



# Medi-Cal Rx Monthly Bulletin

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June 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.

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# 1. Changes to the Contract Drugs List (CDL)

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

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

Drug Name	Description	Effective Date
Abacavir Sulfate/ Dolutegravir/ Lamivudine	Additional formulation (tablets for oral suspension) added with restrictions.	June 1, 2022
Acyclovir	Additional formulation (oral suspension) added.	June 1, 2022
Baloxavir Marboxil	Tablets (20 mg) end dated.	June 1, 2022
Ciprofloxacin	Diagnosis and age restrictions removed from oral suspension.	June 1, 2022
Ciprofloxacin HCL	Restrictions removed from tablets.	June 1, 2022
Dexamethasone	Additional formulation (liquid drops) added to the CDL.	June 1, 2022
Fluconazole	Additional formulation (suspension) added.	June 1, 2022
Fluticasone Propionate	Oral formulations moved to Anti-Asthmatics section.	June 1, 2022
Indinavir sulfate	End dated.	June 1, 2022
Lenvatinib	Additional strength (4 mg) added.	June 1, 2022
Levocarnitine SF	Added to the CDL.	June 1, 2022
Levofloxacin	Additional formulation (oral solution) added to the CDL.	June 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 June 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
Calcium Carbonate	Additional formulation (suspension) added to CDL.	June 1, 2022

## 3. 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 1.14 on the Medi-Cal Rx Web Portal.

Section	Update Description	Effective Date
<i>Section 12.1 – Noncovered Nutrition Products</i>	Deleted “blenderized” from the first bulleted item.	June 1, 2022
<i>Section 12.2 – Prescription Requirements</i>	Added “or electronic” to the first sentence.	
<i>Section 12.3.5 – Specialty Infant Products Criteria</i>	Updated the verbiage in the “Authorization for specialty infant products” paragraph.	

Section	Update Description	Effective Date
<p><i>Section 13.0 – Medical Supplies</i></p>	<p>Updated the language specific to enteral nutrition and medical supplies:</p> <ul style="list-style-type: none"> <li>• Added Blood Pressure Monitoring Devices and Blood Pressure Cuffs to the list of <i>Covered Medical Supplies Product Descriptions and Billing Information</i> when provided on a written prescription (or electronic equivalent).</li> <li>• Updated <i>Section 13.0 – Medical Supplies</i> in the <i>Medi-Cal Rx Provider Manual</i> to add Blood Pressure Monitoring Devices, add Blood Pressure Cuffs, and move “Pen Needles” out of the <i>Specific Diabetic Supplies</i> section.</li> <li>• Updated the prescription requirements by updating “physician” to also include nurse practitioner, clinical nurse specialist, or physician assistant within the scope of their practice for medical supplies.</li> <li>• Updated “physician” to “prescriber.”</li> </ul>	<p>June 1, 2022</p>

Section	Update Description	Effective Date
<p><i>Section 13.3 – Diabetic Supplies – Disposable Insulin Delivery Devices</i></p>	<p>Added the following verbiage:</p> <ul style="list-style-type: none"> <li>• “Note: Disposable insulin delivery devices are not interchangeable with insulin pumps and would need a new prescription and a new authorized PA for coverage. Insulin pumps are a Durable Medical Equipment (DME) benefit, not a pharmacy benefit, and should not be billed to Medi-Cal Rx. Providers should bill insulin pumps as a medical benefit, and medical claims should be submitted by the provider to either the Fee-for-Service (FFS) fiscal intermediary or a Managed Care Plan (MCP) as applicable.”</li> </ul>	<p>June 1, 2022</p>
<p><i>Section 13.4 – Diabetic Supplies – Therapeutic Continuous Glucose Monitoring (CGM) Systems</i></p>	<p>Added the following verbiage:</p> <ul style="list-style-type: none"> <li>• “Non-therapeutic continuous glucose monitoring systems are not a pharmacy benefit and should not be billed to Medi-Cal Rx. Providers should bill these devices as a medical benefit by the provider to a Managed Care Plan (MCP).”</li> </ul>	<p>June 1, 2022</p>

