



Medi-Cal Rx Monthly Bulletin

July 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 \(CDL\)](#)
2. [Changes to the Contract Drugs List \(CDL\) – Authorized Drug Manufacturer Labeler Codes](#)
3. [Updates to the Medi-Cal Rx Provider Manual](#)
4. [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2022-23 Available](#)
5. [Age Restrictions on Psychotropics Updated](#)
6. [Maximum Allowable Ingredient Cost \(MAIC\) 30-Day Pharmacy Provider Notice](#)
7. [Medical Supplies Prescriber Updates](#)
8. [Diabetic Supplies Updates](#)
9. [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2021-22; Hold Notation Update](#)
10. [Reminder: Fiscal Year Two-Week Fee-For Service Hold for Specific Provider Payments](#)
11. [Changes to the Family PACT Pharmacy Formulary](#)
12. [Submitting a Claim – Best Practices](#)
13. [Prior Authorization Submission Reminders](#)

1. Changes to the Contract Drugs List (CDL)

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

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

Drug Name	Description	Effective Date
Alpelisib	Coverage specified for Piqray formulations.	July 1, 2022
Baclofen	Additional strength (5 mg) added.	July 1, 2022
Brimonidine Tartrate	Added ophthalmic solution 0.2% back to the CDL.	July 1, 2022
Carbamazepine	Removed age restriction.	July 1, 2022
Ciprofloxacin Hydrochloride/ Hydrocortisone	Additional labeler code (00078) restriction added.	July 1, 2022
Ivermectin	Topical lotion end dated.	July 1, 2022
Lamotrigine	Additional formulations (dispersible tablets, ER tablets, & ODT tablets) added.	July 1, 2022
Leuprolide Mesylate	Added to the CDL with a restriction.	July 1, 2022
Naloxone HCl	Additional strength (5 mg/0.5 mL syringe) added with labeler code (78670) restriction.	July 1, 2022
Potassium Citrate Monohydrate/ Sodium Citrate Dihydrate/ Citric Acid Monohydrate	Added to the CDL.	July 1, 2022
Sirolimus protein-bound	Added to the CDL with restrictions.	July 1, 2022
Tetrabenazine	Removed age restriction.	July 1, 2022
Tizanidine	Additional formulation (capsules) added.	July 1, 2022
Valproic Acid	Removed age restriction.	July 1, 2022

2. 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
72319	I3 PHARMACEUTICALS, LLC	July 1, 2022
72482	CTI BIOPHARMA CORP	July 1, 2022
72819	ARCHIS PHARMA LLC	July 1, 2022
73154	ARDELYX, INC.	July 1, 2022
73352	TRIFLUENT PHARMA, LLC	July 1, 2022
73625	MYOKARDIA, INC.	July 1, 2022
80203	BIOVERATIV U.S. LLC	July 1, 2022
80491	IDORSIA PHARMACEUTICALS LTD	July 1, 2022
81284	PROVEPHARM, INC.	July 1, 2022
81565	PHLOW CORPORATION	July 1, 2022
82036	ZAMBON USA, LTD	July 1, 2022
82111	EDENBRIDGE PHARMACEUTICALS, LLC	July 1, 2022
82182	PACIFIC PHARMA, INC	July 1, 2022
90096	ZAMEER PHARMACEUTICALS LLC	July 1, 2022

Labeler Code Terminations:

NDC Labeler Code	Contracting Company's Name	Effective Date
20536	ACROTECH BIOPHARMA LLC	July 1, 2022
42043	ORCHIDPHARMA, INC.	July 1, 2022

NDC Labeler Code	Contracting Company's Name	Effective Date
42865	ALLERGAN, INC.	July 1, 2022
51021	SIRCLE LABORATORIES, LLC	July 1, 2022
63824	RECKITT BENCKISER, INC.	July 1, 2022
65483	PROMETHEUS LABORATORIES, INC.	July 1, 2022
65580	UPSTATE PHARMA, LLC	July 1, 2022
68782	BAUSCH HEALTH US, LLC	July 1, 2022
69865	DEPO NF SUB, LLC	July 1, 2022
69967	ARISE PHARMACEUTICALS LLC	July 1, 2022
71045	CIPLA USA INC	July 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 1.15 on the Medi-Cal Rx Web Portal.

