



Medi-Cal Rx Monthly Bulletin

January 1, 2023

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 January 1, 2023. For more information, see the [Contract Drugs List](#) on the Medi-Cal Rx Web Portal.

Drug Name	Description	Effective Date
Budesonide EC	Added to CDL.	January 1, 2023
Cannabidiol	Added to CDL with restriction.	January 1, 2023
Citric Acid/Sodium Citrate	Added to CDL.	January 1, 2023
Futibatinib	Added to CDL with restriction.	January 1, 2023
Hydroxyprogesterone Caproate/PF	Updated with Code I restriction.	January 1, 2023
Lamotrigine ER	Additional strength (250 mg) added.	January 1, 2023
Liraglutide (Saxenda)	Added to CDL with restriction.	January 1, 2023
Mesalamine	Additional formulations (250 mg and 500 mg capsule ER, 4 gm/60 ml enema) added.	January 1, 2023
Mycophenolate Sodium	Added to CDL.	January 1, 2023
Naratriptan	Added to CDL.	January 1, 2023
Relugolix/Estradiol/ Norethindrone Acetate	Added to CDL with restriction.	January 1, 2023
Semaglutide	Additional strength (8 mg/3 ml) added.	January 1, 2023
Semaglutide (Wegovy)	Added to CDL with restriction.	January 1, 2023
Teclistamab-cqyv	Added to CDL with restriction.	January 1, 2023
Tremelimumab-actl	Added to CDL with restriction.	January 1, 2023
Vit B Comp No. 03/Folic/ Vit C/Biotin	Added to CDL with restriction.	January 1, 2023

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
73063	AMYLYX PHARMACEUTICALS	January 1, 2023
81968	AXSOME THERAPEUTICS, INC.	January 1, 2023
82249	CIVICAScript, LLC	January 1, 2023
81288	EMC PHARMA, LLC.	January 1, 2023
73077	FENNEC PHARMACEUTICALS, INC	January 1, 2023
72245	FORTE BIO-PHARMA LLC	January 1, 2023
82429	GABAR HEALTH SCIENCE	January 1, 2023
81298	LONG GROVE PHARMACEUTICALS, LLC	January 1, 2023
81665	OMNIVIUM PHARMACEUTICAL	January 1, 2023
65250	PACIRA PHARMACEUTICALS, INC.	January 1, 2023
65086	SANTEN, INC.	January 1, 2023
76961	SPECTRUM PHARMACEUTICALS, INC.	January 1, 2023
69681	VERU INC.	January 1, 2023

Labeler Code Terminations

NDC Labeler Code	Contracting Company's Name	Effective Date
00225	B. F. ASCHER AND COMPANY, INC.	January 1, 2023
69087	CLARUS THERAPEUTICS, INC.	January 1, 2023
00299	GALDERMA LABORATORIES, L.P.	January 1, 2023

NDC Labeler Code	Contracting Company's Name	Effective Date
73320	KARTHA PHARMACEUTICALS, INC.	January 1, 2023
55792	LUKARE MEDICAL, LLC	January 1, 2023
52565	TELIGENT PHARMA, INC.	January 1, 2023
65293	THE MEDICINES COMPANY	January 1, 2023
52440	TITAN PHARMACEUTICALS, INC.	January 1, 2023
62541	VIVUS LLC	January 1, 2023

3. 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 January 1, 2023.

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

Drug Name	Description	Effective Date
Bisacodyl	Additional formulation (tablets, delayed release) added.	January 1, 2023
Calcium Carbonate	Additional formulation (tablets, chewable) added.	January 1, 2023
Citric Acid/Sodium Citrate	Added to CDL.	January 1, 2023
Magnesium Hydroxide	Added to CDL.	January 1, 2023
Senosides	Additional formulation (syrup) added.	January 1, 2023
Senosides/Docusate Sodium	Added to CDL.	January 1, 2023
Simethicone	Added to CDL.	January 1, 2023
Sodium Bicarbonate	Added to CDL.	January 1, 2023

4. Changes to the Pharmacy Reimbursable Physician Administered Drugs

The below changes have been made to the [Pharmacy Reimbursable Physician Administered Drugs](#), effective January 1, 2023.