Section	Update Description	Effective Date
<p><i>Section 15.8 – Physician Administered Drugs (PAD)</i></p>	<p>Added the following verbiage:</p> <ul style="list-style-type: none"> <li>• “If a drug is administered by a health care provider other than a pharmacist in a pharmacy setting, and not self-administered by the beneficiary or caregiver even if the drug is FDA approved for self-administration, that drug would primarily be considered a medical benefit by merit of the administration by a medical provider. Therefore, the same policy pertaining to other non-self-administered drugs (i.e., those not FDA approved for self-administration) would be applicable in this scenario. It should only be billed by a pharmacy provider if the same reasons previously documented for other PAD drugs apply.”</li> </ul>	<p>June 1, 2022</p>
<p><i>Section 17.0 – COVID-19 Vaccine Coverage, Reimbursement, and OTC Antigen Test Kits</i></p>	<p>Added verbiage to inform providers of the availability of a second booster dose of the COVID-19 vaccine.</p> <ul style="list-style-type: none"> <li>• Table 17.0-1 and 17.0-3: <ul style="list-style-type: none"> <li>– Updated the list of available vaccines.</li> </ul> </li> <li>• Added verbiage to the end of the following sections: <ul style="list-style-type: none"> <li>– <i>For Pfizer-BioNTech COVID-19 or Pfizer Booster Dose(s)</i></li> <li>– <i>For Moderna COVID-19 Booster Dose(s)</i></li> <li>– <i>For Moderna COVID-19 Booster Dose(s)</i></li> </ul> </li> </ul>	<p>June 1, 2022</p>

## 4. Changes to the Family PACT Pharmacy Formulary

The following changes have been made to the Family Planning, Access, Care and Treatment (Family PACT) Pharmacy Formulary.

For more information, see the [Family PACT Pharmacy Formulary](#) on the Medi-Cal Rx Web Portal.

Drug Name	Description	Effective Date
Segesterone Acetate and Ethinyl Estradiol	Added with quantity limit restrictions.	November 1, 2020
Medroxyprogesterone Acetate	Additional formulation (prefilled syringe, SQ) added.	June 16, 2021
Acyclovir	Capsules (200 mg) removed, and restrictions updated for tablets.	Retroactive to February 1, 2022
Azithromycin	Restrictions updated.	Retroactive to February 1, 2022
Cefixime	Quantity limit restrictions updated.	Retroactive to February 1, 2022
Doxycycline Hyclate and Doxycycline Monohydrate	Restrictions updated.	Retroactive to February 1, 2022
Levofloxacin	Added with restrictions.	Retroactive to February 1, 2022
Metronidazole	Restrictions updated.	Retroactive to February 1, 2022
Moxifloxacin	Restrictions updated.	Retroactive to February 1, 2022
Ofloxacin	Removed FPACT benefit.	Retroactive to February 1, 2022
Probenecid	Restrictions updated.	Retroactive to February 1, 2022
Secnidazole	Added with restrictions.	Retroactive to February 1, 2022
Tinidazole	Additional restrictions added.	Retroactive to February 1, 2022

## 5. Medical Supplies Update: Update to the Maximum Allowable Product Cost (MAPC) for Female Condoms, Effective July 1, 2022

**Note:** The following information was initially part of the alert entitled "Addition of Blood Pressure Monitors and Blood Pressure Cuffs to Medi-Cal Rx," published May 9, 2022.

Effective July 1, 2022, the Maximum Allowed Product Cost (MAPC) for female condoms (internal) is updated to \$10.83 each. This information has been updated on the [List of Covered Medical Supplies Product Descriptions and Billing Information](#). No other changes occurred to this product's billing restrictions, quantity limits, or reimbursement methodology.

## 6. Medical Supplies Update: New Pharmacy Benefit, Blood Pressure Monitors, and Blood Pressure Cuffs, Effective June 1, 2022

**Note:** The following information replaces the alert entitled "Addition of Blood Pressure Monitors and Blood Pressure Cuffs to Medi-Cal Rx," published May 9, 2022.

Effective June 1, 2022, personal home use blood pressure monitors and blood pressure cuffs for use with personal home blood pressure monitoring devices will be a covered benefit under Medi-Cal Rx as a pharmacy-billed item. Covered products are restricted to the newly created [List of Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs](#) found on the [Medi-Cal Rx Web Portal](#). Quantity and billing restrictions apply. Please refer to the [List of Covered Medical Supplies Product Descriptions and Billing Information](#) for billing and reimbursement information.



