Medi-Cal Rx Monthly Bulletin

October 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

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

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

Drug Name	Description	Effective Date
Acalabrutinib	Additional formulation (tablet) added with restriction.	October 1, 2022
Amlodipine Benzoate	Updated age restriction.	October 1, 2022
Baloxavir Marboxil	Updated age restriction.	October 1, 2022
Colestipol Hydrochloride	Additional formulation (tablet) added with restriction.	October 1, 2022
Enalapril Maleate	Updated age restriction.	October 1, 2022
Finerenone	Added to CDL with restriction.	October 1, 2022
Lasmiditan	Updated Code 1 restriction.	October 1, 2022
Levothyroxine Sodium	Additional formulation (solution) added with restriction.	October 1, 2022
Lisinopril	Updated age restriction.	October 1, 2022
Lorazepam	Removed age restriction.	October 1, 2022
Rimegepant	Updated Code 1 restriction.	October 1, 2022
Risankizumab-rzaa	Added to CDL with restriction.	October 1, 2022
Ropeginterferon alfa-2b-njft	Updated Code 1 restriction.	October 1, 2022
Ropinirole HCL	Additional formulation (extended release) added with restriction.	October 1, 2022
Sildenafil Citrate	Updated age restriction.	October 1, 2022
Spironolactone	Updated age restriction.	October 1, 2022
Tranexamic Acid	Added to CDL.	October 1, 2022
Ubrogepant	Updated Code 1 restriction.	October 1, 2022

Additional Updates:

Removal of Professional Dispensing Fee Limitation of Frequency of Billing "3 in 75 days" Policy for drugs listed on the Medi-Cal Rx CDL, effective September 1, 2022: The professional dispensing fee limitation for the 3 in 75 billing policy has been removed from all drugs on the CDL until further notice. Drugs with this policy were formerly marked with a (+) symbol in the CDL.

2.   Changes to the CDL – Over-the-Counter Drugs

The below changes have been made to the Contract Drugs List – Over-the-Counter Drugs, effective October 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
DEKAS PLUS Multi-Vitamin	Added to CDL with restriction.	October 1, 2022
Diphenhydramine Hydrochloride	Restrictions removed.	October 1, 2022
Famotidine	Added to CDL.	October 1, 2022
Loperamide	Additional formulation (tablets) added.	October 1, 2022
Multivitamins	Additional formulation (liquid) added.	October 1, 2022
MVW Complete Formulation	Added to CDL with restriction.	October 1, 2022
Naproxen Sodium	Added to CDL.	October 1, 2022
Nicotine	Restrictions updated.	October 1, 2022
Triamcinolone Acetonide	Added to CDL.	October 1, 2022

3. Changes to the Contract Drugs List – 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
80610	ARCUTIS BIOTHERAPEUTICS, INC.	October 1, 2022
73534	AVALO THERAPEUTICS INC.	October 1, 2022
81092	BIOXCEL THERAPEUTICS, INC.	October 1, 2022
80735	CIPLA THERAPEUTICS INC	October 1, 2022
81672	DERMAVANT SCIENCES INC.	October 1, 2022
73320	KARTHA PHARMACEUTICALS, INC.	October 1, 2022
55792	LUKARE MEDICAL	October 1, 2022
81583	MARINUS PHARMACEUTICALS INC	October 1, 2022
74695	MYCOVIA PHARMACEUTICALS, INC.	October 1, 2022
73683	NOBELPHARMA AMERICA, LLC	October 1, 2022
82293	NOVUGEN PHARMA (USA) LLC	October 1, 2022
81140	PROTEGA PHARMACEUTICALS LLC	October 1, 2022
74725	TELIX PHARMACEUTICALS US INC	October 1, 2022
82154	ZR PHARMA& GMBH	October 1, 2022

Labeler Code Terminations:

NDC Labeler Code	Contracting Company's Name	Effective Date
13913	ASSERTIO THERAPEUTICS, INC.	October 1, 2022
42211	IROKO PHARMACEUTICALS LLC	October 1, 2022

NDC Labeler Code	Contracting Company's Name	Effective Date
45945	MALLINCKRODT, LLC	October 1, 2022
40076	PRESTIUM PHARMA, INC.	October 1, 2022
62107	PRIME MARKETING LLC	October 1, 2022
62847	THERAVANCE BIOPHARMA IRELAND LIMITED	October 1, 2022
69344	ZYLA LIFE SCIENCES US INC.	October 1, 2022

4. 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
Ciprofloxacin HCL	Additional strength (500 mg) added.	October 1, 2022
Heparin	Removed Family PACT benefit.	October 1, 2022

5. 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 1.18 on the Medi-Cal Rx Web Portal.