For more information, see the [Pharmacy Reimbursable Physician Administered Drugs](#) on the Medi-Cal Rx Web Portal.

Drug Name	Description	Effective Date
Hydroxyprogesterone Caproate	Formulation (vial) removed from Pharmacy Reimbursable Physician Administered Drugs.	January 1, 2023

5. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 3.0.

Updates

Section	Update Description	Effective Date
<i>Section 4.3 – NCPDP Batch File Submission</i>	<ul style="list-style-type: none">Updated section title to “NCPDP Batch File Submission” and updated verbiage.	January 1, 2023
<i>Section 10.0 – Coordination of Benefits (COB)</i>	<ul style="list-style-type: none">Updated the list of exceptions as to when Medi-Cal Rx is the payer of last resort to include “Indian Health Services” and “Veteran’s Administration Services.”	January 1, 2023
<i>Section 10.1 – COB General Instructions</i>	<ul style="list-style-type: none">Updated the list of exceptions as to when Medi-Cal Rx is the payer of last resort to include “Indian Health Services” and “Veteran’s Administration Services.”	January 1, 2023

Section	Update Description	Effective Date
<i>Section 10.1.2 – Medicare Part B Coordination of Benefits Claims</i>	<ul style="list-style-type: none"> Updated section title to “Medicare Part B Coordination of Benefits Claims.” Updated verbiage in first and second paragraph. Added reference of “444444” to identify the Medicare Part B Other Payer ID when submitting claim for copay charges. 	January 1, 2023
<i>Section 10.1.3 – Charpentier Claims</i>	<ul style="list-style-type: none"> Added “Medi-Cal fee-for-service” language in first paragraph. 	January 1, 2023
<i>Section 10.1.4.1 – Medicare and OHC</i>	<ul style="list-style-type: none"> Rearranged the order of how providers must bill payers when a beneficiary has both Medicare and other health coverage. 	January 1, 2023
<i>Section 10.1.5 – Allowed Other Coverage Codes (OCC) for Standard OHC and Medicare Part D</i>	<ul style="list-style-type: none"> Updated table column heading to “Allowed for Standard OHC Processing”. Updated verbiage in the OCC 3 row. 	January 1, 2023
<i>Section 10.1.6 – OCC3 Reject Codes</i>	<ul style="list-style-type: none"> Removed “or on the RAD once the claim has been processed” verbiage. 	January 1, 2023
<i>Section 11.2 – Limitations on Coverage of Certain Drugs or Classes of Drugs (NEW!)</i>	<ul style="list-style-type: none"> Added verbiage about certain drugs or classes of drugs, or their medical uses, which are excluded from coverage or otherwise restricted under Medi-Cal Rx pharmacy benefits. 	January 1, 2023
<i>Section 17.6 – COVID-19 Monoclonal Antibody Product Coverage</i>	<ul style="list-style-type: none"> Removed section. 	January 1, 2023
<i>Section 17.6.1 – COVID-19 Monoclonal Antibody Product Reimbursement</i>	<ul style="list-style-type: none"> Removed section. 	January 1, 2023
<i>Section 20.4 – How to Report FWA</i>	<ul style="list-style-type: none"> Updated verbiage and contact information. 	January 1, 2023

6. New Resources for Reinstatement Education and Support

What is Happening?

The Department of Health Care Services (DHCS) is pleased to announce two new resources that have been developed in response to stakeholder feedback after the implementation of Reinstatement Phase I. In an effort to support stakeholder engagement and education with timely information in readily consumable formats, DHCS offers the new weekly *Reinstatement Spotlight* newsletter and the Medi-Cal Rx Reinstatement web page.