## 7. Diabetic Supplies – Therapeutic Continuous Glucose Monitoring (CGM) Systems

Effective May 1, 2022, Abbott Diabetes Care Sales Corporation's FreeStyle Libre Sensor Kit and FreeStyle Libre 2 Sensor kit have updated product specific restrictions to their maximum quantities. These products are currently restricted to a maximum amount of 6 sensors in an 84-day period. In order to improve access to care, these restrictions have been updated to 3 sensors in a 30-day period with a maximum of 9 sensors in a 90-day period. All other restrictions remain in effect. This change has been updated on the [List of Covered Therapeutic Continuous Glucose Monitoring \(CGM\) Systems](https://medicalrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/Covered_Therapeutic_Continuous_Glucose_Monitoring_CGM_Systems.xlsx) found on [https://medicalrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/Covered\\_Therapeutic\\_Continuous\\_Glucose\\_Monitoring\\_CGM\\_Systems.xlsx](https://medicalrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/Covered_Therapeutic_Continuous_Glucose_Monitoring_CGM_Systems.xlsx) on the [Medi-Cal Rx Web Portal](#).

Therapeutic CGMs require a prior authorization (PA) for reimbursement. Specific coverage criteria also apply. For additional coverage information, reimbursement, and billing requirements, please refer to the [Medi-Cal Rx Provider Manual](#) on the [Medi-Cal Rx Web Portal](#).

## 8. Medi-Cal Rx Operational Updates

Since February 2022, Medi-Cal Rx has stabilized the Medi-Cal Rx Customer Service Center (CSC) and prior authorization (PA) operations. The Department of Health Care Services (DHCS) and Magellan Medicaid Administration, Inc. (MMA) have also engaged in an intensive planning process for phased reinstatement of claim edits and PA requirements. As previously communicated, claim edits originally proposed to be reinstated May 1, 2022, will not occur until the education and outreach efforts have been completed.

### 180-Day Transition Policy

When Medi-Cal Rx launched, a 180-day transition policy was implemented to reduce the impact of the transition on Medi-Cal beneficiaries by extending their previously approved prescriptions, with or without previously approved PAs, through July 1, 2022. Medi-Cal Rx will continue to utilize historical PA and claim data for the transition policy beyond July 1, 2022. DHCS and MMA are evaluating the appropriate time to terminate this transition policy and will provide detailed information in the coming weeks. Stakeholders will be notified 90 days prior to the retirement of the 180-day transition policy.

## Special Populations Clinician Liaison Team

Utilizing feedback from various stakeholders, Medi-Cal Rx has created a Special Populations Clinical Liaison (SPCL) Team within the CSC that has been trained to serve the specific needs of populations enrolled in California Children's Services, (CCS) the Genetically Handicapped Persons Program (GHPP), and those who have specialty behavioral health conditions. This team is comprised of pharmacy technicians and pharmacists.

Starting Monday, May 9, 2022, the SPCL Team will be available Monday through Friday, 8:00 a.m. to 8:00 p.m., excluding holidays, and will serve beneficiaries, providers, and county users who are able to authenticate and discuss Protected Health Information (PHI) for the given beneficiary.

Medi-Cal Rx is committed to delivering timely and safe pharmacy services to Medi-Cal beneficiaries and providers across California. DHCS and MMA appreciate your partnership.

## 9. Update: Drug Utilization Review Claim Edits Will Not be Reinstated on May 1, 2022

DHCS and MMA have undertaken the following series of actions to strengthen the Medi-Cal Rx project organization and support continuous process improvement:

- A project review has been conducted.
- Additional experienced project leaders have been added to both the State and MMA teams.
- A revised governance structure to support a more integrated approach for project management has been established.

As a result of this project review, the Medi-Cal Rx team is engaged in process improvement, training, and technical fixes to enhance operational efficiency and effectiveness. Feedback from our engagements has informed DHCS in review of policy, programmatic, and operational concerns and contributes to planning for the path forward. Therefore, **Drug Utilization Review (DUR) edits originally proposed to be reinstated May 1, 2022, will not take place.** Additional mitigations (i.e., claim edits and prior authorization [PA] requirement suspensions), as well as the transition policy, will remain in effect until further notice. Medi-Cal Rx will undertake a robust communication and education plan before any changes are executed.

Please continue to monitor the [Medi-Cal Rx Web Portal](#) as additional alerts and bulletins are published. More information will be provided in the coming weeks. If you have not done so already, please consider signing up for the [Medi-Cal Rx Subscription Service](#) to automatically receive updates.

We appreciate your patience and partnership as we develop the blueprint for this next stage of Medi-Cal Rx.

## 10. Electronic Claims Agreement – Submission Deadline Extended to July 31, 2022

Pursuant to the alert published December 13, 2021 ("[Medi-Cal Rx Electronic Claims Agreement](#)") and the subsequent reminder alert ("[Deadline Reminder: Electronic Claims Agreement](#)") published March 25, 2022, all participating Medi-Cal Rx pharmacy providers and billers will need to submit a [Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement Form \(DHCS 6500\)](#) to continue submitting electronic claims without interruption. **Please note that the completed Application/Agreement must be received by July 31, 2022.**



- Pharmacy providers and billers will NOT be able to continue to submit electronic Point-of-Sale (POS) claims without recertifying their agreement by July 31, 2022.
- If the pharmacy provider who fills out this form is not the biller, then the biller must also complete the appropriate sections of the form.

