatment course is being initiated within 7 days of symptom onset.
  - Must comply with the following testing before initiating and during treatment with Veklury:
    - Renal function tests:
      - Determine estimated glomerular filtration rate (eGFR) before starting Veklury and monitor while receiving Veklury.
      - Monitor serum creatinine and creatinine clearance (CrCl).
      - Should not be administered if eGFR is < 30 mL per minute.
      - Patients > 28 days old must have an estimated (eGFR) determined and full-term neonate (≥ 7 days to ≤ 28 days old) must also have serum creatinine determined before treatment initiation and during treatment as clinically appropriate.

  - Should not be administered if eGFR is less than 30 mL per minute in pediatric patients (> 28 days old).
  - Should not be administered in full-term neonates (≥ 7 days to ≤ 28 days old) with serum creatinine ≥ 1 mg/dL.
- Monitor for signs and symptoms of infusion reactions.
- Hepatic function tests:
  - Monitor alanine aminotransferase (ALT), aspartate aminotransferase (AST), bilirubin, alkaline phosphatase.
  - Avoid use if ALT ≥ 10 times the Upper Limit of Normal (ULN).
  - Discontinue use if ALT elevation and signs or symptoms of liver inflammation.
- Hematology:
  - Determine prothrombin time and monitor serum chemistries before starting Veklury and monitor while receiving Veklury.
    - Veklury is restricted to a maximum of 3 days' supply per dispensing. A prior authorization is required to exceed this with a justification for longer treatment duration.

Pharmacy Providers may bill for the dispensing of Veklury NDCs using NCPDP D.0 claims, web, batch, and paper claims.

NDC	Label Name	Generic Name	Description	PA Required?	Max Quantity
61958290102	Veklury	Remdesivir	100 mg single dose vial, lyophilized powder	Yes	4 vials
61958290202*	Veklury	Remdesivir	100 mg/20 mL	Yes	4 vials
61958290101	Remdesivir (EUA)	Remdesivir	100 mg single dose vial, lyophilized powder	Yes	4 vials
61958290201	Remdesivir (EUA)	Remdesivir	100 mg/20 ml	Yes	4 vials

* When available

For population of claim form fields other than those identified in this guidance, please review the *Medi-Cal Rx Provider Manual*.

Any concerns regarding delay in reimbursement should not cause providers to decline dispensing Veklury to patients.

Providers with questions should contact Medi-Cal Rx at 1-800-977-2273. Customer Service Representatives are available 24 hours a day, 7 days a week, 365 days per year.

For more information on services covered by Medi-Cal Rx, providers should refer to the Medi-Cal Rx Web Portal.

17. Medi-Cal Rx Drug Lookup Tool and Contract Drugs List 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 if limitations/restrictions exist due to a prior authorization (PA) or Code 1 requirement. The following guide provides instructions on navigating the resources and gathering the needed information regarding limitations/ restrictions of various drugs.

Note: Both resources are accessible via the unsecured Medi-Cal Rx Provider Portal link.

- **The CDL and DLT are updated monthly.**
- **The CDL and DLT do not reflect temporary edits put into place by Department of Health Care Services (DHCS).**
- **This information is subject to change. Please refer to the *Medi-Cal Rx Provider Manual* for medications that are not covered.**

Steps

1. Navigate to the Drug Lookup Tool located in Tools & Resources tab on Medi-Cal Rx Provider Portal. See *Figure 1*.

Figure 1: Drug Lookup Tool

2. After entering a search term (Drug Name or National Drug Code [NDC]), the results will populate. Reference the columns "Limits/Restrictions" and "Code 1" for determining if a PA will be required. See *Figure 2*.

Figure 2: Reference Page

3. Code 1 requirements are depicted by the following Utilization Management (UM) Type Codes in both the CDLs and the DLT.

UM Type Code	Definition	Description	NCPDP Reject Code
AL	Age Limit	Claim will reject if age parameters are not met.	60 Product/Service Not Covered for Patient Age

UM Type Code	Definition	Description	NCPDP Reject Code
LR	Labeler Restriction	Claim must reflect indicated labeler code for claim to pay.	606 Brand Drug/Specific Labeler Code Required
QL	Quantity Limit	Claim will reject if defined quantity limits are exceeded.	76 Plan Limitations Exceeded

Note: Code 1 restrictions for diagnosis (NCPDP Reject Code 80 – Dx Code Submitted Does Not Meet Drug Cov Criteria) are not abbreviated in the Limits/Restrictions column and will be evident with a "YES" in the Code 1 column. Code 1 restrictions for diagnosis can be overridden at the pharmacy Point of Sale (POS).