Weekly *Reinstatement Spotlight* Newsletter

Beginning December 16, 2022, Medi-Cal Rx will publish a weekly reinstatement newsletter titled *Reinstatement Spotlight*. This publication will provide essential information including key dates, links to published materials, and news about upcoming changes. Each week, stakeholders will receive a consolidated view of current information to support reinstatement readiness. The *Reinstatement Spotlight* will be published every Friday and will be available on both the [Medi-Cal Rx Bulletins & News](#) page and the Medi-Cal Rx Reinstatement tab on the [Medi-Cal Rx Education & Outreach](#) page.

Medi-Cal Rx Reinstatement Web Page

On December 9, 2022, Medi-Cal Rx launched a dedicated Reinstatement web page to provide ongoing information and updates in a single web location. The site can be located by selecting the [Medi-Cal Rx Education & Outreach](#) page from the [Medi-Cal Rx Web Portal](#), then selecting **Medi-Cal Rx Reinstatement**.

In addition to providing general information about prior authorization (PA) reinstatement and the Transition Policy retirement, the Medi-Cal Rx Reinstatement web page will identify key upcoming dates and provide links to important resources including alerts and all *Reinstatement Spotlight* newsletters.

7. 30-Day Countdown – Cal MediConnect Transition to Medicare Medi-Cal Plans

What is Happening?

Starting January 1, 2023, Cal MediConnect beneficiaries will automatically transition to Medicare Medi-Cal Plans (MMPs or Medi-Medi Plans). Medi-Medi Plans will be offered in the following seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

Medi-Medi Plans provide Medicare Part A, B, and D services, specialized care coordination, and wrap-around Medi-Cal services. Medi-Medi Plans will coordinate benefits and services across both Medicare and Medi-Cal including Part D drug coverage. **Medi-Cal Rx** will resume the role as the Medi-Cal pharmacy benefits administrator for non-Medicare prescription drug coverage.

What Providers Need to Know

For impacted beneficiaries, drug coverage will continue to be processed through coordination of benefits with Medicare Part B and Part D prior to coverage through Medi-Cal. Pharmacy benefits for Medi-Cal will be processed through Medi-Cal Rx as the payor of last resort for drugs/products that are **specifically** excluded from Medicare Part D.

What Providers Need to Do

Medi-Cal Rx will continue to support pharmacy providers and prescribers during this transition by offering additional educational opportunities and resources.

- Refer to the [Medi-Cal Rx Covered Products Lists](#).
- Review coordination of benefits billing information and claim processing information for other healthcare coverage in the [Medi-Cal Rx Provider Manual](#).
- Review the [Medi-Cal Rx Billing Tips](#) for claim submission information.
- For more information regarding the transition and Medi-Medi plans, refer to the Department of Health Care Services (DHCS) [Integrated Care for Dual Eligible Beneficiaries](#) page on the DHCS website.

8. Recommendation of Pharmacy Retroactive Claim Adjustments: Status Update

On October 31, 2022, Medi-Cal Rx published an alert titled [Recommendation of Pharmacy Retroactive Claim Adjustments in November 2022](#). The alert notified pharmacies of the planned resumption of retroactive adjustments in November 2022, with recoupments set to begin in January 2023.

The purpose of this alert is to notify pharmacies of a delay in the planned resumption of retroactive adjustments and recoupment activity. The Department of Health Care Services (DHCS) will publish further updates as specific dates for resumption and recoupment are identified. Additionally, DHCS will update the current Frequently Asked Questions (FAQs) document to reflect changes in the timeline and scope of this effort. Contact Information for detailed questions will be provided in the FAQ updates.

9. NCPDP Reject Code 80 and Diagnosis Documentation of Code 1 Restriction: Status Update

As stated in the August 2022 alert, [Code 1 Documentation and Postponement of Implementation of NCPDP Reject Code 80](#), Code 1 drugs require authorization in accordance with *California Code of Regulations* (CCR) Title 22, Section 51003, unless used under the conditions specified in the Contract Drugs List (CDL), and are subject to the prescription documentation requirements in CCR, Title 22, Section 51476(c). If the prescribed drug is subject to Code 1 restriction(s), pharmacy providers are to document the meeting of Code 1 restrictions and to keep that information readily available. However, because the system edits linked to **NCPDP Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria** have been suspended, providers are unable to know if and when a Code 1 restriction applies and are unable to obtain a prior authorization (PA) if the Code 1 is unmet. Therefore, Medi-Cal Rx has **not** reinstated Code 1 requirements, including documentation requirements, for products with a diagnosis restriction. Claims submitted to Medi-Cal Rx will **not** reject for Reject Code 80 at this time.