### Instructions for Pharmacy Providers and Billers

1. Download and print the [Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement Form \(DHCS 6500\)](#).
2. Complete the form in **blue ink** and verify that all information is correct.

3. Return the form with an original signature to the following address:

**Medi-Cal Rx Customer Service Center**

ATTN: Billing Agreement Processing

P.O. Box 610

Rancho Cordova, CA 95741-0610

**Note: The completed application must be received by July 31, 2022.**

## 11. Diabetic Supplies Update: Disposable Insulin Delivery Devices Updates

The [List of Covered Disposable Insulin Delivery Devices](#) has been updated on the [Medi-Cal Rx Web Portal](#). Maximum Acquisition Cost (MAC) pricing is updated and is now listed in *price per each unit* instead of *total package price* for the purpose of avoiding billing and reimbursement confusion and simplifying claims adjudication.

Total packages cannot be broken, and minimum billing quantities apply:

- V-Go products: 30 each
- Omnipod products: 5 each

No coverage policy changes occurred in this update. This policy is retroactive to the effective date of the products added to Medi-Cal Rx on January 1, 2022.

Providers may use this updated billing policy to correct and resubmit previous incorrectly billed claims as described in the *Diabetic Supplies: Disposable Insulin Delivery Devices* section of the [Medi-Cal Rx Provider Manual](#).

A Mass Payment Adjustment (MPA) will be implemented by MMA to reprocess incorrectly billed claims with dates of service on or after January 1, 2022. MMA will publish a separate *Alert* prior to the MPA with specific details and a timeline.

## 12. Medi-Cal Rx Compound Claims Processing Billing Tips

A previous publication of the [Medi-Cal Rx NCPDP Payer Specification Sheet](#) on the Medi-Cal Rx Web Portal advised providers that a value of **99 – Other (Container Count)** should be entered in the Compound Product ID Qualifier field (NCPDP Field ID: 488-RE) when a compound claim was being submitted with container(s) as an ingredient. That value is not an applicable value, and providers must submit a value of **03 – NDC** as the Compound Product ID Qualifier (NCPDP Field ID: 488-RE) regardless of the ingredients being submitted. The *Medi-Cal Rx NCPDP Payer Specification Sheet* has since been updated.

Pharmacies that have claims which denied with **NCPDP Error Code: E1 – M/I Product/Service ID Qualifier** due to the usage of Compound Product ID Qualifier (NCPDP Field ID: 488-RE) - **99 – Other (Container Count)** may resubmit the claims with the applicable qualifier of **03 – NDC** in the above-mentioned field.

The [Medi-Cal Rx Compound Claim Processing Billing Tips](#) guide and additional information is available on the Medi-Cal Rx Web Portal [Forms & Information](#) page. Click the **Billing Tips & Payer Sheets** link on the left side of the page to view the guide.

## 13. Medi-Cal Rx Billing Policy for Disposable Insulin Delivery Devices

DHCS has received reports of impeded access to insulin pumps by providers asserting these products are a pharmacy benefit and billable to Medi-Cal Rx. This is incorrect. Insulin pumps are a Durable Medical Equipment (DME) benefit, not a pharmacy benefit, and should not be billed as such to Medi-Cal Rx.

Providers should bill insulin pumps as a medical benefit, and medical claims should be submitted by the provider to either the fee-for-service (FFS) fiscal intermediary or a Managed Care Plan (MCP) as applicable. FFS coverage policy for insulin pumps has not changed since the implementation of Medi-Cal Rx on January 1, 2022.

Currently, only **disposable** insulin delivery devices are a pharmacy benefit billable to Medi-Cal Rx with an approved prior authorization (PA). Disposable insulin delivery devices are not interchangeable with insulin pumps and would need both a new prescription and a new authorized PA for coverage. Covered products are restricted to V-Go pods and Omnipod

devices; only these products are reimbursable as a National Drug Code (NDC)-billed pharmacy item through Medi-Cal Rx.

For more information regarding disposable insulin delivery devices coverage as a Medi-Cal Rx benefit, please refer to the [List of Covered Disposable Insulin Delivery Devices](#) on the [Medi-Cal Rx Web Portal](#).

