



Medi-Cal Rx

Prior Authorization Submission Reminders

May 16, 2022; Last Updated June 3, 2025

Adherence to the following reminders will ensure effective prior authorization (PA) request submissions.

Prior Authorization Request Submission Methods

Use one of the following five approved methods to submit a PA request to Medi-Cal Rx:

- [CoverMyMeds®](#)
- [Medi-Cal Rx Secured Provider Portal](#)
- NCPDP P4 Transaction
- Fax
- U.S. Mail

Note: PA requests submitted using a different method other than these five approved methods will result in Medi-Cal Rx returning the request and informing the provider to resubmit using an approved method of submission.

- » PA requests cannot be submitted by phone.
- » A member cannot initiate a PA request.
- » Submit a PA request only once using one of the five approved methods.

Approved PA Request Submission Methods	
Submission Method	How to Submit
CoverMyMeds	<p>PA requests submitted through CoverMyMeds is the most efficient and preferred method to submit a PA request to Medi-Cal Rx. CoverMyMeds interacts with the Medi-Cal Rx point-of-sale (POS) claims processing system and with the Medi-Cal Rx clinical decision module (CDM) to present covered alternatives and real-time PA determinations.</p> <p>Only a prescriber can submit a completed PA request directly through CoverMyMeds. Some pharmacies can initiate a request through CoverMyMeds, which provides the information included in the case initiation to the prescriber. PA requests submitted through any other channel will not display in CoverMyMeds.</p> <p>Refer to the Medi-Cal Rx: CoverMyMeds® How-To Guide or the CoverMyMeds website for more information.</p>

Approved PA Request Submission Methods	
Submission Method	How to Submit
Medi-Cal Rx Secured Provider Portal	Registration is required to submit a PA request via the Medi-Cal Rx Secured Provider Portal . Refer to the User Administration Console (UAC) Quick Start Guide for more information about how to register for the User Administration Console (UAC). Both pharmacy providers and prescribers can submit a PA request via the Medi-Cal Rx Secured Provider Portal.
NCPDP P4 Transaction	<p>P4 transactions are submitted directly from the pharmacy using the NCPDP layout. The pharmacy can submit a PA request on behalf of the member or prescriber.</p> <p>If submitting a PA request via a pharmacy POS, pharmacies must go to the Medi-Cal Rx Secured Provider Portal to upload attachments or fax additional information to the Medi-Cal Rx Customer Service Center (CSC) when needed.</p> <p>Refer to the Five Ways to Submit a Prior Authorization Request flyer.</p>
Fax	<p>Providers can submit a PA request via fax to 1-800-869-4325 using one of the preferred forms:</p> <ul style="list-style-type: none"> • Medi-Cal Rx Prior Authorization Request form (DHCS 6560) • Medi-Cal Rx Enteral Nutrition Prior Authorization Request form (DHCS 6505) (for enteral nutrition PA requests only). • Other accepted PA forms: <ul style="list-style-type: none"> – Medi-Cal Form 50-1 – Medi-Cal Form 50-2 – California Form 61-211
U.S. Mail	<p>Providers can submit PA requests via mail:</p> <p>Medi-Cal Rx Customer Service Center ATTN: PA Request P.O. Box 730 Rancho Cordova, CA 95741-0730</p> <p>When submitting a PA request via U.S. mail, utilize one of the preferred forms:</p> <ul style="list-style-type: none"> • Medi-Cal Rx Prior Authorization Request form (DHCS 6560) • Medi-Cal Rx Enteral Nutrition Prior Authorization Request form (DHCS 6505) (for enteral nutrition PA requests only). • Other accepted PA forms: <ul style="list-style-type: none"> – Medi-Cal Form 50-1 – Medi-Cal Form 50-2 – California Form 61-211

Completion Reminders

Refer to the following helpful reminders when completing PA requests.

- For paper PA requests, only submit one of the following PA request forms:
 - [Medi-Cal Rx Prior Authorization Request form \(DHCS 6560\)](#)
 - [Medi-Cal Rx Enteral Nutrition Prior Authorization Request form \(DHCS 6505\)](#)
(for enteral nutrition PA requests only)
 - Medi-Cal Form 50-1
 - Medi-Cal Form 50-2
 - California Form 61-211
- When submitting a PA request via U.S. mail or fax, be sure to provide a complete signature and date on the paper PA request form. Stamps and initials are not a valid form of signature. The signature must be an original, not printed; stamps, initials, typed, or facsimile signatures are not acceptable. Use a ballpoint pen when signing.
- PA requests for a date of service (DOS) or PA request start date that is in the past can be submitted via fax, U.S. mail, or NCPDP PA request.
- PA requests for members with Other Health Coverage (OHC) can be submitted via [Medi-Cal Rx Provider Portal](#), fax, U.S. mail, or NCPDP PA request.
- Be sure to complete all required fields on the form such as provider phone number, fax number, National Provider Identifier (NPI), provider address, etc.
- Select **Renewal** on the paper PA request form to request a previously approved PA be reviewed for renewal.
- Provide all necessary information for a decision. For example, if stating covered alternatives are not acceptable, provide context or other pertinent information such as lab results with dates.
- Provide all member diagnoses and the corresponding [International Classification of Diseases, 10th Revision \(ICD-10\) code](#).
- Provide instructions for use including dose, route of administration, dosage form, and frequency of administration.
 - If available, include chart notes and/or dated lab results documenting symptoms and clinical evaluation. Indicate how the patient obtained the medication, such as received samples, used different insurance coverage, started therapy in hospital, paid out of pocket, or another method.
 - If the request is for an off-label use of the medication or if it exceeds the U.S. Food and Drug Administration (FDA) approved dosing, submit article(s) from major peer-reviewed medical journals that present data supporting the proposed off-label use is safe and effective for a patient's age and diagnosis.
- If the request is for a continuation of therapy for the member, provide the therapy start date and clinical outcome while the member has been on therapy.
- Provide tried/failed [Medi-Cal Rx Contract Drugs List](#) (CDL) medications if applicable. Include dates of trial and detailed reasons for the therapeutics failure. List all other medication(s) not on the CDL that have been tried for the treatment of the member's diagnosis, including