Updates

Section	Update Description	Effective Date
Section 3.6 – Medi-Cal Rx Web Portal	• Added verbiage and link for *Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs*	October 1, 2022

6. Phase I, Wave III List of Drugs Impacted by Prior Authorization Reinstatement

What Providers Need to Know

In anticipation of the reinstatement of prior authorization (PA) requirements for new start medications for beneficiaries 22 years of age and older, providers have requested that the Department of Health Care Services (DHCS) publish a list of drugs that fall under the Standard Therapeutic Classes (STCs) for Phase I, Wave III, and subsequent phases and waves.

DHCS is pleased to support providers and has leveraged the existing *Medi-Cal Rx Approved National Drug Code (NDC) List* to identify each drug that has a PA requirement. Specifically, an additional column ("PA Status") has been added to indicate if a PA requirement is in effect as of January 1, 2022 ("AOO"); Phase I, Wave III ("P1W3"); or not in effect ("N/A"). This list will be updated monthly with the appropriate phase/wave until completion of the reinstatement process.

To enable filtered views, the Excel file will also include an additional set of tabs that display, by phase/wave, the drugs for which a PA requirement has been reinstated. Each tab will provide the STC description, NDC, and label name.

What Providers Need to Do

- Review the alert titled *Update: Implementation of Phase I, Wave III – Reinstatement of Prior Authorizations for 11 Drug Classes* to understand changes announced for Phase I, Wave III.

- Review the alert titled *30-Day Countdown – Reinstatement of Prior Authorization Requirements for 11 Drug Classes* to identify the 11 drug classes slated for PA reinstatement on September 16, 2022.

- Refer to the *Medi-Cal Rx Approved National Drug Code List* for information regarding medications requiring PAs.

7. Prior Authorization Reinstatement Reference Guide

What is Happening

On September 16, 2022, prior authorization (PA) requirements will be reinstated for 11 drug classes for new start medications for beneficiaries 22 years of age and older.

- "New start" is defined as either a new therapy or the first time the beneficiary has been prescribed the drug. Medi-Cal Rx will review claim Date of Service (DOS) up to 15 months to determine if the beneficiary is new to therapy.

- New start prescriptions for children and youth 21 years of age and under within these 11 drug classes will not be subject to PA reinstatement.

> **Notes**
> - **Medi-Cal Rx product-specific coverage criteria for enteral nutrition products and medical supplies products have not changed or been waived.**
> - **For prescriptions requiring a PA that do not have an approved PA (or a historical claim) on file, PA requirements will remain in place.**

For the list of drug classes for which PA requirements will be reinstated, see the *30-Day Countdown – Reinstatement of Prior Authorization (PA) Requirements for 11 Drug Classes*. The PA submission process will not change. The following information provides PA submission guidelines for the five methods to submit a PA.

> **Notes**
> - **Prospective PAs that are submitted prior to the transition policy being phased out for beneficiaries currently on a drug therapy and covered under the transition policy will not be accepted at this time.**

How to Submit a PA

There are five approved methods for submitting a PA to Medi-Cal Rx:

- CoverMyMeds®

- Medi-Cal Rx Secured Provider Portal

- National Council for Prescription Drug Programs (NCPDPs)

- Fax

- Mail

CoverMyMeds

CoverMyMeds is the most efficient and preferred method for submitting a PA to Medi-Cal Rx. CoverMyMeds interacts with both 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.

> **Notes**
>
> - **PAs submitted through any other channel will not display in CoverMyMeds.**

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/).

Medi-Cal Rx Secured Provider Portal

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.

> **Notes**
>
> - **Both pharmacies and prescribers can submit a PA via the Medi-Cal Rx Secured Provider Portal.**

National Council for Prescription Drug Programs

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.

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. Refer to the *Medi-Cal Rx Options for PA Submission Guide* for detailed information.

Fax

Provide a complete signature and date on the PA form.

> **Notes**
> - **Stamps and initials are not valid forms of signature.**

Be sure to complete all required fields on the form including provider phone number, fax number, National Provider Identifier (NPI), service address, etc.

