



# Updates to the List of Contracted Enteral Nutrition Products, Effective July 1, 2023 and October 1, 2023

June 1, 2023

## What Pharmacy Providers and Prescribers Need to Know

The [List of Contracted Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective dates of the changes are July 1, 2023 and October 1, 2023.

**Effective July 1, 2023**, the following **additions or updates** have occurred:

- Update in Estimated Acquisition Cost (EAC) on all enteral nutrition products.
- Update in Maximum Acquisition Cost (MAC) on most Specialty Infant, Elemental, and Semi-Elemental Enteral Nutrition Products.
- Increase in caloric density for the following products:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	Caloric Density
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g, Choc, Powder	24359081308	4.85
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g, Unflavored, Powder	24359081108	4.85
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g, Vanilla, Powder	24359081208	4.85

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	Caloric Density
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g x6, Choc, Powder	24359081310	4.85
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g X6, Unflavored, Powder	24359081110	4.85
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g X6, Vanilla, Powder	24359081210	4.85
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g x6, Citrus, Powder	24359080413	4.91
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g x6, Unflavored, Powder	24359080113	4.94
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g x6, Vanilla, Powder	24359080213	4.93
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g x6, White Chocolate, Powder	24359080313	4.93
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g, Citrus, Powder	24359080412	4.91
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g, Unflavored, Powder	24359080112	4.94
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g, Vanilla, Powder	24359080212	4.93
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g, White Chocolate, Powder	24359080312	4.93

- Update in NDC/Universal Product Code (UPC) for the following products:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	UPC Number per Item (for Reference Only)	UPC Number per Case (for Reference Only)
Abbott Nutrition	SIMILAC SPECIAL CARE 24 (59 ML)	70074067447	070074674476	070074674469
Abbott Nutrition	SIMILAC SPECIAL CARE 30 (59 ML)	70074067449	70074674490	70074674483

**Effective October 1, 2023**, the following products will be **deleted** from the *List*:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)
Abbott Nutrition	PediaSure Peptide 1.5 Cal, Vanilla, 8 oz btl	70074056656
Abbott Nutrition	PediaSure Peptide Strawberry 8 oz btl	70074062122
Abbott Nutrition	PediaSure Peptide unflavored 8 oz btl	70074062124
Abbott Nutrition	PediaSure Peptide unflavored, 1L ready to hang	70074062730
Abbott Nutrition	PediaSure Peptide vanilla, 1L ready to hang	70074062732
Abbott Nutrition	PediaSure Peptide Vanilla, 8 oz btl	70074062120
Abbott Nutrition	SIMILAC HUMAN MILK FORTIFIER POWDER (0.9G)	70074054599
Mead Johnson & Company, LLC	Enfamil NeuroPro EnfaCare 22 kcal RTU, 59ml, 24cs	00087512203
Mead Johnson & Company, LLC	Enfamil NeuroPro EnfaCare RTU 22cal, 946ml	00087512366

The amount reimbursed to providers for Medi-Cal Rx contracted enteral nutrition products is the EAC plus a 23-percent markup. This EAC price, based upon *Welfare & Institutions Code* (W&I Code), Section 14105.85 (b), is updated for all contracted enteral nutrition products on the covered *List*, effective July 1, 2023. For products deleted from the *List*, the MAC price is not guaranteed on and after October 1, 2023.

Enteral Nutrition Formulation	Updated EAC, per Unit, Effective July 1, 2023
Powder formulations/ Formulations measured in grams	0.0020 per gram
Liquid formulations/ Formulations measured in milliliters	0.0023 per milliliter
Tablet formulations (PKU protein equivalent)	0.0020 per each

The amount reimbursed to providers is the EAC, per unit, multiplied by the number of units dispensed, plus a 23-percent markup. Assembly Bill (AB) 97 (2011) still impacts enteral nutrition claims; a ten-percent reduction applies to each paid claim.

Product addition or inclusion on the *List* does not guarantee supply nor individual specific coverage. Products deleted from the *List* will no longer be reimbursable, even with an approved prior authorization (PA), on or after the effective date of deletion.

**Note:** The MAC for these products is no longer guaranteed.

Beneficiaries affected by deletions from the *List* should seek new prescriptions from their licensed prescriber, and new authorizations from their pharmacy provider, if applicable, for a comparable item that is listed. Continuing care does not apply. Medi-Cal Rx recipients denied enteral nutrition products who believe the denial was in error may ask for a state hearing by

contacting the California Department of Social Services, State Hearings Division, at the following address:

PO Box 944243, MS 21-37  
Sacramento, CA 94244-2430

[State Hearings](#)

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

## 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](mailto:MediCalRxEducationOutreach@magellanhealth.com).