Section	Update Description	Effective Date
<i>Section 4.6.2 – Professional Dispensing Fee</i>	Added the following verbiage: "Unless noted otherwise below,"	July 1, 2022
<i>Section 4.6.13 – Medical Supply Reimbursement</i>	Added the following verbiage under Upper Billing Limit : <ul style="list-style-type: none"> • "minus a 10 percent payment reduction for the following products: <ul style="list-style-type: none"> – Alcohol Prep Pads, Heparin and Normal Saline Flush solutions, Diaphragms and Cervical Caps, Condoms, Pen Needles, Peak Flow Meters and Inhaler Assist Devices, Sterile Syringes with 	July 1, 2022

Section	Update Description	Effective Date
	<p>Needles, and Miscellaneous Medical Supplies.</p> <ul style="list-style-type: none"> • The MAPC price on file for the item plus the appropriate professional dispense fee minus a 10 percent payment reduction for the following products: <ul style="list-style-type: none"> – Diabetic Test Strips, Lancets, NDC-Billed Self-Monitoring Blood Glucose Systems, Control Solutions, Lancing Devices, Disposable Insulin Delivery Devices, Therapeutic Continuous Glucose Monitoring (CGM) Systems, and Insulin Syringes.” 	
<p><i>Section 4.6.14 – Enteral Nutrition Products Reimbursement</i></p>	<p>Added the following verbiage: “minus a 10 percent reduction (W&I Code, Section 14105.192).”</p>	<p>July 1, 2022</p>
<p><i>Section 12.3.5 – Specialty Infant Products Criteria</i></p>	<ul style="list-style-type: none"> • Updated verbiage “Authorization for specialty infant products is limited to a maximum <i>two</i>-month term...” to “Authorization for specialty infant products is limited to a maximum <i>four</i>-month term...” • Deleted this sentence: <ul style="list-style-type: none"> – “During the Medi-Cal Rx transition, starting January 1, 2022, authorization limitation is expanded to a maximum 4-month term. A 60-day notice will be published, announcing when the limitation will revert back to a maximum 2-month term, except when noted” 	<p>July 1, 2022</p>

Section	Update Description	Effective Date
<p><i>Section 17.0 – COVID-19 Vaccine Coverage, Reimbursement, and OTC Antigen Test Kits</i></p>	<p>Added additional NDC for adult beneficiaries in Table 17.0-1 and 17.0-3</p> <ul style="list-style-type: none"> NDC: 80777010099 Spikevax (COVID-19 Vaccine, mRNA) 	<p>July 1, 2022</p>
<p><i>Section 17.1 – Pediatric COVID-19 Vaccine Coverage</i></p>	<p>Added the following verbiage:</p> <p>“Effective for dates of service <i>on or after</i> May 17, 2022, the FDA amended the EUA for the use of the Pfizer-BioNTech COVID-19 Vaccine to include a booster dose for children aged 5 through 11 years. Like the adult dose, children will need a booster dose of the Pfizer-BioNTech COVID-19 Vaccine at least 5 months after completion of a primary series of COVID-19 vaccine administrations.”</p>	<p>July 1, 2022</p>
<p><i>Section 20.0 – Drug and Product Shortages</i></p>	<ul style="list-style-type: none"> Updated verbiage “For enteral nutrition products through July 1, 2022, substitution has been allowed without the need for a new prescription from the prescriber.” to “For enteral nutrition products, substitution has been temporarily... ” Added the following verbiage: <ul style="list-style-type: none"> – “This policy will remain in place until the national supply of infant formulary stabilizes. Prior to the Department removing this substitution without a PA policy in the future, a 90-day notice will be published, allowing substantial notification to providers and stakeholders.” Added the following linked reference: 	<p>July 1, 2022</p>

Section	Update Description	Effective Date
	– “Enteral Nutrition Update: Interchange of Equivalent Contracted Enteral Nutrition Product and Specialty Infant Authorization Term Limit”	

4. Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2022-23 Available

The [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2022-23](#) is available and can be found on the Medi-Cal Rx Provider Portal’s [Forms and Information](#) page within the **Resources** area.