When submitting a PA via fax or mail, utilize the preferred *Medi-Cal Rx Prior Authorization Request Form*.

Other accepted PA forms:

- *Medi-Cal Form 50-1*
- *Medi-Cal Form 50-2*
- *California Form 61-211*

Providers can submit a PA request via fax to 1-800-869-4325.

Mail

Provide a complete signature and date on the PA form.

> **Notes**
> - **Stamps and initials are not valid forms of signature.**

Be sure to complete all required fields on the form including provider phone number, fax number, NPI, service address, etc.

When submitting a PA via fax or mail, utilize the preferred *Medi-Cal Rx Prior Authorization Request Form*.

Other accepted PA forms:

- *Medi-Cal Form 50-1*
- *Medi-Cal Form 50-2*
- *California Form 61-211*

Providers can submit a PA request via mail to the following:

Medi-Cal Rx Customer Service Center
ATTN: PA Request
P.O. Box 730
Rancho Cordova, CA 95741-0730

Prior Authorization – Completion Reminders

Below are some helpful reminders when completing PA requests:

- 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-and-considered medications if applicable.
- Quantity and days of supply must be included.
- Do not use the beneficiary's Managed Care Plan (MCP) ID. Only use the following:
  - Benefits Identification Card (BIC) number
  - Cardholder Identification Number (CIN)
  - Health Access Plan (HAP) identification number
- Clinical information gathered will be used to determine medical necessity.
- PA forms may be returned if not filled out in their entirety.

Prior Authorization – Resources

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

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](#)
- [MediCal Rx YouTube Channel](#)

8. One-Week Countdown – Reinstatement of Prior Authorization Requirements for 11 Drug Classes

What is Happening?

On September 16, 2022, prior authorization (PA) requirements will be reinstated for 11 drug classes for new start medications for beneficiaries 22 years of age and older.

- New starts are defined as new therapies or medications not previously prescribed to the beneficiary during the 15-month lookback period. Claims data and PAs will be used to review for grandfathering.
- New start prescriptions for children and youth 21 years of age and under within these 11 drug classes will not be subject to PA reinstatement.

  Note: Medi-Cal Rx product-specific coverage criteria for enteral nutrition products and medical supplies products have not changed or been waived. For prescriptions requiring a PA that do not have an approved PA (or a historical claim) on file, PA requirements will remain in place.

Phase I, Wave III Drug Classes

- Diuretics
- Antilipemic agents (including statins and omega-3 fatty acids)
- Hypoglycemics and glucagon
- Antihypertensives
- Coronary vasodilators (nitrates and pulmonary arterial hypertension agents)

- Cardiovascular agents (including antiarrhythmics and inotropes)

- Anticoagulants and antiplatelets

- Niacin, Vitamin B, and Vitamin C products

Note: For drug classes not listed above, the PA requirements will remain temporarily removed. Medi-Cal Rx will continue to utilize PA and claim data to allow grandfathering of previously approved PAs after July 2, 2022.

Prospective PAs that are requested prior to the transition policy being phased out for beneficiaries currently on a drug therapy and covered under the transition policy **will not** be accepted at this time.

> - **When prescribing a drug in one of these drug classes for a patient who has not been on the drug over the last 15 months, check the [Covered Products List](#).**
>
> - **For beneficiaries already on a drug therapy for qualified drugs, the transition policy will continue to allow access to care.**

Next Steps

- Assess business processes and workflows to account for the reinstatement of PA edits for the drug classes.

- Review the alert titled *[Update: Implementation of Phase I, Wave III – Reinstatement of Prior Authorizations for 11 Drug Classes](#)* posted July 26, 2022.

- Refer to the [Medi-Cal Rx Bulletins & News](#) and [Medi-Cal Rx Forms & Information](#) pages of the [Medi-Cal Rx Web Portal](#) for guidance to successfully submit PAs.

- Review PA policy updates in the *[PA Reinstatement Reference Guide](#)*.

9. Enteral Nutrition Update to the List of Covered Enteral Nutrition Products, Retroactive to September 1, 2022

The *[List of Covered Enteral Nutrition Products](#)* has been updated on the [Medi-Cal Rx Web Portal](#) to correct the billing code for Renastep, vanilla, 15 x 200 ml bottles, retroactive to

September 1, 2022. The correct Medi-Cal 11-digit billing number (National Drug Code [NDC]) is 12539002484.