Until Reject Code 80 is reinstated and system functionality is operational, notifying pharmacy providers that a Code 1 is applicable and allowing a PA to be submitted if Code 1 is not met, providers are instructed to proceed with filling the prescription even if the Code 1 restriction is unmet.

Providers will be notified when the Reject Code 80 system functionality is reinstated and Code 1 documentation, or an approved PA, will be required.

10. Monkeypox Vaccine as a Medi-Cal Pharmacy Benefit

Effective for dates of service on or after August 17, 2022, the Department of Health Care Services (DHCS) will reimburse the administration of Monkeypox (Mpox) Vaccine as a pharmacy benefit when administered in accordance with the United States Food and Drug Administration (FDA) approval or authorization as well as recommendations from the Centers for Disease Control and Prevention (CDC).

On May 18, 2022, the United States confirmed its first case of Mpox, and the U.S. Federal Government declared Mpox a national public health emergency (PHE) on August 4, 2022. The CDC recommends vaccination for people who have been exposed to Mpox and people who may be more likely to get Mpox.

JYNNEOS™ (also known as Imvamune® or Imvanex®) is a vaccine that may be used for the prevention of the Mpox virus infection, although no data is available yet on its effectiveness in treating the current outbreak. JYNNEOS is licensed (or approved) by the United States FDA for subcutaneous injection for the prevention of the Mpox virus infection. In the context of the current national PHE, the standard regimen was authorized for people up to 18 years of age under an Emergency Use Authorization (EUA). An alternative regimen involving intradermal (ID) administration was also authorized for people 18 years of age and older to increase available JYNNEOS doses by up to five-fold. JYNNEOS is the primary vaccine being used during this Mpox outbreak.

Due to a limited supply, the California Department of Public Health (CDPH) is currently prioritizing the JYNNEOS Vaccine for individuals who are at high risk for the Mpox infection. For the most recent dose prioritization information or availability of additional doses and expansion of vaccination to a larger group, see the guidance from the CDPH on its [Mpox web page](#).

Additional guidance on Mpox can be found on both the [CDPH](#) and [CDC](#) websites.

Important Billing Instructions

- Mpox Vaccine is a Medi-Cal benefit when administered in accordance with FDA approval/ authorization and CDC recommendations.
- Since the vaccine is supplied by the United States Federal Government free to pharmacy providers, pharmacy providers will not be reimbursed the ingredient cost or professional dispensing fee.
- A prior authorization (PA) is not required.
- DHCS will only reimburse the professional services associated with an immunization when a pharmacy provider submits a claim for reimbursement of the vaccine administration.
- DHCS will reimburse for the Mpox Vaccine administration at 100 percent of the corresponding Medicare rate for the same or similar service, effective August 17, 2022, through the end of the declared PHE.
 - To receive the professional services immunization administration fee, the pharmacy provider must identify on the claim that the pharmacy is administering the vaccine.
 - By populating the incentive fee, Incentive Amount Submitted (438-E3), field with a dollar amount and populating the following fields as outlined below:
 - Reason for Service Code (NCPDP field 439-E4): PH = Preventive Health Care
 - Professional Service Code (NCPDP field 440-E5): MA = Medication Administration
 - Result of Service Code (NCPDP field 441-E6): 3N = Medication Administration
- JYNNEOS is administered as 2 doses 28 days apart (a minimum of 24 days apart per CDC guidance). Claims must be submitted for each dose administered as described below:
 - NCPDP compliant claims:
 - First Dose: Submission Clarification Code (SCC) = "2"
 - Second Dose: Submission Clarification Code (SCC) = "6"
 - Non-NCPDP compliant paper forms:
 - First Dose: Fill Number value of "0"
 - Second Dose: Fill Number value of "1"
- DHCS will reimburse all eligible retroactive claims for dates of service on or after August 17, 2022.