The schedule reflects the pharmacy provider pay dates (warrant release and Electronic Funds Transfer [EFT]) 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.

5. Age Restrictions on Psychotropics Updated

Retroactive to January 1, 2022, all age restrictions on the following medications have been changed to reflect the Food and Drug Administration (FDA)-approved age range. This includes the removal of all age maximums for medications used to treat Attention Deficit Hyperactivity Disorder (ADHD). Any existing pending claims that have been rejected for the age restrictions can be resubmitted for processing.

Attention Deficit Hyperactivity Disorder Medications	Antidepressants	Antipsychotics
Amphetamine, mixed salts	Amitriptyline	Aripiprazole
Atomoxetine	Bupropion	Asenapine
Clonidine HCL, clonidine 12-hour tablet	Citalopram	Chlorpromazine
Dexmethylphenidate	Clomipramine	Haloperidol
Dextroamphetamine	Desipramine	Lurasidone
Guanfacine, guanfacine extended-release	Doxepin	Molindone

Attention Deficit Hyperactivity Disorder Medications	Antidepressants	Antipsychotics
Lisdexamfetamine	Duloxetine	Olanzapine
Methylphenidate	Escitalopram	Quetiapine
	Fluoxetine	Risperidone
	Fluvoxamine	Thioridazine
	Imipramine	Thiothixene
	Mirtazapine	Trifluoperazine
	Nortriptyline	
	Paroxetine	
	Protriptyline	
	Sertraline	
	Trazodone	
	Venlafaxine	

6. 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 July 1, 2022, and will be posted to the Mercer Medi-Cal Rx website no later than June 1, 2022.

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

Providers concerned about MAIC rates for a specific drug may submit a request form to review the MAIC rate. The [Medi-Cal Rx Maximum Allowable Ingredient Cost \(MAIC\) Price Request Form](#) can be found on the [Mercer Medi-Cal Rx website](#) or on the [Medi-Cal Rx Web Portal](#).

Note: All required fields on the form must be completed. Providers may be contacted for supporting documentation or other information as necessary.

7. Medical Supplies Prescriber Updates

California State Plan Amendment (SPA) 20-0035, effective October 1, 2020, updated the Medi-Cal prescriber requirements for medical supplies.

Claims for covered medical supplies through Medi-Cal Rx provided upon a prescription are eligible for reimbursement if the prescription is written by either a physician, a nurse practitioner (NP), a clinical nurse specialist (CNS), or a physician assistant (PA), within their scope of practice.

Title 42 of the Code of Federal Regulations (CFR) Section 440.70 requires Medicaid programs only reimburse providers for medical supplies written by a physician, NP, CNS, or PA. The *Medical Supplies* section of the [Medi-Cal Rx Provider Manual](#) has been updated to clarify these prescriber requirements.

8. Diabetic Supplies Updates

Effective July 1, 2022, the Medi-Cal Rx [List of Covered Self-Monitoring Blood Glucose Systems \(Glucometers\), Control Solutions, and Lancing Devices](#) has been updated on the [Medi-Cal Rx Web Portal](#) to add three new ForaCare, Inc. glucometers.

Product Description	Billing Code (11-digit NDC like number)
FORA Premium V10 Blood Glucose Monitor (Bluetooth BLE), 1 each	16042001171
FORA Premium V10 Blood Glucose Monitor (Cabled), 1 each	16042001058
FORA Test N'Go Advance Pro Multifunctional Meter, 1 each	16042001364

Additionally, three ForaCare blood glucose test strips product names have been updated on the [List of Covered Diabetic Test Strips and Lancets](#). No change to either the products or the NDCs/billing codes occurred with this specific product name update.