Providers can resubmit denied claims with the updated billing number, retroactive to September 1, 2022.

Product addition or inclusion on the *List of Covered Enteral Nutrition Products* does not guarantee supply nor individual specific coverage.

10. Enteral Nutrition Update: Renastep (Vitaflo, USA, LLC) Product-Specific Criteria Removed, Effective September 1, 2022

The product-specific criteria for Renastep, Vanilla, 15 x 200 ml bottles, has been removed from the Medi-Cal Rx *List of Covered Enteral Nutrition Products* and will be updated to reflect the following change:

Manufacturer	Product Label Name	Product-Specific Criteria	Medi-Cal 11-digit Billing Number (NDC)
Vitaflo, USA LLC; 1-888-548-2356	Renastep, Vanilla, 15 x 200 ml bottles	None	12539002484

Renastep, Vanilla, 15 x 200 ml bottles, is a newly added product to the *List of Covered Enteral Nutrition Products* with an effective date of September 1, 2022.

11. Diabetic Supplies: Updates to Continuous Glucose Monitoring Systems

Effective October 1, 2022, specific therapeutic and non-therapeutic Continuous Glucose Monitoring (CGM) Systems will be pharmacy-billed medical supplies benefits through Medi-Cal Rx. The sections of the *Medi-Cal Rx Provider Manual* and the *List of Covered Continuous Glucose Monitoring (CGM) Systems* will be renamed to reflect this information. Coverage will continue to be restricted to products on the List, will require a prior authorization (PA) for reimbursement, and is subject to specific coverage criteria. The current Transition Policy remains in effect, and no reinstatement date for CGM has been announced.

Refer to the updated List and the *Medi-Cal Rx Provider Manual* for specific coverage information.

For **Fee-for-Service Medi-Cal beneficiaries,** beginning October 1, 2022, CGM claims previously paid as a medical benefit billed on a *Centers for Medicare & Medicaid Services (CMS) 1500* form via a Healthcare Common Procedure Coding System (HCPCS) must be submitted as a National Drug Code (NDC)-billed pharmacy claim to Medi-Cal Rx. These HCPCS codes will deny for CGM-billed medical claims submitted with a date of service after December 1, 2022.

Note: Corresponding insulin pumps for some CGM devices will continue to remain a Durable Medical Equipment (DME), billable as a medical benefit billed on a *CMS 1500* form via a HCPCS code. Refer to the DME section of the Medi-Cal *Provider Manual* on the Medi-Cal Provider website for coverage and billing information of DME insulin pumps and accessories.

Medi-Cal Managed Care members should contact their individual Medi-Cal Managed Care Plan (MCP) for specific CGM coverage policy, criteria, and reimbursement. CGM is a partial carved-out medical supply; therefore, MCPs can determine if they will continue to provide the benefit themselves or through Medi-Cal Rx.

Effective October 1, 2022, the following Medtronic CGM products have been added to the List and are covered Medi-Cal Rx benefits:

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	MAC/MAPC Price per Each
Enlite® Sensor, 5 each per pack	76300000805	104.0600
Guardian® Sensor 3, 5 each per pack	43169070405	121.6600
Guardian® Sensor 3, 5 each per pack	63000017962	121.6600
Guardian® Sensor 3, 5 each per pack	63000033698	121.6600
Guardian® Sensor 3, 5 each per pack	63000035844	121.6600
Guardian® Link 3 Transmitter Kit, 1 each	43169095568	895.1300
Guardian® Link 3 Transmitter Kit, 1 each	63000028678	895.1300
Guardian® Link 3 Transmitter Kit, 1 each	63000031699	895.1300
Guardian® Link 3 Transmitter Kit, 1 each	63000035751	895.1300
Guardian® Connect Transmitter, 1 each	76300000260	852.5000
Guardian® Connect Transmitter, 1 each	63000028585	852.5000

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	MAC/MAPC Price per Each
FreeStyle LIBRE 3 Sensor kit, 1 each	57599081800	61.1600

Product addition or inclusion on the List does not guarantee supply or individual specific coverage.

Products deleted from the List will no longer be reimbursable, even with an approved prior authorization, on or after the effective date of deletion. The Maximum Acquisition Cost (MAC) for these products is no longer guaranteed.