Pharmacy providers must meet storage and recordkeeping requirements, including recording the administration of the vaccine to patients in their medical record system within 24 hours and to the California Immunization Registry (CAIR2) within 72 hours.

Pharmacy providers may bill for the dispensing of JYNNEOS Vaccine National Drug Code (NDC) using NCPDP D.0 claims, web, batch, and paper claims according to the table below:

NDC	Label Name	Generic Name	PA Required (Y or N)	Claim Quantity	Max Quantity
50632000101	JYNNEOS 0.5 ml vial	Smallpox and Monkeypox vaccine	N	0.5 ml (subcutaneous) OR 0.1 ml (intra-dermal)	0.5 ml

Product Availability

- JYNNEOS is currently available in the United States via the Strategic National Stockpile (SNS).
- JYNNEOS is currently not available to pharmacy providers but is provided to states through CDC and SNS.
- At this time, the U.S. Federal Government has allocated a limited number of JYNNEOS Vaccine doses to Californians. CDPH is working with local health departments to make these doses available to protect against Mpox.
- Pharmacy providers may consult with their [local health services/offices](#) to identify available locations in the area that may have vaccines to administer.

For population of claim form fields other than those identified in this guidance, review the [Medi-Cal Rx Provider Manual](#).

Any concerns regarding delay in reimbursement should not cause pharmacy providers to decline administering the vaccine to patients.

11. COVID-19 Antigen Tests Coverage Reminder

Effective on February 1, 2022, Over-the-Counter (OTC) Emergency Use of Authorization (EUA) United States Food and Drug Administration (FDA)-authorized, self-administered COVID-19 antigen test kits became a pharmacy-billed medical supply benefit through Medi-Cal Rx in accordance with current Centers for Disease Control and Prevention (CDC) recommendations.

The following criteria applies for coverage:

- Restricted to either 1-test-per-kit or 2-tests-per-kit OTC EUA COVID-19 United States FDA-authorized, self-administered COVID-19 antigen tests listed in the [List of Covered Emergency Use Authorization \(EUA\) COVID-19 Antigen Tests](#); **and**
- Restricted to EUA for the diagnostic condition of suspected COVID-19 (Code I Restriction); **and**
- Restricted to up to 8 tests (4 kits for 2 tests/kit) per 30 days per beneficiary; **and**
- No refills allowed. The beneficiary would need to obtain a new prescription for each dispensing; **and**
- Dispensed from a pharmacy provider, written (or electronic equivalent) on a prescription signed by a licensed prescriber or a pharmacist.

Note: Prior authorization (PA) requests for quantities outside the allowed amounts will be denied unless ordered or administered by a pharmacy provider following an individualized clinical assessment and with appropriate clinical justification provided.

In order to receive a test or test kit, the beneficiary must be eligible for Medi-Cal on the date of service (DOS). Refer to the [Medi-Cal Rx Provider Manual](#) on the [Medi-Cal Rx Web Portal](#) for additional coverage and reimbursement information.

Quantity and frequency limits apply. For more information, refer to the [Medi-Cal Rx Provider Manual](#) on the Medi-Cal Rx Web Portal, *Section 17.4 Over-the-Counter (OTC) COVID-19 Antigen Test Kits*.

Refer to the related alert, published on January 26, 2022, [Medi-Cal Rx Coverage of Over-the-Counter COVID-19 Antigen Test Kits](#).