Product Description	Product Number Billing Code (NDC)
FORA GTel/Test N'GO Advance/Test N'GO Advance Voice Blood Glucose Test Strips, Box of 50	16042001339
FORA GTel/Test N'GO Advance/Test N'GO Advance Voice Blood Ketone Test Strips, Box of 50	16042001340
FORA GTel/Test N'GO Advance/Test N'GO Advance Voice Blood Ketone Test Strips, Box of 10	16042001403

The contractors have guaranteed Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal Rx beneficiaries, the glucometers, control solutions, and lancing devices at or below the Maximum Acquisition Cost (MAC).

Providers can locate MAC price suppliers by calling the manufacturer phone numbers referenced in the Medi-Cal Rx [List of Covered Self-Monitoring Blood Glucose Systems \(Glucometers\), Control Solutions, and Lancing Devices](#) on the [Medi-Cal Rx Web Portal](#).

9. Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2021-22; Hold Notation Update

This alert is to notify pharmacies of changes in the notation references in the [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2021-22](#) as to which checkwrite streams are to be held for a given Medi-Cal Rx Payment Release Date.

The notation references have been updated in the **Notes** column for the Medi-Cal Rx Payment Release Date of June 28, 2022, and July 1, 2022.

Claims Adjudication Cycle Start Date	Claims Adjudication Cycle End Date	Medi-Cal Rx Payment Release Date	Notes	Notes (previously)
06/02/2022	– 06/08/2022	06/28/2022	2	2, 3
06/09/2022	– 06/15/2022	07/01/2022	2, 3	2

Notes:

1. Medi-Cal Programs Checkwrite Hold (Medi-Cal, Family Planning, Access, Care, and Treatment [Family PACT], Abortion, Separate Children’s Health Insurance Program [SCHIP]).
2. California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) State-Only Checkwrite Hold.

The [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2021-22](#) has been updated and is 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 [EFT]) by Medi-Cal Rx for Medi-Cal, CCS, GHPP, Abortion, and other Department of Health Care Services (DHCS) programs for claims adjudicated by Medi-Cal Rx.

10. **Reminder: Fiscal Year Two-Week Fee-For Service Hold for Specific Provider Payments**

Pursuant to the published [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2021-22](#), specific payments scheduled in June and July for fiscal year 2021 – 2022 will be delayed until the start of fiscal year 2022 – 2023.

Medi-Cal funded fee-for-service (FFS) payments scheduled with a Medi-Cal Rx Payment Release Date of **June 28, 2022** will be held until **July 8, 2022**. Payments to the following programs will be held during this time period:

- Abortion
- Family Planning, Access, Care and Treatment (Family PACT)
- Medi-Cal
- Separate Children's Health Insurance Program (SCHIP)

Medi-Cal and State funded FFS payments with a Medi-Cal Rx Payment Release Date of **July 1, 2022** will be held until **July 8, 2022**. Payments to the following programs will be held during this time period:

- Abortion
- California Children's Services (CCS) State-Only
- Family PACT

- Genetically Handicapped Persons Program (GHPP) State-Only
- Medi-Cal
- SCHIP

11. Changes to the Family PACT Pharmacy Formulary

The below 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
Cefixime	Dispensing restriction updated: Maximum of 12 tablets/capsules (400 mg) per dispensing, and two (2) dispensings in rolling 30 days.	Retroactive to March 1, 2022
Nitrofurantoin	Dispensing restriction updated: Maximum of ten (10) tablets/capsules (100 mg) or 20 tablets/capsules (50 mg) per dispensing (maximum 5 days' supply), and two (2) dispensings in rolling 30 days.	Retroactive to March 1, 2022

12. Submitting a Claim – Best Practices

In addition to the [Medi-Cal Rx Billing Tips for Claims on or after January 1, 2022](#), the following table will help pharmacy providers follow best practices when submitting a claim.