12. Medical Supplies: Updates to the List of Covered Disposable Insulin Delivery Devices

The _List of Covered Disposable Insulin Delivery Devices (DIDD)_ has been updated on the Medi-Cal Rx Web Portal. The effective date of the changes is October 1, 2022.

This update adds Omnipod 5 G6 Intro Kit, Omnipod 5 G6 Pods, and Omnipod DASH Intro Kit to the _List of Covered Disposable Insulin Delivery Devices (DIDD)_:

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	MAC/MAPC Price per Each	Effective Date of Change
Omnipod 5 G6 Intro Kit (Gen 5), 1 kit	08508300001	519.500	October 1, 2022
Omnipod 5 G6 Pods (Gen 5), 5 pods	08508300021	51.9500	October 1, 2022
Omnipod DASH Intro Kit (Gen 4), 1 kit	08508200032	519.500	October 1, 2022

Note: The Omnipod kits should be billed as "1" each for a one-time-only fill with no refills available on the kits. Refer to the _List of Covered Disposable Insulin Delivery Devices (DIDD)_ for specific National Drug Codes (NDCs) to bill for refills and additional coverage criteria and restrictions.

Additionally, this updates the manufacturer information for the V-Go® DIDD systems to MannKind Corporation.

For all DIDD products, the billing language has been updated for clarification. Providers should bill for a minimum of either 5 pods or 30 pods, and the amount per package with a maximum

of a 90 days supply. The Maximum Allowable Cost (MAC)/Maximum Allowable Product Cost (MAPC) is per pod, and packages cannot be broken. Kits should be billed as "1 Each" regardless of the quantity of pods contained within the kit and should not be broken. The MAC/MAPC is per kit.

Note: Product addition or inclusion on the _List of Covered Disposable Insulin Delivery Devices (DIDD)_ does not guarantee either supply or individual specific coverage.

Products deleted from the _List of Covered Disposable Insulin Delivery Devices (DIDD)_ will no longer be reimbursable, even with an approved prior authorization, on or after the effective date of deletion. The MAC for these products is no longer guaranteed.

13.   COVID-19 Vaccine Now a Benefit for Pediatric Population

Effective for dates of service on or after June 17, 2022, the United States Food and Drug Administration (FDA) authorized the use of the Moderna and Pfizer-BioNTech COVID-19 vaccine for children 6 months of age and up.

Medi-Cal Rx will now pay for the COVID-19 vaccine for the pediatric population as a pharmacy benefit under the following guidelines:

Moderna COVID-19 Vaccine:

The FDA amended the Emergency Use Authorization (EUA) for Moderna COVID-19 Vaccine to include use of the vaccine in individuals 6 months through 17 years of age:

- Ages 6 months to 5 years: 2-dose (25 mcg/dose) primary series separated by one month (28 days).
    - A third primary-series dose at least one month (28 days) following the second dose for individuals in this age group who have been determined to have certain kinds of immunocompromised conditions.
- Providers should utilize National Drug Code (NDC) 80777-0279-05 (25 mcg/0.25) and populate the appropriate value in the Submission Clarification Code field (420-DK) to represent the dose administered (first, second, or third).
- Ages 6 to 11 years: 2-dose (50 mcg/dose) primary series separated by one month (28 days).

- A third primary-series dose at least one month (28 days) following the second dose for individuals in this age group who have been determined to have certain kinds of immunocompromised conditions.
- Ages 12 to 17 years: 2-dose (100 mcg/dose) primary series separated by one month (28 days).
  - A third primary-series dose at least one month (28 days) following the second dose for individuals in this age group who have been determined to have certain kinds of immunocompromised conditions.

Pfizer-BioNTech COVID-19 Vaccine:

The FDA amended the EUA for Pfizer-BioNTech COVID-19 Vaccine to include use of the vaccine in individuals 6 months through 4 years of age:

- The vaccine is administered as a 3-dose (3 mcg/dose) primary series. The first and second dose should be separated by 3 weeks (21 days). The second and third dose should be separated by 8 weeks (56 days).
- Providers should utilize NDC 59267-0078-01 (3 mcg/0.2 ml) or 59267-0078-04 (3 mcg/0.2 ml) and populate the appropriate value in the Submission Clarification Code field (420-DK) to represent the dose administered (first, second, or third).