4. If Limits/Restrictions column states "PA" and Code 1 column states "NO," the drug will require a PA (that is, the claim at pharmacy POS will reject for NCPDP Rejection Code 75 Prior Authorization Required). Referring to the CDL will not provide additional information. See *Figure 3*.

Figure 3: Limits/Restrictions PA, Code 1 "No"

5. If Limits/Restrictions column is blank or states QL, AL, or LR and Code 1 column states "YES," the drug will require a PA if all Code 1 requirements are NOT met. Refer to the CDL for information on Code 1 requirements. See *Figure 4*.

Figure 4: Limits/Restrictions Blank/QA/AL/OR Code 1 Yes

6. If Limits/Restrictions column states "PA" and Code 1 column states "YES," the drug will require a PA in addition to meeting Code 1 requirements. See *Figure 5*.

DRUG NAME	DRUG STRENGTH	FORM	DRUG TYPE	LIMITS/RESTRICTIONS	CODE 1
NURTEC ODT	75 MG	TAB RAPDIS	BRAND	PA	YES

Figure 5: Limits/Restrictions PA; Code 1 Yes

7. If Limits/Restrictions column and Code 1 column state "NO," the drug is not a covered benefit of Medi-Cal Rx. See *Figure 6*.

DRUG NAME	DRUG STRENGTH	FORM	DRUG TYPE	LIMITS/RESTRICTIONS	CODE 1
CETAPHIL		LOTION	BRAND		NO

Figure 6: Limits/Restrictions and Code 1 No

Navigating the CDL

- The Contract Drugs List is searchable by generic name, and the *List of Other Covered Products* is 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 UM Type and Code 1 columns.

- **If the generic is not on the CDL, it means it is not covered and you will need to submit a PA.**
- **Code 1 rejections for NCPDP Reject Codes 60, 80, 76, and 606 are the most common reasons a claim rejects and may require a PA submission.**
- **The CDL and DLT does not reflect temporary edits put into place by DHCS.**

Example: Combining all the Steps

Patient is prescribed Valtoco 5 mg/0.1 ml.

1. Search the DLT by drug name, Valtoco. See *Figure 7*.

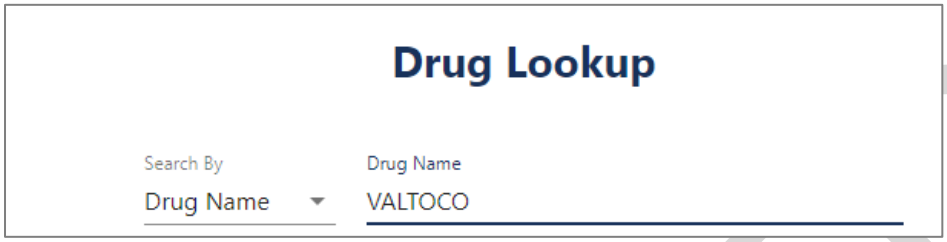

Figure 7: Drug Lookup Screen

2. Reviewing the results, Valtoco has Code 1 requirements for QL and AL at minimum. See *Figure 8*.

Figure 8: Drug Review Screen

3. For clarification on the Code 1 requirements, the CDL is searched using the generic name, Diazepam. See *Figure 9*.

Diazepam *	Injection *	5 mg/ml	ml	AL	* 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	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 9: Clarification on Code 1 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-month period. In addition, use

of this drug is restricted to beneficiaries diagnosed with acute epilepsy. If the patient does meet all these requirements, a PA is required.

18. Medi-Cal Rx Provider Portal Troubleshooting and Support

Providers can resolve Medi-Cal Rx Provider Portal technical issues by utilizing the following troubleshooting tips:

- Clear the cache.
- Double-check entries are correct (e.g., proper spelling of names, correct dates, etc.).
- Remove any pop-up blockers.
- Check your organization's security settings or other restrictions.
- Clear cookies.

If you cannot resolve the issue, please either email Medi-Cal Rx Education & Outreach (E&O) at MediCalRxEducationOutreach@magellanhealth.com or call the Customer Service Center (CSC) at 1-800-977-2273. Customer Service Representatives are available 24 hours a day, 7 days a week, 365 days per year.

When emailing E&O, please provide as much detail as possible, including screenshots of the error message(s) and a description of user activity prior to the error notification.