drug name(s), date(s) of therapy, and therapeutic outcomes. Provide comprehensive and detailed clinical information that is relevant.

- If the CDL alternatives are not available, submit pharmacy invoices showing the limited supply/shortage.
- Quantity and days' supply must be included.
- If submitting a request for an enteral nutrition product, provide the following information:
 - Requested NDC
 - Daily caloric requirement from the requested product
 - Patient's current height (length) and weight
 - Quantity and days' supply
 - Indication if the patient is orally fed or tube fed
 - Indication if the patient is using other enteral nutrition products
 - **Note:** The [Medi-Cal Rx Enteral Nutrition Prior Authorization Request form \(DHCS 6505\)](#) can be utilized by providers and prescribers when submitting an enteral nutrition PA request via fax or U.S. mail.
- Do not use the member's Managed Care Plan (MCP) ID. Only use one of the following:
 - Client Index Number (CIN)
 - Health Access Programs (HAP) ID
 - Benefits Identification Card (BIC) ID
- All controlled drugs, including opioids (Drug Enforcement Administration [DEA] Schedule 2-5), have a maximum 35-day supply per dispensing. Any claims submitted for more than 35 days will require a PA request.
 - **Note:** Exceptions for new start opioid therapy may apply. Refer to the *Opioid Limitations* section in the [Medi-Cal Rx Provider Manual](#) for more information.
- Pharmacies may use Drug Use Review (DUR) service codes to override opioid claims rejecting for morphine milligram equivalents (MME) 90-500. A PA is required for opioid claims where the MME is greater than 500.
 - Refer to the *Medi-Cal Rx DUR/PPS Codes for Opioid MME Alert* section in the [Medi-Cal Rx Provider Manual](#) for DUR codes.

Refer to the *Prior Authorization Request Overview, Request Methods, and Adjudication* section in the [Medi-Cal Rx Provider Manual](#) for more information.

Prior Authorization Request Case Decisions

A PA request submitted to Medi-Cal Rx will either be **approved**, **approved with modifications**, **deferred**, or **denied**.

- If the PA is **approved**, an approval correspondence will be sent to the requesting provider.
- If the PA is **approved with modifications**, an approval correspondence will be sent to the requesting provider with the approved changes and is considered **modified**. A modification will generate a Notice of Action (NOA) to the member with a copy delivered to the requesting provider.

- If the PA is **deferred**, it has been determined that additional information is needed. The reason why the PA was placed in a deferred status will be provided to the submitter. If the submitter does not send a response within 30 days, the PA will be administratively denied.
- If the PA is **denied**, it has been determined the information furnished by the PA request submitter does not meet medical necessity.
 - Final determinations of a denial will be made by the Department of Health Care Services (DHCS). DHCS has the ability to approve a PA request that was recommended for denial by Medi-Cal Rx.
 - **Note:** Denial determinations made by Medi-Cal Rx on behalf of DHCS between 4 p.m. PT on Friday and 5 a.m. PT on Monday, on observed holidays, and any other DHCS-designated time period where DHCS assigns Medi-Cal Rx delegation, may be overturned by DHCS if deemed appropriate.
 - A denial will generate an NOA to the requesting PA submitter and member. Medi-Cal Rx will mail the appropriate notice within 3 business days.
- If a PA is resolved as informational, it was determined the product requested does not require an authorization, the request is a duplicate, or the request cannot be accepted. If the request could not be accepted, providers will need to correct the issue and resubmit a PA request.

Claim Denials

If a claim denies with **Reject Code 75 – Prior Authorization Required**, submit a PA request to Medi-Cal Rx via one of the approved submission methods.

Note: California Children’s Services (CCS) Paneled Providers may be excluded from PA requirements for Reject Code 75 with some exceptions. Refer to the Medi-Cal Rx Pediatric Integration tab on the [Education & Outreach](#) page of the [Medi-Cal Rx Provider Portal](#) for more information.

Resources

The following resources are available on the [Medi-Cal Rx Web Portal](#) to assist with submitting a PA request:

- [Contract Drugs & Covered Products Lists](#) page
- [Medi-Cal Rx Drug Lookup Tool](#)
- [Medi-Cal Rx Portal Prior Authorization Request Job Aid](#)
- [Prior Authorization Case Review Process](#) flyer
- [Medi-Cal Rx Pharmacy Transition Policy](#)
- [Five Ways to Submit a Prior Authorization Request](#) flyer
- [Medi-Cal Rx Provider Manual](#)

Contact Information

You can call the 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.