Submissions	
Field Type	Best Practices
Bank Identification Number (BIN), Processor Control Numbers (PCN), and Group ID	Bill all pharmacy claims to Medi-Cal Rx with the following BIN, PCN, and Group ID: <ul style="list-style-type: none"> • BIN: 022659 • PCN: 6334225 • Group ID: MEDICALRX

Submissions	
Field Type	Best Practices
Benefits Identification Card (BIC) Client Index Number (CIN)	<ul style="list-style-type: none"> • Make sure BIC and CIN information is entered correctly. <ul style="list-style-type: none"> – For more information, see the Requirements for Medi-Cal Rx Claims. • Look up beneficiary eligibility by logging in to the Medi-Cal Rx Provider Portal.
Newborn Claims	<ul style="list-style-type: none"> • Claims for newborn beneficiaries who are up to 60 days old (the first month of birth to the end of the following month) are covered under their mother’s BIC or CIN. • For additional information, refer to the <i>Newborns</i> section in both the Medi-Cal Rx Provider Manual and the Medi-Cal Rx Claim Submission Reminders.

13. Prior Authorization Submission Reminders

All administrative services related to Medi-Cal pharmacy benefits that are billed on pharmacy claims have transitioned to Medi-Cal Rx. Adherence to the following reminders will ensure effective prior authorization (PA) submissions.

Prior Authorization – Submission Methods

The following table shows the five (5) approved methods for submitting a PA to Medi-Cal Rx.

- CoverMyMeds®
- Medi-Cal Rx Secured Provider Portal for submission of Prior Authorization
- National Council for Prescription Drug Programs (NCPDP) Transaction Using the Pharmacy POS System
- Fax
- Mail

Note: Using a different method will result in a denial.



- PAs cannot be submitted by phone.
- A beneficiary cannot initiate a PA.
- Submit a PA only once using one of the five approved methods.

Approved PA Submission Methods	
PA Submission Method	How to Submit
CoverMyMeds®	<p>PA submission through CoverMyMeds is the most efficient and preferred method to submit a PA to Medi-Cal Rx.</p> <p>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 directly through CoverMyMeds. Some pharmacies can initiate a request through CoverMyMeds, which provides the information included in the case initiation to the prescriber. PAs submitted through any other channel will not display in CoverMyMeds.</p> <p>More information on using CoverMyMeds can be found in the Medi-Cal Rx: CoverMyMeds How-To Guide or on the CoverMyMeds website (https://www.covermymeds.com/).</p>
Medi-Cal Rx Secured Provider Portal for submission of Prior Authorization	<p>Registration is required to submit a PA via the Medi-Cal Rx Secured Provider Portal. Refer to the User Administration Console (UAC) Quick Start Guide for more information on how to register for UAC. Both pharmacies and prescribers can submit a PA via the Medi-Cal Rx Secured Provider Portal.</p>

Approved PA Submission Methods	
PA Submission Method	How to Submit
National Council for Prescription Drug Programs (NCPDP) Transaction Using the Pharmacy POS System	<p>P4 transactions are submitted directly from the pharmacy using the NCPDP layout. The pharmacy can request and submit a PA on behalf of the beneficiary or provider.</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 Medi-Cal Rx Options for PA Submission Guide for detailed information.</p>
Fax	<p>Providers can submit a PA request via fax to 1-800-869-4325.</p> <p>When submitting a PA via fax, utilize the preferred Medi-Cal Rx PA Request Form.</p> <p>Other accepted PA forms:</p> <ul style="list-style-type: none"> • Medi-Cal Form 50-1 • Medi-Cal Form 50-2 • California Form 61-211
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 via mail, utilize the preferred Medi-Cal Rx PA Request Form.</p> <p>Other accepted PA forms:</p> <ul style="list-style-type: none"> • Medi-Cal Form 50-1 • Medi-Cal Form 50-2 • California Form 61-211

Prior Authorization – Completion Reminders

Below are some helpful reminders when completing PA requests.