Medi-Cal MCPs must continue to cover and reimburse non-disposable insulin pumps as a medical benefit. Medi-Cal beneficiaries should not be directed to go to a pharmacy to obtain these DME items. Beneficiaries should contact their MCP directly for information and direction for acquiring these items as a medical benefit.

## 14. Medi-Cal Rx Billing Policy for Continuous Glucose Monitoring Systems

DHCS has received reports of impeded access to **non-therapeutic** continuous glucose monitoring systems by providers asserting these products are a pharmacy benefit and billable to Medi-Cal Rx. This is incorrect. Non-therapeutic continuous glucose monitoring systems are not a pharmacy benefit and should not be billed as such to Medi-Cal Rx. Providers should bill these devices as a medical benefit, and medical claims should be submitted by the provider to a Managed Care Plan (MCP) as applicable.

Fee-for-Service (FFS) coverage policy for **non-therapeutic** continuous glucose monitoring systems has not changed since the implementation of Medi-Cal Rx on January 1, 2022.

Currently, only **therapeutic** continuous glucose monitoring systems are a pharmacy benefit billable to Medi-Cal Rx with an approved prior authorization (PA). Covered products are restricted to Dexcom G6 and Abbott Libre systems; only these products are reimbursable as a National Drug Code (NDC)-billed pharmacy item through Medi-Cal Rx.

For more information regarding therapeutic continuous glucose monitoring systems coverage as a Medi-Cal Rx benefit, please refer to the [List of Covered Therapeutic Continuous Glucose Monitoring \(CGM\) Systems](#) on the [Medi-Cal Rx Web Portal](#).

Medi-Cal MCPs must continue to cover and reimburse non-therapeutic continuous glucose monitoring systems as a medical benefit. Medi-Cal beneficiaries should not be directed to go to a pharmacy to obtain non-therapeutic continuous glucose monitoring systems.

Beneficiaries should contact their MCP directly for information and direction for acquiring these items as a medical benefit.

## 15. Understanding Medi-Cal Rx for Beneficiaries

### How does Medi-Cal Rx affect me?

- Prescription medications are now covered by Medi-Cal Rx for Medi-Cal beneficiaries. This does not change your Medi-Cal eligibility or benefits. If you are eligible for both Medicare and Medi-Cal, Medi-Cal Rx may cover prescriptions that Medicare does not.

### Did my pharmacy change?

- Most pharmacies accept Medi-Cal Rx. Therefore, beneficiaries can use the same pharmacy they used before. If you need help finding a pharmacy, use the **Medi-Cal Rx Pharmacy Locator** online at the [Medi-Cal Rx Web Portal](https://MediCalrx.dhcs.ca.gov/home/) (<https://MediCalrx.dhcs.ca.gov/home/>) or call the **Customer Service Center (CSC)** at **1-800-977-2273**, press or say **1** for beneficiary support or **7** if you are a teletypewriter (TTY) caller.

### How do I fill my medications?

- It is highly recommended that you show your Medi-Cal Benefits Identification Card (BIC) when you fill a prescription at a pharmacy, **not** your health plan ID card.

### How do I get a replacement BIC or CIN?

- You can obtain a new Medi-Cal Benefits Identification Card (BIC) or Client Index Number (CIN) by contacting your local county social services office. County office contact information can be found at [County Offices](https://www.dhcs.ca.gov/services/Medi-Cal/Pages/CountyOffices.aspx) (<https://www.dhcs.ca.gov/services/Medi-Cal/Pages/CountyOffices.aspx>).

### How can I submit a beneficiary grievance?

- Beneficiary grievances can be submitted by contacting the Medi-Cal Rx Customer Service Center (CSC) by phone, chat, or email on the beneficiary website. You can also mail your grievance letter to the following mailing address:

**Medi-Cal Rx Customer Service Center**  
ATTN: Complaints and Grievances Unit  
P.O. Box 730  
Rancho Cordova, CA 95741-0730

### Is there a beneficiary website?

Yes! Find more information and register at the [Medi-Cal Rx Beneficiaries Portal](https://Medi-Calrx.dhcs.ca.gov/member/) (<https://Medi-Calrx.dhcs.ca.gov/member/>) on the Medi-Cal Rx Web Portal. Make sure to have your BIC number to register.

### What if I still have questions?

Contact the Medi-Cal Rx **Customer Service Center (CSC)** at **1-800-977-2273**. Press or say **1** for beneficiary support or **7** if you are a TTY caller. CSC Customer Service Representatives are available 24 hours a day, 7 days a week, 365 days per year.