12. Medical Supplies Update: Updates to the Diabetic Testing Supplies

Effective January 1, 2023, 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 LifeScan, Inc. OneTouch® Verio Flex® Meter System; OneTouch Verio Reflect® Meter System; and OneTouch Verio Control Solution as covered blood glucose meters and supplies available as a Medi-Cal Rx benefit:

Product Description	Billing Code (11-digit NDC-like number)	Maximum Acquisition Cost (MAC)
OneTouch Verio Flex Meter System, 1 each	53885004401	\$18.00
OneTouch Verio Reflect Meter System, 1 each	53885092701	\$23.00
OneTouch Verio Level 4 (High) Control Solution (1 vial), 1 each	53885027402	\$4.4000
OneTouch Verio Level 3 (Mid) Control Solution (1 vial), 1 each	53885027302	\$4.4000

Effective January 1, 2023, the Medi-Cal Rx [List of Covered Diabetic Test Strips and Lancets](#) has been updated on the Medi-Cal Rx Web Portal to add LifeScan, Inc. test strips and lancets as covered diabetic testing supplies available as a Medi-Cal Rx benefit:

Product Description	Billing Code (11-digit NDC-like number)	Maximum Acquisition Cost (MAC)
OneTouch Delica® Plus 33-Gauge Lancets, Box of 100	53885000810	\$0.0820
OneTouch Delica Plus 30-Gauge Lancets, Box of 100	53885001110	\$0.0820
OneTouch Verio Test Strips, 25-Strip Box	53885027025	\$0.6860
OneTouch Verio Test Strips, 50-Strip Box	53885027150	\$0.6858
OneTouch UltraSoft® Lancets Box of 100	53885039310	\$0.0860
OneTouch Verio Test Strips, 100-Strip Box	53885027210	\$0.6858

The contractors have guaranteed Medi-Cal Rx pharmacy providers may purchase, upon request, for dispensing to eligible Medi-Cal Rx beneficiaries, covered products at or below the MAC. Pharmacy providers can locate MAC price suppliers by calling manufacturer phone numbers referenced in the lists on the Medi-Cal Rx Web Portal.

13. Now Available: Appendix H – List of Physician Administered Drugs with Reject Code 816

Physician administered drugs (PADs) can be considered either a medical or a pharmacy benefit. PADs that are considered a pharmacy benefit to Medi-Cal Rx will deny for the appropriate NCPDP Reject Codes. The list of covered PADs with Medi-Cal Rx can be found on the [Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs](#) list.

Claims submitted to Medi-Cal Rx for PADs that are considered a medical benefit will deny with **NCPDP Reject Code 816 – Pharmacy Drug Benefit Exclusion**. The [Medi-Cal Rx Provider Manual](#) has been updated to include **Appendix H – Physician Administered Drugs (PADs) with Reject Code 816** which identifies examples of PADs excluded from the Medi-Cal Rx pharmacy benefits. This list is current at the time of publication and is subject to change. PAD claims denying for NCPDP Reject Code 816 – Pharmacy Drug Benefit Exclusion should be submitted to the beneficiary's medical benefit.

Under some circumstances, a PAD claim denying with NCPDP Reject Code 816 – Pharmacy Drug Benefit Exclusion may be considered for coverage under the Medi-Cal Rx pharmacy benefit. For the PAD to be considered for coverage under Medi-Cal Rx, a prior authorization (PA) request must be submitted. These requests will be reviewed by the Department of Health Care Services (DHCS) on a case-by-case basis.

14. Tabloid 40 mg Update

Claims submitted for Tabloid (Thioguanine) 40 mg, National Drug Code (NDC) of 69784-0630-25, were previously rejecting for NCPDP **Reject Code 85 – Claim Not Processed** due to a pricing error. As of October 29, 2022, the pricing error has been resolved. If pharmacy providers continue to experience issues submitting claims for this NDC, contact Medi-Cal Rx Customer Service Center (CSC).

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 January 1, 2023 and will be posted to the Mercer Medi-Cal Rx website no later than December 1, 2022.

Pharmacy 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.

Pharmacy providers with concerns about specific MAIC rates may request a review of a MAIC rate for a specific drug by submitting a request. The [Medi-Cal Rx Maximum Allowable Ingredient Cost \(MAIC\) Price Research 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.

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 Medi-CalRxEducationOutreach@magellanhealth.com.