Pharmacists are reminded that California Business and Profession's Code Section 4052.8 permits pharmacists to initiate a vaccine for children 3 years of age and older. Pharmacists are able to administer vaccinations in populations under 3 years old under certain circumstances. Pharmacy providers should review California law if they have any questions.

14. Reminder to Providers: COVID-19 Oral Antivirals for Uninsured Group

The Department of Health Care Services (DHCS) reminds Medi-Cal-enrolled providers that Coronavirus 2019 (COVID-19)-related vaccines and therapeutics, including Paxlovid and Molnupiravir, are a covered Medi-Cal Rx pharmacy benefit for California residents who do not have insurance or currently have private insurance that does not cover COVID-19 therapeutics, and do not qualify for any Medi-Cal programs.

The COVID-19 Uninsured Group (COVID-19 UIG) program (Aid Code V2) is a program that covers COVID-19 testing, testing-related vaccine administration, and COVID-19 treatment services, including prescribing and/or dispensing Paxlovid or Molnupiravir, for the underinsured or uninsured.

The COVID-19 UIG program is available to uninsured and underinsured individuals deemed eligible by a Qualified Provider (QP) based on preliminary applicant information. This allows the QP to immediately proceed with COVID-19 diagnostic testing, testing-related services, vaccination administration, and treatment services, including prescribing and/or dispensing Paxlovid or Molnupiravir.

Note: Per federal guidance, applications for the COVID-19 UIG program can be retroactive to April 28, 2020. However, QP must submit a retroactive application.

Pharmacies do not currently have the ability to enroll patients into the COVID-19 UIG program but can team with a QP to provide services or refer a patient to a QP for enrollment assistance. Pharmacies may refer the patient to the Medi-Nurse Line: 1-877-409-9052 for assistance in locating a QP.

Once the patient is enrolled in the COVID-19 UIG program, a Medi-Cal-enrolled pharmacy can submit testing, vaccine administration, and treatment claims for COVID-19 utilizing the beneficiary's Benefits Identification Card (BIC) number or Health Access Program (HAP) number. Pharmacies that are not Medi-Cal-enrolled providers may not bill for vaccine administration services in the Medi-Cal program.

The COVID-19 UIG program ends the last day of the calendar month in which the COVID-19 Public Health Emergency ends and is retroactive to August 28, 2020.

Refer to the following links for additional information:

- [COVID-19 Uninsured Group Frequently Asked Questions](#)

- [Provider Medi-Cal News and Instructions](#)

- [MC-374 COVID-19 Uninsured Group Program Application](#)

Email COVID19Apps@dhcs.ca.gov if you have questions about the COVID-19 UIG or COVID-19 Aid Code.

15. Maximum Allowable Ingredient Cost 30-Day Pharmacy Provider Notice

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

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

Providers with concerns about specific MAIC rates for a specific drug may submit a [*Medi-Cal Rx Maximum Allowable Ingredient Cost (MAIC) Price Research Request Form*](#). The *Maximum MAIC Price Research Request Form* (DHCS 6540) can be found on the [Forms & Information](#) page on the [Medi-Cal Rx Web Portal](#) as well as on the [Mercer Medi-Cal Rx website.](#)

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

16. Informational Claim Message: Prescriber Enrollment

Note: *The following information replaces the alert titled, "Claim Edit Prescriber Enrollment" published March 7, 2022.*

Pursuant to the Department of Health Care Services' (DHCS) pharmacy claim adjudication procedure, Medi-Cal Rx claim messaging includes an ***informational only*** message when the National Provider Identifier (NPI) of the Ordering/Referring/Prescribing (ORP) provider is identified as a non-enrolled Medi-Cal provider. Interns and non-licensed residents do not qualify to enroll as Medi-Cal ORP providers. They must use the NPI of the teaching, admitting, or supervising physician on the reimbursement claim form.

Effective July 28, 2022, and retroactive to January 1, 2022, Medi-Cal Rx modified the claim message to read:

> "INFORMATIONAL ONLY – The Ordering/Referring/Prescribing (ORP) NPI associated with this claim is not enrolled as a Medi-Cal provider. This claim is not impacted."