- For paper PAs, only submit one of the following PA forms:
 - [Medi-Cal Rx Prior Authorization Request Form](#)
 - Medi-Cal Form 50-1
 - Medi-Cal Form 50-2
 - California Form 61-211
- Provide a complete signature and date on the paper PA form. Stamps and initials are not a valid form of signature.
- Be sure to complete all required fields on the form such as provider phone number, fax number, National Provider Identifier (NPI), service address, etc.
- Provide all necessary information for a decision (i.e., if stating covered alternatives are not acceptable, provide context or other pertinent information such as lab results with dates).
- Provide all beneficiary diagnoses and the corresponding [International Classification of Diseases, 10th revision \(ICD-10\)](#).
- Provide tried/failed medications if applicable.
- Quantity and days of supply must be included.
- Do not use **unknown location** for the **Beneficiary Location** field on the PA portal.
- Do not use the beneficiary's Managed Care Plan (MCP) ID. Only use the following:
 - Beneficiary Identification Card (BIC) number
 - Cardholder Identification Number (CIN)
 - Health Access Plan (HAP) identification number
- 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.
 - **Note:** Exceptions for new start opioid therapy may apply.
 - Further information can be found in the *Opioid Management* section of the [Medi-Cal Rx Provider Manual](#).

- Pharmacies may use Drug Utilization Review (DUR) service codes to override opioid claims rejecting for MME 90-500. For opioids claims with MME >500, a PA is required.
 - The DUR codes can be found in the *Medi-Cal Rx DUR/PPS Codes for Opioid MME Alert* section of the [Medi-Cal Rx Provider Manual](#).

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



- When submitting a PA via mail or fax, the PA form will need to be printed, completed, and then either mailed or faxed.

Prior Authorization – Case Decision

A PA submitted to Medi-Cal Rx will either be **approved**, **approved with modifications**, **deferred**, or **recommended for denial**.

- 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 beneficiary with a copy delivered to the requesting provider.
- If the PA is **deferred**, it was determined that additional information is needed. The reason why the PA was placed in a deferred status for up to 30 days will be provided to the submitter. If the submitter does not send a response within 30 days, the PA will be administratively denied.
- The PA is **recommended for denial** if the submitted information does not meet medical necessity. The request will be forwarded to the California Department of Health Care Services (DHCS) for second-level review. When a PA is forwarded to DHCS, the PA submitter will receive notification of the status after DHCS has completed the second-level review and a decision has been reached.

Prior Authorization – Claim Denials

[Reject Code 75 \(PA Required\)](#): If you have evidence the beneficiary has a valid (approved) PA and/or a prior paid claim in your system, please resubmit the claim to Medi-Cal Rx with a

value of **55555** in the Prior Authorization Number Submitted field (**462-EV**). Your attestation is subject to audit.

Prior Authorization – Resources

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

- [Covered Products List](#)
- [Medi-Cal Rx Drug Lookup Tool](#)
- [Medi-Cal Rx Prior Authorization \(PA\) Job Aid](#) – Resource for submitting a PA via the Medi-Cal Rx Secured Provider Portal
- [Prior Authorization \(PA\) Case Review Process Flyer](#) – Flyer illustrating the case review process for claims that do not meet automatic PA rules
- [Medi-Cal Rx Pharmacy Transition Policy](#)
- [Five Ways to Submit a Prior Authorization \(PA\) Flyer](#)
- [Medi-Cal Rx Provider Manual](#)

Contact Information

Medi-Cal Rx provides a wide range of contacts and resources for your convenience.

Department	Contact Information
Customer Service Center (CSC)	Toll-free number: 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.
Pharmacy Service Representatives (PSRs)	Email Education & Outreach (E&O) requests to MediCalRxEducationOutreach@magellanhealth.com
Live Chat & Messaging	For assistance, visit the Medi-Cal Rx Provider Portal Contact Us page.
PSR-Hosted Office Hours	Please join our Medi-Cal Rx Office Hours held weekdays (excluding holidays) from 12:00 p.m. – 1:00 p.m. PST for registration and troubleshooting assistance.

Department	Contact Information
	<p data-bbox="630 212 938 247"><u>Zoom Meeting Link:</u></p> <p data-bbox="630 260 1458 348">https://magellanhealth.zoom.us/j/94964434351?pwd=c1I4cC9oTUNod2tkYm5RRmJmeklUQT09&from=addon</p> <ul data-bbox="630 369 1219 516" style="list-style-type: none"><li data-bbox="630 369 1068 405">• Meeting ID: 949 6443 4351<li data-bbox="630 426 943 462">• Password: 655990<li data-bbox="630 483 1219 516">• Dial In: 1-888-788-0099 (US Toll Free)

ARCHIVED