With implementation of the Patient Protection and Affordable Care Act (ACA) of 2010, billing providers are required to list the NPI of the provider who ordered, referred, or prescribed the goods or services being billed. In addition, the ORP provider must be enrolled as a participating provider in Medicare or Medi-Cal with its Type 1 (individual) NPI, even if the provider does not send claims directly to Medi-Cal for the services being furnished. If the ORP provider identified on your claim is not enrolled in Medicare or Medi-Cal, then your claim for reimbursement of the goods or services you provided in filling the order, referral, or prescription from the ORP provider will not be paid **when this policy goes into effect.**

What Billing Providers Need to Know

- Messaging regarding a non-enrolled ORP is *informational only*. **Claims are not currently denied because of ORP status.**
- Once the policy goes into effect, claims associated with non-enrolled ORP providers will be denied.
- DHCS will notify all providers, in advance, of the policy effective date.
- It is the responsibility of the MediCal billing provider to obtain the NPI of the ORP provider and to confirm that the ORP provider is known to MediCal and in good standing. Each provider must develop its own internal processes to ensure the enrollment requirement is met. ORP enrollment status can be validated using the [MediCal: ORP Validation Lookup](#) tool.

What Billing Providers Need to Do

- If this message appears with additional denied claim error codes, review all error codes to remediate and resubmit the claim.

- If this message appears on a **paid claim**, be aware of the requirement for future claim submission. **Dispense the product as approved**.
- If the message appears on a claim and ORP enrollment status has been validated using the [MediCal: ORP Validation Lookup](#) tool, report the error to MediCal Rx by calling the Customer Service Center (CSC) at 18009772273, which is available 24 hours a day, 7 days a week, 365 days per year. You can also submit questions via email to MediCal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com.
- If not already in effect, establish a process to obtain the NPI and validate the status of the ORP reported on each claim submitted to Medi-Cal Rx.

Additional Resources

For information about ORP:

- [DHCS ORP Overview](#)
- [Ordering, Referring and Prescribing (ORP) Frequently Asked Questions](#)

For information about provider enrollment for ORPs (excluding dental providers):

- [Ordering/Referring/Prescribing Only Enrollment Information](#)
- [Medi-Cal Enrollment for Ordering, Referring, Prescribing (ORP) Providers](#)

For information about provider enrollment for dental providers:

- https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/

17. Medi-Cal Enrollment for Ordering, Referring, Prescribing Providers

Note: *The following information replaces the alert, "Medi-Cal Rx PAVE Enrollment for ORP Providers," published September 3, 2021.*

With implementation of the Affordable Care Act (ACA) in 2010, some providers are required to enroll in the Medi-Cal program for the sole purpose of ordering, referring, or prescribing (ORP) services for Medi-Cal beneficiaries. These providers do not send direct claims to Medi-Cal for the services they furnish.

Effective January 1, 2013, *Welfare & Institutions (W&I) Code, Sections 14043.1(b)* and *(o)* require the enrollment of ORP providers as participating providers in the Medi-Cal program. Additionally, *W&I Code, Section 14043.15(b)(3)* provides that the National Provider Identifier (NPI) of the ORP provider must be listed on the claims for reimbursement.

What ORP Providers Need to Know

- There are three basic requirements for ORP services for Medi-Cal members:
    - ORP provider must be enrolled in Medi-Cal.
    - ORP provider's enrolled NPI must be for an individual (Type 1 NPI only, not an organizational Type 2 NPI).
    - ORP provider must be eligible to order, refer, and/or prescribe in accordance with law and the health care practitioner's Practice Act.
- Interns and non-licensed residents do not qualify to enroll as Medi-Cal ORP providers. They must use the NPI of the teaching, admitting or supervising physician on the reimbursement claim form.
- ORP providers (excluding dental providers) can enroll with Medi-Cal via [Provider Application and Validation for Enrollment (PAVE)](#).
- Dental providers who qualify as ORPs cannot use PAVE. Enrollment for dental providers is managed by the Medi-Cal Dental Division and requires submission of a dental provider [Enrollment Application](#).
- ORP providers who are not enrolled as Medi-Cal providers cannot access the Medi-Cal Rx Provider Portal.

Additional Resources

For more information about ORP:

- [DHCS ORP Overview](#)
- [DHCS ORP Frequently Asked Questions](#)

For more information about provider enrollment for dental providers:

- [DHCS Medi-Cal Dental Providers](#)

Contact Information

You can call the Medi-Cal Rx Customer Service Center (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@magellanhealth.com.